**The Alma Dea Morani Renaissance Women in Medicine**
**Oral History Project**

# Vivian W. Pinn, MD

## Interview Summary and Table of Contents

Twelve years after her retirement as Director of the NIH Office of Research on Women's Health (1991-2011), Dr. Vivian Pinn continues to be exceedingly active in professional organizations, university boards, and continued research, mentoring and advocacy for women and minorities in health and science careers. Her wide-ranging leadership in medicine combines a passion for pathology, a love of teaching, a commitment to health equity, and a visionary approach to women's health. Throughout her career she was a noted advocate for students, women, and minorities in healthcare. She increased the number of minority trainees in Harvard teaching hospitals while a Fellow in the Harvard Pathology Department (1970). Her position as Dean of Student Affairs at Tufts University School of Medicine (1970-1982) allowed her to mentor many future professionals. She also served (1989) as the second-ever woman President of the National Medical Association, the collective voice of African American physicians. A bona fide trailblazer, Dr. Pinn was one of the first women to chair a Pathology Department (Howard University, 1982-1991). In 1991, she was asked to become the inaugural Director of the new NIH Office of Research on Women's Health where, over a twenty year career, she has indelibly shaped understandings of women's health. Dr. Pinn was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2020.

This five-hour interview takes place in five virtual sessions conducted between April and May 2023. Dr. Pinn sketches her early life in the era of segregation in the small city of Lynchburg, Virginia. The only child of two schoolteachers, but surrounded by extended family (many of whom were college educated), Dr. Pinn

feels her family's commitment to education meant her desire to become a doctor was supported from an early age. The injustices of segregation, she recounts, molded the medical professional she has become: "more the quiet activist, sometimes the outspoken activist, but feeling very passionate about civil rights." At nineteen, while a junior at Wellsley College, Dr. Pinn lost her mother to cancer. The pain of that loss is vivid in her narrative and operative in the trajectory of her career. She explains how making up college courses she missed while tending to her mother's care enabled a summer internship at Harvard, introducing her to the field of pathology which has been so central to her career and identity. She outlines her choice to attend medical school at the University of Virginia in order to be closer to her grieving father. Her stories of navigating racism and discrimination in a southern institution in a still largely segregated city are a stark contrast to the many honors she presently holds at her alma mater. She shares her delight at the University of Virginia naming their new research and education building Pinn Hall, remarking on how far that is from the young student who once worried about having her name on the graduation roster.

She recounts a series of career moves – a residency and fellowship in Pathology at Harvard, faculty at Tufts, Chair of Pathology at Howard University, inaugural Director of the NIH Office of Research on Women's Health – as connected to serendipitous events, opportune conversations, and unexpected encouragements. But her narratives suggest that the goodwill she encounters is equally nourished by the depth of her friendships, the generosity of her mentorship, and the integrity she brings to collegial, familial, and personal relationships. Originally nervous about moving into the political realm, Dr. Pinn relates her tenure at the NIH Office of Research on Women's Health as immensely stimulating and satisfying years that allowed her to creatively advance agendas to improve knowledge about women's health. She speaks candidly about the difficulty of deciding to retire from the NIH. But, she notes with surprise, her retirement has featured a plethora of professional activities, renewed affiliations, and many, many accolades. This recognition, she reflects, provides reassurance that her lifetime commitment to improving heath and health equity has been of value.

WOMEN IN MEDICINE LEGACY FOUNDATION

## Table of Contents

**Interview Session 1: April 11, 2023**

Chapter 0-A
Interview Identifier
[00:00:03]; p.1

Chapter 1
The beginnings of a doctor and an activist
[00:03:16]; p.3

**Interview Session 2: April 12, 2023**

Chapter 0-B
Interview Identifier
[00:00:10]; p.19

Chapter 2
College in the North
[00:00:50]; p. 20

Chapter 3
Life Altered: the loss of her mother
[00:08:24]; p. 24

Chapter 4
Rebuilding from tragedy
[00:16:28]; p. 28

**Interview Session Number 3: May 3, 2023**

Chapter 0-C
Interview Identifier
[00:00:10]; p.39

Chapter 5
Unique Challenges: navigating discrimination as a medical student
[00:00:37]; p. 40

Chapter 6
Teacher, Pathologist, and Advocate: the passions of Dr. Pinn's early career
[00:18:16]; p. 48

Chapter 7
Leaving Boston: Chair of the Pathology Department at Howard University
[00:42:51]; p. 58

**Interview Session Number 4: May 10, 2023**

Chapter 0-D
Interview Identifier
[00:00:11]; p. 63

Chapter 8
Transitions: from an historically black university to the new terrain of government
[00:00:37]; p. 64

Chapter 9
The Office of Research on Women's Health: navigating the politics
[00:20:37]; p. 73

Chapter 10
The Office of Research on Women's Health:
from 'bikini medicine' to the life cycle model
[00:30:30]; p. 78

Chapter 11
The Office of Research on Women's Health: challenges, accomplishments, joys
[00:52:26]; p. 87

**Interview Session Number 5: May 17, 2023**

Chapter 0-E
Interview Identifier: Session 5
[00:00:10]; p. 96

Chapter 12
The decision to retire
[00:00:51]; p. 97

Chapter 13
Retirement: a career continued
[00:08:38]; p. 100

Chapter 14
Collecting honors, cherishing friendships, and recalling family
[00:27:57]; p 108

Interview Session: 1
Interview Date: April 11, 2023

# Vivian Pinn, MD

## Interview Session 1: April 11, 2023

### Chapter 0-A
### Interview Identifier

***A. Macdonald, PhD***
[00:00:12]
There we go. Adding captioning, just a second here. Okay, I'm Arlene Macdonald and I'm so pleased to be here interviewing Dr. Vivian Pinn. This interview is being conducted for the Renaissance Woman in Medicine Oral History Project, which is sponsored by the Women in Medicine Legacy Foundation. And today is April the 11th. We're speaking at about 1:30 in the afternoon Dr. Pinn's time where she is in Washington, D.C.

So I just want to say a few words to introduce Dr. Pinn and to indicate some of the accomplishments that have made her the subject of this oral history. So let me start by saying Dr. Vivian Pinn was the winner of the Women in Medicine Legacy Foundation Alma Dea Morani Award in 2020, and she will be joining our collection of oral histories of the Alma Dea Morani Award winners. She received her medical degree from the University of Virginia. So that was in 1970. She was the only woman and the only minority --

***Vivian Pinn, MD***
[00:01:14]
That was 1967.

***A. Macdonald, PhD***
[00:01:17]
Okay. And the only minority in her class. And she there developed a career in pathology, moving to Tufts University where she also took on responsibility as the Assistant Dean of Student Affairs. She advanced to professor and chair of pathology at Howard University College of Medicine in Washington. And then from there made a very lasting impact on the health of women and minorities, and on the professional careers of women and minorities, as the inaugural director of the NIH Office of Research on Women's Health, a position she held from 1991 until her retirement in 2011. And she's been telling me in our preliminary conversations, her retirement has not been quiet. It has been full of accolades and commitments and engagements across many arenas from many directions. And it's all of that sort of rich history that I hope to explore with her over the next several interviews that we're going to conduct together.

She's a recipient of dozens of awards and accolades, and I am really honored to be able to spend this time with her and delve into her history and contributions to the lives and careers, her own and those of many others, in medicine. So thank you, Dr. Pinn. It's a great gift for you to spend time talking about yourself. Something you've told me you're not always the most comfortable doing!

