



Bio: Vivian Pinn, MD was the first full-time Director of the Office of Research on Women’s Health (ORWH) from 1991-2011 at the National Institutes of Health (NIH) and NIH Associate Director for Research on Women’s Health. Prior to that, she was Professor and Chair of the Department of Pathology at Howard University College of Medicine, Associate Professor of Pathology and Assistant Dean of Student Affairs at Tufts University School of Medicine, and Teaching Fellow at Harvard Medical School.

Through the ORWH, she led NIH efforts to implement and monitor the inclusion of women and minorities in clinical research funded by the NIH. More recently, she focused on the importance of sex differences research across the spectrum from cellular to translational research and implementation into health care. Dr. Pinn also co-chaired The NIH Working Group on Women in Biomedical Careers.

An Interview with Dr. Vivian Pinn

November 14th, 2018

Conducted by IWL Leadership Scholars Leshya Bokka and Anisha Patel, Class of 2020

Leshya Bokka (LB) & Anisha Patel (AP): What were your impressions of women growing up?

Vivian Pinn (VP): I came from a family of very strong women, and my mother was the oldest in her family. She was always the responsible one, and I learned very early on that the oldest woman usually has responsibility for their sisters and brothers. Even though I was an only child, I saw that. My father was not the oldest in his family, but he pretty much was the responsible brother in his family. Both of my grandmothers, fortunately, were educated, which was unusual in those days, and I had a number of aunts around me. I thought they were strong, they were nourishing, and they kept me on a straight path in terms of studying, school and being part of a family. We had strong family ties, and that’s something I miss now, because so many of them are no longer alive. But the family was very strong on both sides, and women were really the major leads within those family ties.

LB & AP: What was your relationship like with your mother?

VP: We were very close; losing her is something I will never forget, I actually saw her die. I took a semester out of school once I found out that she had bone cancer, a diagnosis that had been missed. The orthopedist never took bone X-rays, but we're talking about treatment of blacks in the south in the 1960's, summer of '60. I was attending Wellesley College when I found out, I asked for a leave of absence and I stayed home. She was at Memorial Sloan-Kettering Cancer Center in New York, and they said they couldn't do anything more. Same thing I'm hearing today about my cousin. They couldn't do anything more so they sent her home to die and expected her to die in maybe a few weeks. I kept her alive until February, which we were surprised about, but I was with her 24/7. We had someone else to come in to help sometimes overnight, but I took care of her until she died, so it just reinforced that we had always been very close. My mother was a very gentle person, and my father was sort of a brash, but strong sports guy. They were a good pair, and gave me a balance of personalities. But, I lost my mother when I was 19 years old and I still think about her. That was a great loss to me.

LB & AP: Are there any moments in your life that impacted your career path in medicine?

VP: Well, I think I got interested in medicine because of my grandfather's illness and my grandmother's illness. My father was not a physician, but he was the one that was called on whenever anybody was sick and to give his mother insulin shots; everybody else was squeamish and they couldn't do it. I think I got some of that from him, and that was when I got interested in medicine. My career path has really been interesting because I've had so many opportunities and things opened up that I was not expecting, which led to the next stage of my career following a pattern of no pattern.

It's amazing to me when I look at how my career jumped, and how I did one thing and then another, all because of circumstances. I can't remember applying for a single job I've had since I went on my first interview from Wellesley as a college student for the summer job which got me into medicine at Massachusetts General Hospital. I was at a cocktail party for the New England Path Society, and the head of the Mass General Department of Pathology came by and said, "Vivian, what are you going to do next year?" I was trying to think of what to say, because I was very shy. The guy standing next to me said, "Oh, she wants to be in pathology." And, so the big boss said, "Oh, why didn't you tell me?" And the other guy said, "She's too shy." So, the big boss said, "Well, if you're interested, come in and talk to me." And Arthur said, "She will." And I go, "Yes, sir." And, I'm thinking: "Oh, my gosh. Someone coming from Virginia getting a position at a Harvard teaching program, no way!"