***Vivian Pinn, MD***
[00:02:59]
Thank you. I really am not comfortable talking about myself unless I'm pulling some example to make a point, I guess. So this is going to be interesting. I'll do the best I can and thank you for the comments you just made.

## Chapter 1
## The beginnings of a doctor and an activist

Dr. Pinn sketches her early life centered in the small city of Lynchburg, Virginia and the surrounding rural areas. An only child, but part of a large extended family, she recounts her family's deep commitments to education. That commitment extended from her parents (who were both teachers) to her college-educated grandparents [00:11:27 – 00:15:02], an exceptional achievement in an era that actively resisted college education for both women and minorities. She discusses her very early desire to become a doctor [00:05:19] and her family's unwavering support of that ambition [00:08:53]. She narrates the harsh realities of growing up black in the segregated South [00:17:33 – 00:24:27]. She also relates fond memories of a closeknit family and a rural way of life [00:15:19], nurturing teachers [00:19:20], and an active church life [00:35:17]. It is growing up in segregation, she believes, that has molded the medical professional she has become -- "more the quiet activist, sometimes the outspoken activist, but feeling very passionate about civil rights" [00:34:39].

***A. Macdonald, PhD***
[00:03:16]
Well, thank you. All right. Well, I think the easiest place for us to begin is at the beginning. And if you could tell me a little bit about where and when you were born and some of the things that shaped your early experiences as a child. I am so keen to hear a little bit more.

***Vivian Pinn, MD***
[00:03:36]
Well, it's interesting. I was born in Halifax County, Virginia. Both of my parents were schoolteachers. Interesting when I look back that of my four grandparents, three were college educated, which meant they finished college. I know my grandfather finished Hampton [*Hampton Institute, now Hampton University*] in 1901 and I assume since he met my grandmother there, that she was there about the same time. And my mother's mother had finished what was then St Paul's College, a small HBCU [*Historically Black Colleges and Universities*] in Virginia which unfortunately no longer exists because of financial reasons. But I think education was important to my family, even though there were no advanced degrees. My mother eventually got a master's, but no one who was a physician in my family. But obviously education was important to them.

When I think back, because both of my parents taught and they were not able to teach in the same school system, my father moved back to Lynchburg, Virginia. Which is where I really went to school and grew up while my mother was still teaching in Halifax. So they sort of had a commuter marriage for a number of years until she could get a job. And so I spent a lot of time with my grandparents in Halifax County. Which looking back, there was no electricity, no running water. And I can still remember the well and the dipper and the barrel and, yes, the

outhouse. But we enjoyed being there. In fact, in the summer, all my cousins would come down and join me there.

[00:05:19]
And then I spent time in Lynchburg with my (*paternal*) grandparents there, so they really took care of me as my parents taught. And so my grandparents had a great influence on me.

I'm not sure I completely remember, but I'm told that at the age of four I announced I wanted to be a pediatrician. And so my grandmother taught me how to spell it from one of those big -- young people may not remember this, but those of my generation will remember that in the forties and fifties banks and funeral homes would send out these large numbered calendars, page by page for the month, and I can still remember the red and white calendar on the wall. And my grandmother used that to teach me, I'm told, how to spell pediatrician. And that's what I thought I would be.

And why? Well, my grandparents on my father's side in Lynchburg, where I spent a lot of time, my grandfather had colorectal cancer and was in a lot of pain. And my father would give him the shots for his painkillers when the doctor wasn't there. And I was the first grandchild so I was a little spoiled by my grandparents on both sides as the first grandchild. Which transfers to now, as I'm sort of the 'matriarch' of both sides of my family because I'm the oldest living relative on both sides of my family, my mother's and father's side.

***A. Macdonald, PhD***
[00:06:56]
You never lose that status, do you?

***Vivian Pinn, MD***
[00:06:58]
No, but it comes with responsibility. And actually, I guess the good thing about this is getting things recorded, because I'm being asked about things about family history. And what I knew so well once I never wrote down and don't always know. But anyway, that's sort of a blessing and not a blessing to be the oldest. But I try to be there for all the members of my family when I can.

[00:07:24]
But my grandfather would tell my father, because I would be there with him, why not let me do it? So my father taught me how to give the injections to my grandfather. And at the same time my grandmother had diabetes and was on insulin and my father would give her her insulin shots. His sisters and brothers, no one else wanted to deal with needles. They didn't like needles. And so I was taught to do that. And so it was either my father or me that gave the needles. Not that I enjoyed giving needles, but I found being around my grandfather and watching my grandmother eat candy when she had diabetes, not that I enjoyed the sickness, but I enjoyed being able to do things to make them feel better. And that was the age of general practitioners who would come to your home making house calls. And during that time the doctor would come and when he would

see my grandfather and see my grandmother, and then when he'd leave, everybody seemed to be happy, to be good. And it just impressed on me that the doctor's visit made everybody feel so much better. And I liked that there was somebody, a professional, that could really make the family feel so much better after the doctor had been there and whatever he did to ease the pain or reassure them.

[00:08:51]
So I think that was the major influence for me. I didn't know any women doctors. Actually, later on, I think there were one or two women doctors in Lynchburg. They weren't women that I knew very well, but there weren't many women in medicine anyway. And certainly black women in medicine were rare. But I give credit to my family because even though there were no physicians in our family, neither my father nor my mother ever said that as a little black girl in the segregated South, I wouldn't be able to be a doctor. They just would say, if you want to be a doctor, you've got to study and you've got to work for it. And they never, never made me think that there was anything that would stop me. Which is I think what got me through many of the challenges later on, because they were so supportive. And, you know, I met young women even years later whose families told them, "Women aren't doctors, you should get married, or you should be something else."

[00:09:50]
I think that I was really fortunate to have parents and grandparents who supported me and who never thought it was strange that I wanted to be a doctor; just 'if you want to be a doctor, you have to work for it.' And my mother told me I couldn't use nail polish. I don't think I used colored nail polish until I was in my twenties because she'd said, "if you're taking care of people who are sick, you've got to have clean nails. And if you have nail polish on, they won't be able to see that you've got clean nails." So there were all these little things, little memories I have of my family, but it was all directed as a positive support for my becoming a physician. So I think that's what shaped my early memories and early interest in becoming a physician. And of course, you know the story of my mother. We can talk about that now or later. But that really sealed my idea to become a physician.

***A. Macdonald, PhD***
[00:10:45]
Maybe let me just linger over what you just told me. Because I often find that people are creatures of their times. And so your grandparents early 20th century, your parents in the mid-century, didn't hold those kinds of notions of women's roles, women's place, traditions, marriage, children, etcetera. How were they able to not be people of their time, in a way to be exceptional? Because I think you're right that there would be many women of your age, even of my age, that were given different messages subtly, if not overtly.

***Vivian Pinn, MD***
[00:11:27]

You know, I don't know. But I do know that education was important. The fact that my grandmother (my mother's mother) went to St Paul's College, and I found out that actually her sisters also went. And in my mother's family, the girls all went to college. With the exception of the youngest brother, her many brothers (she was from a family of nine) all went in the military to send money home to help support their sisters in college. So sort of the reverse of what most people think. But that concept: my grandmother went to college and her sisters. And then my mother's family, her brothers all went into the military and then they supported my mother and her sisters in college. Her youngest brother at that time actually did get a college degree. But it was sort of like supporting the women in the family to get the education, sort of a reversal of what most people were doing.

And then my father's family, my grandfather was very brilliant and finished college at a time when not many people did. It is interesting, there's a story about my grandfather that is sort of a legend. He was actually a Cherokee Indian and was with his family. And he decided he wanted to get an education. And at that time, people would refer to Indians as being dumb. And so he wanted to not be one of those dumb Indians they were referring to.

[00:13:09]
And he hopped a freight train, literally. You hear stories, but he packed his trunk. I don't think he really had a trunk, but whatever he had and hopped a train and went to Hampton Institute. And at that time, Hampton had a special government program to educate Indians. And he was educated in that program. And I actually have a photo of my grandfather in the class at Hampton Institute with the group that he was with. That must have been from about 1900, 1901. So he had this idea. But when he finished college, there were not many opportunities for blacks at that time to use their college degrees.

***A. Macdonald, PhD***
[00:13:46]
Oh, okay.

***Vivian Pinn, MD***
[00:13:47]
My grandmother on my mother's side taught school. My grandmother was college educated on my father's side. She had nine children too. So she took care of the children. But my [*paternal*] grandfather ended up starting a business and he did very well with his business, a trucking business, and was very good at that. Most of the sons (except my father who was a teacher) worked in that family business.

***A. Macdonald, PhD***
[00:14:17]
I see.

***Vivian Pinn, MD***

[00:14:18]
But I would talk to him. And he participated in plays. And I have a few of his books; I kept them just because I knew they were his.

But he had the idea for education, too. And so all of his daughters went to college and most of them went on to get Masters Degrees. Again, most of the brothers went in the military and that was during the time when there were drafts in place. So all of my father's brothers were in the military. Except my father, who was teaching and somehow was exempt because he was teaching health education or something like that. We sort of look on that story of my grandfather hopping the freight train… I know he was there, I've got a picture of him in that class, so whether he hopped a freight train or not, that's what happened.

***A. Macdonald, PhD***
[00:15:02]
So almost as though your older generations all went against stereotypes themselves. Not only gender stereotypes per se, but many stereotypes. Almost knowing that those are there to be overturned.

***Vivian Pinn, MD***
[00:15:16]
I'm very fortunate in that, I think. My families weren't well-to-do, as I said. My grandmother and my mother grew up on the farm, where I spent a lot of time, with well water. And we joke about bathing in the tin tub on the back porch. Among my cousins, we have a family zoom now and it's interesting because everybody looks back on that. It was sort of like going to camp when they came down. And we have fond memories of that, and that wonderful well water which you wouldn't dare drink now. But it didn't seem repressive to us. It was just…that was it. And then I'd go to Lynchburg, where they had telephones and electricity and nice houses and I sort of balanced between the two.

[00:15:59]
But I think in all of that, perhaps because I was the oldest grandchild on both sides, I was really nourished by both families. And while they did maybe spoil me a little bit, my parents, both from big families, raised me as though I was not the only child. So I was not going to have that only child syndrome of being spoiled. I always had the responsibility -- my mother said she had the responsibility as the oldest in her family of taking care of all the sisters and brothers. I didn't have sisters and brothers, but I was responsible for taking care of cousins or anybody else.

***A. Macdonald, PhD***
[00:16:37]
Even your grandparents and their needles.

***Vivian Pinn, MD***
[00:16:39]

Yeah, that's right. I think that probably also contributed to my feeling of wanting to take care of people because it was expected of me.

***A. Macdonald, PhD***
[00:16:47]
Right. I can see that. Those positive messages you describe coming from your family, what was it like in school for you? Were those duplicated as a young girl or not? And the other thing I was going to ask you, Vivian: I'm Canadian. I immigrated to Texas about ten years ago. And I realized as I was reading your histories and some of your accomplishments, I have never spoken to anyone who grew up in a segregated part of the U.S. I've seen it in movies, I've read it in books, but I've never -- that seems strange, doesn't it? But as a Canadian, that's not my circles. So I wondered if you could describe to me a bit what it was like to be in a segregated city.

***Vivian Pinn, MD***
[00:17:33]
Well, my city was segregated. Everything was segregated. I was one of those that rode on the back of the bus. You could get on the bus, pay your fare in the front, but you went to the back of the bus. Our schools were segregated. I laugh and say maybe I don't have much bladder function now because if I went downtown -- and we walked everywhere, I can't believe I walked the distances I walked... But as a teenager, you'd go downtown to Main Street, typical small town. And if you wanted to eat, I can remember there was a Kresge's or a Woolworth and they had the best looking hotdogs. But we couldn't eat them there. You could go to the end of the counter and order one and they'd give you one, but you had to take it out. You couldn't eat there. And if you wanted to go to the bathroom, there were very few bathrooms on Main Street that were labeled colored. Most of them were just white bathrooms. So if I wanted to go to the bathroom and really got that urge and there was not a bus there, I had to walk all the way up Main Street, all the way up 12th Street, and all the way home to go to the bathroom. Because I didn't want to use the one or two -- and there weren't that many -- but one or two, not well kept up, colored bathrooms. So I said maybe that ruined my bladder control later on as a joke. But that really did happen.

Being in a segregated school, we didn't have, you know [*resources, implied*]. The good thing was the teachers were nurturing. And for me, with so many aunts and my father in the school system, everybody knew me and everybody knew my family. So if I took one step out of line, my father would know before the school day was –

***A. Macdonald, PhD***
[00:19:20]
Before you got home!

***Vivian Pinn, MD***
[00:19:21]

Yes, that's right. But it was nurturing and we all knew each other. So integration of schools didn't happen until midway through my college career. So you are now talking to someone who lived through segregated schools, segregated cities.

Now it's so easy to go out to a restaurant. But think back when I was growing up, there were no restaurants there. I think there was one in Atlanta called Paschal's. So if we were driving south, you'd try to make it from Virginia to Atlanta so you could go to Pascal's, which is one place where blacks could stop. You didn't want to drive in the dark. You wanted to be in the bright lights because you were afraid of cops in the South because of those that had disappeared or other things that happened.

[00:20:12]
This was just sort of our way of life; you know, looking and realizing Ku Klux Klan is marching on the other side of town. My uncle once said -- I'd walk from my grandparent's home to my home -- and I remember my uncle once saying, "You stay here now because the Klan is out in the streets." I didn't get picked up by them, but that was the environment in which I grew up. Everything was segregated.

[00:20:42]
No place to go out to eat. You mean go out to eat? Going out to eat meant going to somebody else's home. Oh, and the movies! There was one theater which was the black theater. And I remember that because on Saturdays all of us black kids would go and my father would give me a quarter and take me there. Nine cents for admission, ten cents for popcorn, five cents for a drink from the machine, and a penny left over for either Tootsie Rolls or mint candy. But we'd all be there. Eventually the big theaters downtown decided they'd let us in, but we had to go in a side door, go up the steps on the outside, and they reserved half a balcony for us. So that was it. But you couldn't go in the main way. I can still remember, we had to go in the side door, up steps, and then we were limited to half of the balcony, half was partitioned off. So, anything you ask about, I could tell you that it was segregated.

***A. Macdonald, PhD***
[00:21:43]
Healthcare was also segregated? How did that go forth?

***Vivian Pinn, MD***
[00:21:49]
Well at that time, yes. I think there were maybe four or five black general practitioners in town. My pediatrician was white because there were no black pediatricians. Thinking back, I don't know how that worked, but I did have a white pediatrician. But the thing was that you could go to other doctors, specialists; but if you had to go, you had to be referred to them.

But that was during the time when the AMA was still forbidding blacks to join the AMA. So the black doctors in my hometown, and through most of the south and even in the north, did not have

hospital privileges. Because in order to have hospital privileges, you had to belong to the AMA and the AMA was denying membership to black physicians. So that meant that if I went in the hospital, which I did, or my mother went in the hospital, the black doctors could refer them to the hospital but they could only visit them as friends. They couldn't take care of them as patients. So you had to have a white doctor to see you. So I grew up during that time when black doctors were not allowed hospital privileges because of the AMA.