One day, [the] big boss was walking through the lab and said, "Oh, come on in and talk to me." So, I went in, and then he said, "Well, if you're interested, have your Dean send me a letter of recommendation." Those days you didn't have cellphones and long distance calls cost money. So, he told his secretary to let me use the phone, and I got to call my Dean on his dime. A few weeks

later, [the] big boss was walking through the lab and he said, “Oh, by the way, we’ll see you here in July.” So, that’s how I got that. And then, the guy I was working with—who was my mentor in pathology—got a job at Tufts as the new chair of the department. And he wanted me to go with him as Chief Resident. I said, “No, I’m not going as Chief Resident. I’ll only leave Harvard to go to Tufts if I have a faculty position” (because I knew I’d never get a faculty position). So, one day he came back in the lab and said, “By the way, I have a faculty position for you, so I’ll look for you to be joining me at Tufts in July.” So, I did, and then I got contacted about coming to Howard as chair, and I debated that for a couple of years and finally decided to go. It wasn’t like I went out searching for it.

Then I went to a meeting at NIH because I was on the advisory board for the Fogarty Center and I was their representative at a meeting of the Director’s advisory committee representing Fogarty. And it was at that meeting that Bernadine Healy, who was the director of NIH, mentioned they had this new office that they were starting and they were looking for a director but, mainly talking about what the office was going to be like. I think if I had sat there quietly.... but I put my hand up and made some suggestions, and I didn’t think any more about it. I thought it was just great they were going to do this—this new office on women’s health and about three weeks later, I got a phone call that the Director of NIH wanted to see me. Could I be there at 10 o’clock next Tuesday? “Well I have a class I’m teaching at 8 o’clock, I don’t think I can get there by 10.” They said, “Well, that’s the only time she has, so try to get here.”

So, I taught my class, and then I drove out to NIH and went in to see her [Bernadine Healy]. And I thought she was going to talk about a sabbatical and she said, “You know, Vivian, I’ve been following your career.” I don’t know if you heard me say, but I actually taught her when she was a medical student at Harvard. She had been very famous. I was surprised when she said that she was following my career, because I hadn’t done anything like what she had. She had been President of American Heart Association. She’d been connected with the White House. She’d been back to Hopkins, and I had been following her because she was extremely well known. I was surprised she even remembered who I was even though I had taught her when she was a student. I was a resident and she was a student. And she said, “We’ve got this office. You heard me talk about it. Congress folks are giving me a fit. They want me to announce a director. I want you to come out and take over this office.” I said, “You know, I don’t think I could work in government because I like to say what I think. I won’t last.” She said, “Well, I like to say what I think, too, but I think you can do it.” Do I give up a full professorship and attending position to come to government? We worked out this agreement that Howard would loan me to them and we’d see how it worked, but she could announce she had a director. So, in one day, she convinced me to come, and I was there for over 20 years, and I’m now retired. Now the Fogarty Center offered me this appointment, it’s not a paid appointment—it’s an honor. It’s an honor appointment, but as senior scientist emeritus, like an emeritus professor, that’s what I am.

That’s my whole career. I have not applied for anything, everything has just hopped up, and I just happened to be in the right place. Suppose I had not been in that meeting when they talked about that office, I never would have been at NIH. If I hadn’t had Healy as a student, so she knew who I was so she paid attention. If I hadn’t taken that summer job, I would have never gotten into Harvard. If Arthur Duff hadn’t been standing beside me at the cocktail party, I never would have gotten into Massachusetts General Hospital because he did the talking for that. If I hadn’t worked

for the guy that ended up going to Tufts, I never would have gone to Tufts, and I had 12 fabulous years at Tufts. Tufts now has a scholarship named for me and they renamed the Office of Student Affairs as the Vivian Pinn [Office of Student Affairs], and I'm on the board there.

It's just amazing how I ended up with the summer job at Massachusetts General Hospital that got me started because I had taken the semester off to take care of my mother. I had a semester to make up after my class marched [for graduation]. I would stay in Boston and I would get a summer job. The first job interview they sent me on was with this transplant surgeon at Massachusetts General Hospital. It was the first interview I did, and he hired me, the rest is history. Taking that semester off changed where I ended up going, what career. I didn't think about pathology because I was working with a transplant surgeon and transplantation was research then, and a pathologist was working with him. When I went to medical school, each summer, they brought me back and one summer, the surgeon said, "I don't have enough extra money in my grant to finance a project for you. But, Dr. Flax" (who was the pathologist), "will fund you. So, you will work with both of us, but you will be in his lab. And he is supporting your project." That's how I started working with the pathologist and ended up at the pathology cocktail party, and that's how I ended up with Arthur telling Dr. Castleman that I wanted to be a pathologist. There's my whole 50 years of careers in summary, it's been one after another, I have really been very fortunate.

LB & AP: What challenges and successes did you face as a woman in the field?