[00:23:01]
I think you know, maybe it's been 15, 20 years now (obviously the AMA has become integrated over recent years) and I guess about 15 or 20 years ago issued a public apology for what they did. But that doesn't change what we lived through and what physicians went through. Because they really had no access to hospitals and other privileges that they might have had because they couldn't join the AMA.

And that is why the National Medical Association was founded. I think if anybody looks at my history and knows me, they know how involved I've been in the National Medical Association. That was organized so that black physicians would have an organization, could hold scientific meetings, and get to know each other, as an alternative to the AMA. And the NMA really helped fight to be able to have privileges in hospitals and restore their rights and eventually to get AMA to either admit black physicians or hospitals to accept black positions on their staff. Not many know that, but that's the case. So I've been a member of the NMA now since about 1970, and I served as the second woman president of the NMA. And I'm now chair of the Past Presidents Council.

***A. Macdonald, PhD***
[00:24:26]
Oh, are you? That I didn't know.

***Vivian Pinn, MD***
[00:24:29]
I chair the Past Presidents Council of the NMA. Sometimes I think I'm sort of the grandmother of the NMA because I've been a member so long, but I enjoy that organization. But it has great benefits. I belong to the AMA now also, as well as NMA. But there were times when I couldn't join the AMA. And I remember when I eventually did join about 30 years ago. I did join because I had to work with them as President of NMA. Right up until that time I had not joined because I remembered when we could not join.

***A. Macdonald, PhD***
[00:25:02]
Yes. That was something. I think when you describe that kind of segregated living as a child, what did it impress upon you? You know, I can think many things -- being afraid. I can think about being resentful. I can think about being rebellious. I can think about being determined. But I'm curious, what do you feel that--?

***Vivian Pinn, MD***
[00:25:23]
I don't remember being scared. I think my father was known for being outspoken in his temper -- not a bad temper, but speaking up and not taking nonsense. And my mother was very sweet and shy. I think shy and just a lovely, graceful person. My father was the one that was outspoken. And I say sometimes I'm like my mother, but other times I'm like my father in being outspoken. I can remember when some things happened and my father thought it wasn't right. He thought nothing about saying, "No, that's not right." And protecting those that he knew from police intervention or especially around the schools and things.

But I don't remember being scared, except I remember the talk about the Ku Klux Klan. But I don't even really remember being scared of that because we didn't have any lynchings or anything where we were.

[00:26:20]
But I just knew to keep my place. I can remember maybe one time I was scared; when my cousins would come down from the north and they were in integrated cities. They were in New York and Indianapolis and in Boston, and they were not living as segregated. So they'd come and they would, "I'm going to sit in the front of the bus." And I'm like, "No, no, would you please go back?"

"No, I'm going to sit at the front of the bus."

I'm thinking (this was long before Rosa Parks), and I'm thinking, "I don't know what will happen if you take that seat." I wasn't brave enough to be like Rosa Parks and to just sit there. But I can remember that was when I was a little frightened because I didn't know what would happen if they actually took a seat in the front.

[00:27:06]
But other than that, I think you sort of knew what you were dealing with. I had been to other cities where there was integration. I think what we got most upset about were some of the state things that helped support schools for segregationists once integration began. And they did not want their kids to go to integrated schools and so the state helped pay for tuition for private schools.

And along that line (which is interesting since I eventually went to UVA for medical school), during my time growing up none of the HBCU (historically black colleges and universities) in Virginia offered graduate degrees. They were colleges, not universities.

***A. Macdonald, PhD***
[00:27:58]
Right.

***Vivian Pinn, MD***
[00:25:26]
So for those who wanted to get an advanced degree, like a master's, the state -- rather than opening up the universities in Virginia to where you could get a graduate degree, rather than opening those up to integrate them -- they instead would pay for tuition if you went out of state. So my mother and my aunts, they all went to NYU or Columbia to get masters (and their friends and other teachers).

I can remember in the summertime walking to campus with my mother and I'd see everybody I knew, all the teachers from home, because they were all up there getting their master's because Virginia would pay for them but not in Virginia. They weren't allowed in the schools. So a lot of things people don't realize, but that's how it was.

[00:28:43]
I guess we lived with it best we could. We didn't like it, but we did small things. But we weren't the militant ones -- unfortunately, I guess -- out holding sit ins, etc. But we knew our place; we didn't really like our place, but we made our place comfortable, for us. And admired [ *those who were more militant, implied.*] Some of those who were in the civil rights movement I knew, or I met later and got to know, my heart was with them and I supported what they did. But my city itself wasn't as involved as some of the other Southern cities, so I can't say I did much more than that.

***A. Macdonald, PhD***
[00:29:27]
Sort of activist in a different way: which is accomplishing all you could accomplish.

***Vivian Pinn, MD***
[00:29:31]
I think my life has been one of sort of quiet activism. I speak out often when others don't speak out, but I also get a lot done behind the scenes, so to speak. So I say that's my militant activist side, that I speak out when I must. But sometimes I find I can get more things done being that activist behind the scenes, and I've done that a lot.

***A. Macdonald, PhD***
[00:29:55]
I love that phrase. A quiet activist. I think that's really interesting. Thank you for painting the picture for me – it is hard to hear, but informative at the same time for someone who... those personal stories are not something I've heard because they aren't part of my background.

***Vivian Pinn, MD***
[00:30:16]

But probably is fortunate that you didn't experience it or that segregation didn't exist where you were. For us, it was… I just think of those that lost their lives battling to overcome segregation. And the fear, especially when you went into Alabama, Mississippi, the fear about being able to drive there, or drive through it. It wasn't just my family, it was something in general.

[00:30:43]
I knew personally a professional athlete who was from Louisiana and he had a nice car. He told me driving home to Louisiana, he would only drive through Alabama and Mississippi in the daylight to get to Louisiana. Because with the nice car, he always had the fear that he would be pulled over: 'Why this black man driving this nice car?' He would never do it at night.

So we all kind of worked with the system to protect ourselves. But I had nothing but admiration for Martin Luther King and for those others who were involved. And there's still a few of them who are alive now. But what really is most distressing to me is that all of these things we fought for in different ways in the forties and fifties are coming back in today's political environment.

[00:31:36]
And it just,.. My friends, my family and my colleagues, not just blacks but in general, all are having the same reaction I am. We are going back where there's voter suppression and ways to -- Well, I won't talk about the incident that just happened, but where we're being put out of state legislations for almost nothing; that's the current events of today. [*Her reference is to the Republican-controlled Tennessee House of Representatives voting to expel two Black Democrat representatives, Justin Jones and Justin Pearson, for leading a gun reform protest in the House shortly after the Covenant School shooting in Nashville, Tennessee, March 27, 2023.*]

It's just so distressing because we thought we had fought all these battles and gotten through them. Now they're rising again and how? And why? I know I have voted. As soon as I turned 18, I started to vote and I have never missed an opportunity to vote. And maybe because of my background and what I went through and what I saw others go through, I get so angry and lose total respect for those folks who say they don't need to vote because their vote won't count.

Have they forgotten the people who lost their lives? Or people like me that had to walk from downtown home to go to the bathroom because I wasn't allowed in? Or had to climb the steps to get in the theater? Or saw relatives who couldn't vote because they'd be turned away? And then the arrogance of those today who feel they don't have to vote.