VP: Well I think I was helped a lot by Dr. Flax, the previous chair. I think that helped me nationally, being active among path chairs, because people were actually very gracious and very nice to me so I didn't have any real problems at the national level. On a local level at my institution, it was not unusual for me to get my colleagues in other departments, I loved my medical students. But my colleagues, many of them knew me before I came and it was not unusual for me to get a comment like, "I was practicing pathology since before you were born so how are you going to tell me to do something different?" or "we don't do that down here, don't think you're going to change things just because you came from Boston." I would get those kind of comments and it was rough.

LB & AP: Do you think some of those comments were because of your age, or all because of your gender?

VP: Because I am a woman, I'm sure. They would say things like that, but I think if I had been a man they wouldn't have made those comments. You'll notice I didn't say a lot about Howard, because I had a lot of rough years there. I probably should have said more about it, but I said everything good I could say and didn't want to say a whole lot of bad. The previous chair was still there, and he resented it [my being chair]. The department was way behind, and I was the chairman to bring it up to speed so it would be on par with every other path department. I had been in path

at Harvard; I had been in pathology at Tufts; I had visited pathology departments in many other places and I knew what was expected, and I wanted my pathology department to be on par. This meant that we needed to make changes in how we taught, how we trained our residents, and changes in how we operated. The previous chair was there and took every change I made as a personal insult. Sort of like the president, you know, everything you do the president takes it personally. That's what I was dealing with having the previous chair in the department, and he ruled by intimidation. So, what you're seeing, I experienced for 9 years when I was path chair. I tried to teach my faculty that they could have ideas, it shouldn't be all ruled by fiat, they could have ideas and I would welcome their input. They would sit there and say nothing, and then when the meeting was over and the former chair left, they would say "Dr. Pinn, I think that's a great idea but I didn't say anything because I didn't want to hurt Dr. Jackson's feelings." So I experienced a bit of that and it may not have been put in terms of gender, it was put in terms of age or other, but it was mostly, I'm sure, because I'm a woman. I was the only woman department chair at that medical school. They'd had previous ones. I wasn't the first, but most of the time I was the only woman chair at that medical school and hospital.

LB & AP: Given the adversity you've faced from your male colleagues, did you ever have doubts about achieving what you wanted to achieve, and what kept you motivated to keep going although people weren't so welcoming?

VP: There were times when I just thought, I couldn't take this anymore, you know? It's just frustrating because you're trying and working as hard as you can, and it gets to be frustrating trying to bring about changes for the better, and then having to fight all of these battles along the way. But something good would always happen and that would restore your confidence and efforts. I can't remember any specific thing at any time because it could be very discouraging, but then something would happen that would restore my faith and make me feel good, so you would just go back and fight again, you just get renewed energy.

LB & AP: Are there any qualities that you see in yourself that you think helped you keep pushing forward in the field?

VP: Type A personality. I'm not sure if that's good or bad, but that type A personality; I'm not going to be defeated if I can help it. But sometimes that's good and sometimes that's not good because it means you're giving it all and it can really take up your life to keep your career going. I would say just—I don't want to say, "I want to win" because I don't like that. I was talking to Barbara Starks who was the first Black woman to finish University of Virginia medical school. She was in the class ahead of me, and I was telling her that people are always asking me "how do we get through?" She said, "Tell them we had to keep our eyes on the goal." I've never forgotten that and I think that she put it succinctly, but true. You have to keep your eye on why you're there, what you're trying to do. If you get so distracted by those who are giving you a hard time, trying

to drag you away, trying to get you down or put you down, then they're going to win. They're going to defeat you and you're going to get distracted from what you're really there for. I think she put it in a great way: keeping your eye on the goal, why you're there, and not letting those who might be deterring you or trying to keep you from getting there distract you. So you don't roll over and let them kick you in the mud, but at the same time you learn how much you need to give back versus when you say this isn't worth it.

I always say to never argue with a fanatic because you'll never win an argument with a fanatic. Someone on the other side of abortion—you don't argue with them. You'll never win the argument because they'll always come up with something. I learned years ago, when I was in my residency, you just don't argue with fanatics. You'll never convince them to think differently, even if their thinking is illogical. It's sort of like—and I don't mean to be political—but sort of what you see now. It makes no sense, but they're going to believe it and they're not going to change their mind even if you tell them the truth. That's the same thing in terms of dealing with when you're facing bias in your career development. You learn when it's worth it to argue or try to convince someone and there are times when there are people you can convince, giving a logical argument if they're logical people. But, if they're people who are fanatics or whose minds are somewhat twisted that they're not going to think any differently, then don't waste your time when you know it's not going to have any impact.

I can be tough, I know I can be tough. I try to be nice and all, but if I think you're not working up to par, I'm going to tell you. If I'm testing you, I'm going to give you a tough test. I just say “you know, you have to realize that if I didn't think you were worth my time, I wouldn't bother. So the fact that I'm giving you a hard time means that I really have a lot of confidence and faith in you. Because if I didn't think you had it, I wouldn't bother to waste my time trying to make you do better or trying to help you.” And that's the truth. So you think about that in the same way you think about people you're dealing with who bully you or try to put you down in your career, try to keep you from getting it. What you say, “Buddy, I'm going to succeed at this. I'm going to do this so you can say what you want to say and I'll wave at you as I pass you by.” I've done a lot of that and I've said a lot of that. So you learn what you can say and what you can do. There are times when I do have a temper. I take after my father. But there are times when I've gotten so upset and then I realize I'm losing my energy because of that jerk and I can't do that. I've got things I want to do. Let me get calmed down and let me go about what I'm here doing and not let that jerk take me away from what I'm really trying to do. So you have to remind yourself sometimes to do that. And just remember there's always someone who had a tougher time than you coming through. And if they can do it, you can do it.

LB & AP: Going back to your time at the NIH, can you share with us an experience you had shaping new policy and how that process went?

VP: One of the things I set up, which some people thought we should do our own reviews of our grants. I made sure that all of our research was reviewed, all peer review was done in the institute. So even if we were going to fund it, the research was reviewed in the institute. Therefore, I could

say that we didn't fund anything that did not have the same degree of peer review—intensive peer review—as anything else funded by the NIH. That went a long way. By showing that the institutes were involved, it was not women reviewing women's health research and throwing money at women's health. It was meeting the same criteria that any other grant coming to the NIH had to meet. When people applied for funds, it [the application] had to meet the scientific criteria that any other grant application had to meet, and we would fund nothing without a grant application. People thought they could just come and ask for money if they had a good idea. Sorry, you have got to put this in terms of an application. It has to be reviewed. We can't just give you money, it has to meet our criteria. I think just following the policies and procedures—strict policies and procedures—made a difference, so we could say we're on the same procedure and processes as the other institutes. So I can't pick any one specific because I held it for everything. It was a process we set up so that everything we did was done in collaboration with institutes so there was joint sharing of it and it had to go through to peer reviewing process of the institutes and of our office to make sure we were dealing with credible science. Over a number of years as that was in place, eventually those questions stopped being asked because some of our biggest critics, they couldn't hold up when I'd say, "This grant went through the same peer-reviewed process as any other application. We didn't make the decision. The peer review process did." Eventually after a couple of years and some strong objections, people stopped asking those questions. But, that was the biggest problem that I faced. Because people thought—because the congressional caucus on women's issues had raised it, and they were the ones that wanted this office—they thought we were just going to sit there and insist that women be put in clinical trials without any good reasoning. You can't just put women in clinical trials and have them be there, you've got to have a reason for doing this. There's has to be a scientific justification and that's why we need to make sure that we have policies for the inclusion but also why it's important to have women in careers that oversee these grants and participate in it; one thing builds on another.

LB & AP: Can you offer one piece of advice for us as we set out towards our goals and graduate from college?

VP: Remember, in spite of what you hear about politics, what you have to do, there's nothing more thrilling or fulfilling than saving a patient's life or being able to comfort a family. People complain, but how many doctors do you see, except ones who want to go out and be celebrities and get their boats and whatever, but most of the hard-working doctors. They enjoy the hard work because they're saving lives or they're making a difference in someone else's life in a way that you cannot do in any other profession. It's hard work, but if you can't work hard you shouldn't be in medicine, because people don't get sick in convenient times. They get sick at any time, so you're making the commitment. There's nothing more stimulating than the change you see in science. What is true right now may not be true in another hour or so because somebody else is making another discovery. That's the joy and excitement of science and research; you're revealing truths that no one knew before and you're expanding our body of knowledge. If you're involved in that, or being able to utilize that, there's nothing more exciting. So keep your eye on your goal, what you want to do, and you can overcome anything. Just remember, overcome barriers and exceed expectations. And the last thing, I call these my Pinn's Pearls of Wisdom. The last thing is to have

a mentor and be a mentor. A mentor doesn't mean one person, one person can't be everything to you. Have advisors, have mentors, and always remember to reach back and give back to those coming in behind you. Those are my Pinn's Points of Wisdom.