[00:32:57]
We've seen over and over a small number of votes could make a difference. Anyway, you can see my passion about this. So I guess I can say that the effects of growing up in segregation really kind of molded me into being more the quiet activist, sometimes the outspoken activist, but feeling very passionate about civil rights.

***A. Macdonald, PhD***
[00:33:21]
And in medicine, too, I would assume.

***Vivian Pinn, MD***
[00:33:22]
Yes, obviously. Because working with the NMA over the years, and of course NMA has purely scientific sessions, but we also focus on health disparities. We'll look at when physicians are mistreated. And we see that even today. Where their licenses are being yanked or they're being put in jail with charges we just don't understand, they can come to our organization. Students who have difficulty, medical students, because still sometimes those incidents happen that really are not the student's fault, they can find in our organization that support.

You know, I love it. Because many of my students from the early years, from the seventies and eighties, have come and joined the NMA. And I get to see them. And it's also striking to me that now many of my students from the seventies are retired. They're retiring and I'm like, "why am I still out here working, doing things?" (*Chuckles.*)

It's nice for socialization too. But that's not our main focus. But you're right. Activist, especially in medicine, and I think I have been outspoken in many ways related to that.

***A. Macdonald, PhD***
[00:34:40]
Yes, I know we're going to come to that as we go further down the road in the story of your life. I thought I would just ask you one more question about those early years, something I read in some of the material that I've been perusing. And that is the role of the church in your life, in your early life and moving forward. I gather it was an important institution for you?

***Vivian Pinn, MD***
[00:35:02]
Actually, it was. My father's family was Baptist, my mother's family was Methodist. And so when they got married, they joined the Episcopal Church.

***A. Macdonald, PhD***
[00:35:14]
Yes.

***Vivian Pinn, MD***
[00:35:15]
But our Episcopal church was small. So there were many Sundays I would go to Baptist Sunday School and then come back to go to church at my church for church services. It was so small -- we had a dedicated congregation, but there were not many of us.

And in the summertime -- well, often! -- when the few boys in the church grew up it was not unusual for me to be the altar boy because we had no boys there. (*Laughs*.) And in the summer a lot of kids in my hometown went up to Connecticut. There were faculty, or people, that would take groups of high schoolers to Connecticut to work in the tobacco fields to make money during the summer. Our church organist and her husband were one of the couples who did that. So I was the summer organist for our church. So it wasn't unusual to be the altar boy and be playing the organ at our church. My father was a deacon and we were there all the time.

And when I got to college (Wellesley is where I went to college), when I was there you were required to take a year of Bible history. I took some advanced courses because I was really invested in it, really interested in some of the biblical history. I remember calling my family -- and calls were rare then because you had pay for them -- but I mentioned some of the things that had come up in my Bible class. My parents, I found out later, were horrified. They thought I was going against the Bible, but I was trying to explain some of the current theories about some of the biblical teachings we learned.

[00:37:14]
So I learned it's better not to discuss with them these other theories that I'm getting. But I did all right with that. And I actually was very active in the church. But maybe because I grew up in a small church where I was maybe overly involved, once I got to college and lived in Boston, I sought out the Trinity Church in Copley Square which is a large Episcopal church. I loved being in a crowd where no one knew me, where I could just enjoy my religion. I loved the environment and the messages from the ministers there. And actually my college roommate got married in that church, so that's how I found out about it. So I loved not being the activist in church, but I wanted to just be enveloped by --

***A. Macdonald, PhD***
[00:38:06]
People who put on the worship have a different experience of worship, don't they?

***Vivian Pinn, MD***
[00:38:11]
That's right. I think I've had my fill of small churches. And, it didn't drive me away from religion but it really affected me: when my mother died (because churches were segregated too, obviously) they were just starting to integrate the churches.

***A. Macdonald, PhD***
[00:38:34]
So what time was that?

***Vivian Pinn, MD***
[00:38:36]

My mother died in February 1961. So this is 1960, 61. So our church was still there. But the minister was getting ready to leave and they were expecting our church members to become involved in what was then the, quote unquote, 'white Episcopal Church'. So when my mother died they thought that probably our church was too small for those who would be attending because of big families and all of her former students.

[00:39:08]
So they decided that they would (I don't know how it was decided) hold the funeral at the quote unquote 'white church'. Planning the funeral, I wanted them to play the Lord's Prayer. Because while my mother was ill (and she knew she was dying), we would play music she liked, *Ave Maria* and the *Lord's Prayer*. And we would play those on our record player and it bought comfort to her. And I wanted to have the Lord's Prayer as one of the musical selections. And the minister there said, "No, you can't have it." I said, "Why not?"

He said, "The organist refuses to play it because he doesn't think it's really a religious song."

And I mean: what do you mean? This organist is just -- and I went bat crazy. "I've got two years of studying biblical history at Wellesley. I'm not some dumb ass. And you're not going to let me because the organist is going to refuse!" They did not play that at my mother's funeral. And I think that was one way of reacting to a black funeral coming to the church.

They said it was the organist. I don't know. But that just did something to me. And that's the Southern Church. I'll probably never get over that because that meant something to her and to my father and to me. And it is a religious song. Every time I go to a funeral now and the Lord's Prayer is sung I think back to that organist in that church. Anyway, that's another thing.

What does that have to do with my career? I don't know. But it's something that's in my mind.

***A. Macdonald, PhD***
[00:40:48]
It sets the stage for the woman who had the career. So I thank you for that. Helps us to know her a little bit. And I know those times of raw grief. I feel as though I would like to maybe move to the story of your college years and your mother's death. But I know it's 2:00 p.m. and I know that's a complicated and difficult story to tell. And I know you have obligations this afternoon. So do you want to pause at this point?

***Vivian Pinn, MD***
[00:41:20]
Yes, we'll start back tomorrow. You get me talking and all these old memories... I hope I'm not too far off track, but these old memories come back to me as we talk.

***A. Macdonald, PhD***
[00:41:33]

That tells me that this is a rich oral history, because it is those stories and those memories that oral history is meant to capture. So I can't thank you enough. And they bring me into your world and your life in a way that the details of your CV could never do. And I appreciate that.

***Vivian Pinn, MD***
[00:41:54]
Nobody would guess that I spent a lot of time on a farm drinking water out of the well and getting eggs from the hen house. They'd probably never think about my having those experiences.

***A. Macdonald, PhD***
[00:42:06]
No, absolutely not.

***Vivian Pinn, MD***
[00:42:09]
But that's why when people want to go camping, I say. "I camped enough when I was a child. Give me a luxury hotel, I've done that camping bit."

***A. Macdonald, PhD***
[00:42:20]
And yet it's a fond memory for you and your cousins.

***Vivian Pinn, MD***
[00:42:23]
We just enjoyed it. We talk about it -- it's funny, it almost always comes up: "You remember bathing in that basin on the back porch?" And it's true, because you had to heat some water and then pour into this big tin basin and usually it was on the back porch. And then that's where you bathed. Then going out to the field to pick the corn or get the potatoes to come in to cook on the wood stove that was in the kitchen.

And in the winter, not burning your behind when you're backing up to the wood burning stove trying to keep warm or get warm. But we look back. I mean, we didn't think anything about it then. And it's funny, we all look back with just fond memories of those times then.

***A. Macdonald, PhD***
[00:43:04]
Not hardship, but fondness.

***Vivian Pinn, MD***
[00:43:07]
Yes, we look back:
"You remember this?"

“You remember that?”
“Remember being bathed?”
“Do you remember there was a black walnut tree right outside that...?”
“No, I don't remember that.”
“Was it still there?”

***A. Macdonald, PhD***
[00:43:21]
Right.

***Vivian Pinn, MD***
[00:43:22]
Those memories come back. And I think it's interesting, those who spent a lot of time there and those who only came a few times, we all still have those memories and enjoy talking about them.

***A. Macdonald, PhD***
[00:43:36]
Yes.

***Vivian Pinn, MD***
[00:43:39]
All right, shall we pick up tomorrow?

***A. Macdonald, PhD***
[00:43:41]
I’ll turn the recording off and then I'll say a proper goodbye to you. How about I do that? All right, I’ll stop the recording here.

# Vivian Pinn, MD

## Interview Session Number 2: April 12, 2023

### Chapter 0-B
### Interview Identifier

***A. Macdonald, PhD***
[00:00:10]
I'll start that closed captioning running as well. There we go. Okay, so just to say, we are back with Dr. Vivian Pinn. We're picking up on the oral history interview we began yesterday. This is for the Women in Medicine Legacy Foundation's *Renaissance Women in Medicine Oral History Project*. And I'm delighted to be picking up a little bit where we left off yesterday.

[00:00:28]
We had gone through some of your early years and the places and people you grew up with, the early motivations for medicine, and life in the segregated South in your childhood and teen years. And I thought we would start today with that big move that happens out of high school and on to college.

## Chapter 2
## College in the north

Dr. Pinn recounts her decision to go to Wellesley College, an all girls college near Boston. She cites her growing recognition of Wellesley's reputation [00:02:35], her desire for snow, and her yearning for a particularly appealing fake fur coat in a storefront window! [00:01:08] She speaks about her dawning awareness of the limitations of a high school education in the segregated south, noting in particular her struggles to excel in college French with her Southern accent [00:03:29]. But she also relates the many ways, social and academic, her college experience enhanced her life and career [00:06:16- 00:08:21].

***A. Macdonald, PhD***
[00:00:50]
I know that you went to Wellesley, which is a prestigious all girls college and a northern campus. I wondered if you could tell me just a little bit about why you chose that school. You must have been an exceptional high school student. How did you come to alight on that?

***Vivian Pinn, MD***
[00:01:10]
Well, I knew I wanted to go to medical school, so I wanted to select a college that had a medical school attached to it. But also a good college. And I was fortunate to have a woman who was really part of the national scene, knew people through organizations that she'd served as president of. She just knew people -- 'the' people -- everywhere. She was our guidance teacher at my high school. So she was working with me to think about places to apply. I only applied to five schools and Wellesley was one of them. But she made me realize [*the value of Wellesley, implied*]; I didn't know much about Wellesley except that it was a good school and it was outside of Boston.

But I'd been to Boston, so that didn't frighten me. And I really liked the idea of going where there was going to be snow. I don't know why, but for some reason I picked mostly northern schools because...

Well, I'll tell you why. I had seen this fake fur coat in one of the department stores at home and I wanted my father to buy it for me for Christmas and they didn't want to. And I said, "If I go to school where it's going to be very cold and a lot of snow, I'm going to need this coat." So I was still justifying that coat. I don't think I've shared that with many people. But really because of that coat that I wanted, which I did wear all through college and afterwards, that big fur coat!

***A. Macdonald, PhD***
[00:02:33]

I want to picture this amazing coat that got you to Wellesley!

***Vivian Pinn, MD***
[00:02:35]
[*Laughs*.] Yes. But then when I went to visit the other institutions and did the interviews, they all asked where had I applied. It just seemed every time I mentioned Wellesley I got sort of "Oh!" And I thought, "Well, if they're so impressed with Wellesley, maybe I should be more impressed with Wellesley." It was really the reactions of the other schools to the fact that I had applied to Wellesley.

[00:03:00]
I don't know if they intended that way, but it came across as though Wellesley garnered a lot of respect from these admissions officers at other places. I heard from all other four schools first and I got acceptances there. I was waiting to hear from Wellesley. I remember -- our mailbox was on the carport of my home -- and I remember coming home from school, reaching in the mailbox, seeing a letter from Wellesley, pulled it out and read it. And I had been accepted to Wellesley.

[00:03:29]
That's when I said, "Yes, I'm going to go to Wellesley." When I got there and found out the stiff competition... I was valedictorian of my high school class, but there was a room full of valedictorians. People didn't remember I came out of a segregated school and and I had learned Southern French. I learned French like, "Bonjour, Mademoiselle. Comment t'allez vous?" [*Pronounced slow, halting.*] Delivered with a Southern accent. I had a 99 average in French. And they put me in an advanced French class. I couldn't understand the speaking because they spoke so fast. So that was one of my major challenges in my first year. Although I was pre-med, taking a lot of science courses, my big headache was passing my French literature course. And they wouldn't let me go back to an easier courses because I had done very well on the standardized tests and on my grades coming in.

[00:04:28]
Then I got there and saw what a competitive atmosphere it was, but a beautiful college. And I loved it! I loved it. I studied hard, but I loved it. And found some good friends, who were friends until they died. And actually future roommates. In fact I just heard from one of the two yesterday (we had a triple). They have been good friends for years. I did establish a lot of good friendships there. But I studied hard because there were kids who had had advanced chemistry and I'm competing in chemistry class. My one lab I remember in chemistry was bending glass. And I think I burned my hands bending glass because we didn't have the big laboratories or any of that [*in high school*]. Many of the other schools that these kids were coming from had that. Many had been to France so they could speak French because they spent time there. And I'm speaking southern French.

[00:05:23]
And my teacher had just got off the boat, literally from the Sorbonne, to join the faculty there. She didn't understand a southern French accent. From day one, she got on me every time because I could not pronounce 'Marie' like the French do. From day one on, I hardly understood anything that was said. So I just spent my first semester really studying French; got through well on my science courses, thank goodness. But my time was devoted [*to French*].

[00:05:56]
But Wellesley has a beautiful campus. There was Pendleton Hall with the chemistry classes and then Sage Hall for zoology majors, which is what I was. And a very nurturing [*environment*, *implied*]. I learned so much at Wellesley that has been a benefit to me since.

***A. Macdonald, PhD***
[00:06:13]
And you mean more than academically? Or you mean...?

***Vivian Pinn, MD***
[00:06:16]
Yes, I mean just in terms of life and living and experiences. Because we talked about my being shy. I think we talked about that, maybe I didn't. But it helped to break -- it helped me to feel more independent. And as I was doing well (I was struggling in some courses, but doing well in others); it sort of built my confidence. I never thought that I wouldn't make it. I just thought, "I've got to make it." I learned a lot of things that I had not been exposed to living in the segregated South. So I learned lessons about society, about etiquette, about an integrated world.

[00:07:02:10]
In addition to learning about how to study. Wellesley used a blue book, so you had to write your answers. They were not standardized tests. I think that writing really helped me learn how to write, which was of great benefit to me when I was a pathologist and you have to write your autopsy reports out. Not a form, which I think they use now. Then when I got to NIH for the later part of my career I had many working for me with advanced degrees, but I would spend more time editing what they wrote. I wanted anything that went out, it was going to have to be word perfect. I'd read the first paragraph and if it wasn't right I sent it back. I'm not an English teacher, I'm not an English professor, but that all came from my experience at Wellesley where you had to know how to write and express yourself. I think that was a great benefit to many of us who went.

[00:07:54]
And it certainly helped me out because in government we were always generating documents either for written or published reports or for Congress or for others. I just felt each time I did it, it was sort of like being back in Wellesley with the blue book, with the exam. 'If this is going to go

out and represent me or represent our office, it's got to be correct. Go back and make this as it should be.' So one of the experiences from Wellesley.

## Chapter 3
## Life altered: the loss of her mother

Dr. Pinn narrates the events that "really changed the rest of my life" [00:08:24]. At the end of her sophomore year, Dr. Pinn hears that a tumor had been discovered in her mother's hip [00:09:30]. She recounts the harried plane ride home to be with her mother, Francena, who was undergoing immediate surgery [00:09:40-00:11:03]. She describes becoming her mother's primary caregiver when she is moved to Sloan Kettering Hospital in New York to treat the advanced cancer the surgery uncovered [00:11:50]. This situation required her to negotiate a leave of absence from her program at Wellesley [00:12:28], something she has never regretted [00:16:26]. She explains how her "personality changed" [00:12:34] as she became her mother's advocate and advisor in an acute situation, one tinged with racist attitudes [00:14:11]. Treatment options quickly foreclosed. Dr. Pinn speaks of returning from New York with her mother by train [00:15:22] and the deep grief of her passing [00:15:46] at 46 years of age, when Dr. Pinn was herself only 19.

***Vivian Pinn, MD***
[00:08:24]
But I should tell you then that what happened at Wellesley really changed the rest of my life. There was a sophomore Father's Day. All the students expected, when they were sophomores, their fathers would come. My father and mother did come up in the spring and my mother was complaining about a pain in her hip. But she came and we had a great time. And my roommates had their parents there and they were so nice to my parents. I remember having a hard time finding a place for them to stay, but they came and enjoyed it.

So at the end of the sophomore year, I wanted to take--I loved Indianapolis, for some reason. I had cousins and an uncle there and we'd go to visit Indianapolis. I just thought it was the most marvelous city! [*Laughs*.] And people laugh about that now. But Indianapolis just seemed like such a wonderful city, I wanted to spend time there. So I took my physics that summer at Butler [*University*] in Indianapolis and spent the summer with my aunt and uncle and my cousins. And the last day of the course, I finished my final exam and came home and there was a letter from my mother saying that she was having surgery.

[00:09:40]
In fact, it was that very day she was having surgery because they had found a tumor in her hip. So when my aunt and uncle came home, my thing was 'I need to get home immediately. I've got to be with my mother, pack up my stuff.' I had never flown before, but they drove me from Indianapolis to Cincinnati because Cincinnati was a hub for Piedmont Airlines. I remember we drove, it was during the night to get there for an early morning flight. And I took this little Piedmont prop plane over West Virginia--

***A. Macdonald, PhD***
[00:10:14]

Oh my, for your first time flying!

***Vivian Pinn, MD***
[00:10:16]
from Cincinnati over West Virginia into Lynchburg. And it was rocky. It was one of those early prop jet planes. I can remember the plane was going up and down. To this day, I swear I experienced what you see in cartoons. The plane went down. I had a cup of coffee. The plane went down, my cup went down, and then I saw my coffee come down. [*Chuckles.*] I swear it happened in that plane.

But I made it home and they had found that my mother did, in fact, have cancer in her bone. And this was what her orthopedist had been treating her with: Gold shots and Oxford shoes. I had gone with her to see this doctor just before I left for Indianapolis at the beginning of the summer.

[00:11:03]
And I can still remember him saying to her: "Francena, if you wore those Oxford shoes and did those exercises I gave you, you wouldn't be suffering this pain." My mother was very shy. She was very--well, I don't know if it's shy. But she was very graceful and soft spoken and she didn't speak up. And of course, at that point, I wasn't the person I am now. I didn't speak up. But I'll never forget; I was standing near the radiator hearing him tell her that. So he continued to treat her with Gold shots and exercises.

[00:11:37]
But my father found this lump; massaging the pain in her hips, he found a lump. It turned out that she had a bone cancer that by the time it was found -- and my father found the knot -- had grown through the bone into the hip. And that incision [*from the initial surgery*] never healed. Until she died, it was still there.

[00:11:54]
Once they found out about the tumor and where it was, they didn't feel capable of handling that. So she was transferred to Sloan Kettering in New York, Sloan Kettering being the best cancer care possible. But by the time we got her to New York she had septicemia, from infection, from that wound site from the incision. So they had to treat her to clear the bacteria out of her blood which came from that draining incision where the orthopedist finally found the tumor (which has spread right into her hip). I'm being very graphic, maybe I shouldn't be that graphic, but in any case...

[00:12:36]
So they delayed surgery there. And that's where I see my personality changed. Because I can remember at that time, we did not have BlueCross BlueShield insurance and they would only accept Blue Cross Blue Shield Insurance as a credit. So every Friday you had to pay up or you are out of the hospital. So my father went back to Lynchburg to work to get the money to pay the

bill. And every week he would send me money to pay the hospital on Fridays. I saw that it was going to last into the school year and I could not bear to leave my mother. So I drove--I had the family car there--and I drove up to Boston to meet with the dean at Wellesley. And I wasn't sure what they were going to say, but I went up to ask them: 'Could I take a leave of absence to take care of my mother?'

[00:13:32]
The dean I was meeting with was a very stern woman, and I didn't know how she was going to react. I have to say that that was one of the kindest moments I've experienced. She, the stern woman, was just very gracious and said, "If you need time to be with your mother, go be with your mother." And actually, after my mother died, they increased my scholarship and loans. I was a scholarship student; I did work study and things like that. But at least they made it possible because half of our family income was gone when my mother died. So I went back to New York and took care of her. And being on my own with my mother in a New York hospital, there was still some... I can remember one social worker. I still have her card. This was from 1960. I think she sort of thought that because we were black, we weren't up to par. I remember my personality changed. I learned to speak up. And one morning I came in and my mother was in so much pain and the nurse wasn't there. That's what I began to be more aggressive and learned: I've got to speak up for her.

[00:14:34]
And being there on my own in New York… I had some Wellesley classmates who were from New York (and even after they finished school there, sometimes if I was New York in the city late, they let me spend the night there). But I stayed mostly with two aunts, one in Mount Vernon, one in Long Island.

[00:14:50]
Finally, when they went to operate, I had to prepare my mother for a hemipelvectomy which would have meant they were going to remove her whole hip and leg. And then the surgery--and she came back and her leg was there. And I went, 'Oh, no.' When they took her to surgery, they discovered the tumor had spread too far. So it wasn't going to help to do this massive surgery they were going to do. Essentially, they gave her about a month to live. So we arranged to take her to Lynchburg.

[00:15:22]
That's another whole story. Having a special car on the train and the bed on the train. But we took her back home to Lynchburg. The American Cancer Society provided bed and bandages to us because she still had that same wound! From this doctor who treated her with Gold shots, from that incision he made in the tumor. It was still draining. So we had bandages. And American Cancer Society, up to this day, I still give them a donation every year because they were so good to us back in the sixties.

[00:15:46]
I took care of my mother 24/7 until she died on February 1st. And we buried her on February 4th, which was her anniversary. And I actually saw my mother die. I was with her when she died. I've never forgotten that. If nothing else, it just made me feel I had that caregiving experience. So when we talk about caregiving (and when I got into women's health, we talked about caregiving), I could relate because I had done it. But at the same time, I would not have ever done anything else. I'm so glad I took that time.

## Chapter 4
## Rebuilding from tragedy

Dr. Pinn describes returning to Wellesley College, grief-stricken. She relates the memories that stand out from that time: the intrusion of racism even into her mourning [00:16:28], but more enduringly the sympathy and support of her college roommates who nurtured her then and remain friends today [00:17:31]. Seeking a summer position in Boston while she caught up on missed coursework, she recounts the opportunity that serendipitously opened up with Dr. Benjamin Barnes, a transplant surgeon at the Mass General Hospital of the Harvard Medical system [00:19:25-00:21:17]. She narrates how her work in transplantation at the Mass General expanded into pathology with Dr. Martin Flax [00:21:40], and then into a semi-permanent position that continued throughout her medical school education [00:21:17]. As she was finishing medical school and thinking about next steps, she relates the professional paths that seemed unavailable to her as a black women in medicine at that time [00:22:04-00:23:28]. Ultimately, she explains, the part-time summer position she sought out in Boston in the wake of her mother's death opened onto an unexpected residency and research fellowship in Pathology at Harvard [00:23:28-00:27:03]. This becomes a stepping stone to her first faculty position in Pathology at Tufts University [00:23:28-00:27:47]. At the close of the chapter, she circles back to describe her decision to attend medical school at the University of Virginia given its proximity to her bereaved father [00:28:29-00:30:26]. Here she was the only woman and only minority in her medical school class, in a city still largely segregated [00:31:06-00:32:59]. Her story of the deep impact of a kind gesture from two male colleagues on her first day of medical school illustrates the power of connection, the need for solidarity, and the lasting commitments of her friendships [00:33:21-00:38:22].

***Vivian Pinn, MD***
[00:16:28]
And so I lost that semester of college. But I remember I went back right after the funeral so that I could start my second semester. Trains at that time had sort of a lounge area for women, women's bathroom -- and I went in there because I was crying. I was still sad. And this woman came in. She was not black. She looked at me and she said, "Do you sing?" [*Laughs*.] I went, "No, I don't sing." And she said it as she started singing *Around the world in 80 days* or whatever it is. I can still remember sitting there. I'm thinking, 'I'm in here mourning my mother.' And I guess she thought I could sing because I was black. And then she sings this song to me. That's all I remember about that trip back to school was this woman asking me if I could sing. But I got back to Wellesley and I was fortunate to have wonderful roommates there. We had a triple; I had the single part and they had the double part.

***A. Macdonald, PhD***
[00:17:25]
Were they white girls, Vivian? I'm assuming Wellesley was mostly white. You would have been one of few minorities.

***Vivian Pinn, MD***
[00:17:31]

Right. There were only four blacks in my class. The whole class. And two of them really became good friends (and both of them have now died). And then two in the class ahead of me. There were only eight blacks on the campus when I came to Wellesley: two seniors, two juniors and four freshmen. But my roommates (and of course those black students that I knew) they were very kind. But I spent most time in my suite, obviously with my roommates. One was from Boston and one was from Michigan and one then from Washington. But they just really looked out for me. They took care of me. They knew I was mourning, but they kept me going and I got through that semester. I have to give a lot of thanks to them because they really nurtured me during that time. They knew how to help me. We've been good friends ever since. We just exchanged emails a few days ago and we remain friends all this time. So I really cherish that friendship.

***Vivian Pinn, MD***
[00:18:32]
But how this affected my career… I wanted to march with my class because we were the class of 62. And that Dean allowed me to march with the class. I just didn't go up to get my diploma because I still had some courses to make up. I only needed a couple of courses because I already had that physics course [*taken during her summer in Indianapolis*]. So I decided that I should stay in Boston for that summer. Because at home I had worked the night shift. I'd work at the hospital as a nurse's aide from 11 p.m. to 7 a.m. and my father would pick me up and take me downtown to the drugstore. Then I'd work in the drugstore till 3 p.m. Then he'd pick me up. I'd go home, take a nap, and go back to the hospital. I wanted to do something a little more productive. I was fortunate to get those positions at home; there weren't many jobs in my hometown. So I went to the Wellesley Placement Office, knowing I had the semester to make up, and asked them could they help me find a summer position.

[00:19:25]
The first one they came up with was with the transplant surgeon at Mass General Hospital in the Harvard system. I went for the interview. He was looking for a permanent research assistant, but even though he knew that I was going to be going to medical school and wouldn't be there permanently, he hired me.

***A. Macdonald, PhD***
[00:19:47]
Why did he go past his original mandate?

***Vivian Pinn, MD***
[00:19:50]
He just let me work with them as long as I could. I'd be there through the year. I finished my semester, and then through the next summer. So I was going to be there for at least a year and a half. So I finished my semester at Wellesley. But I was still working during that time, so I would commute out to Wellesley. Oh, I thought I was so grown up! I bought this little beat up Renault,

little black car, for a few hundred dollars. The thing was so bad that when I would drive out to Wellesley in the snow, the wipers wouldn't work. And I'd be driving, leaning out there with my hand outside, trying to clean the windshield. But I loved it. I loved it! So I worked that semester and got my degree, but at the same time stayed and worked on. And that's when I applied to medical school.

But that was my introduction into the field of transplantation. And there was a pathologist who worked with him who was the immuno-pathologist for Mass General. I worked with both of them. At that time, transplantation was seen more as research; it hadn't gotten to the point it is now. So there was a lot of research. There was animal research, in addition to looking for lung transplants, which hadn't been done before. I have a paper on some of the experimental pancreatic transplants. All of this was new in research at that time.

***A. Macdonald, PhD***
[00:21:15]
More lab than clinical.

***Vivian Pinn, MD***
[00:21:17]
That's right. He was doing transplants on humans, but at the same time our lab was doing experimentation. I was working with the surgeon and the immunopathologist. So when I went to medical school in the fall to the University of Virginia, I came back each summer to work with them.

Then one summer the surgeon said he didn't have enough money in his grant to pay for an experiment. Because they'd always give me a personal experiment, in addition to what they were doing. So the pathologist said he would pick me up. So that summer I worked with both of them, but I was based in pathology. So here I am working in pathology, working on kidney biopsies because my boss did all the kidney biopsies on patients and the transplant biopsies.

[00:22:04]
So I was learning a lot as well as working. In my senior year [*of medical school*], I took six months (the summer and three months of the fall) as an elective back at Mass General in Pathology. And how did I end up as a pathologist? Well, I knew a lot about kidneys. I knew a lot about transplantation. I really wanted to be a transplant surgeon, but very few institutions were even interviewing women for surgical positions. And most of those were in the South. After having been through four years as the only woman, only minority, in a southern institution in a town that was just beginning to integrate, I didn't think I could handle all that pressure. They were not really thinking about women in surgery. Therefore, urology seemed the right thing.

[00:22:54]

But nobody was going to let a woman come into urology at that point. So I wasn't sure what I was going to do because I had grown up thinking I'd be a pediatrician, but I'd been exposed to a whole new world of research through that summer position that continued and continued. I didn't know anything about pathology, except what I'd seen in medical school and that was very different from the practice of pathology. I learned what research really was because both Dr. Bunny [*Benjamin*] Barnes (who was the surgeon) and Dr. Martin Flax (who's the immunopathologist) were very, very particular. I learned so much about discipline and patience and research and excellence, which is what they required. So my senior year I'm there and trying to think: 'What am I going to do? Where am I going to apply?'

[00:23:43]
Then, I was at a meeting of the New England Pathology Society (and that always met at the Museum of Science) and they had a cocktail party before the lecture was given. I was standing there with some of the Pathology residents from Mass General. And Dr. Benjamin Castleman, who was the chair of the Department of Pathology, a very, very well noted pathologist, walked up to me. I think at that time there were also many of the past chairs across the country (those who had trained with Dr. Castleman). Dr. Castleman walked up to me and said, "Vivian, what are you going to do next year?"

I didn't know and I didn't know what to tell him. So this guy standing next to me said, "She wants to be a pathologist."

Dr. Castleman looked at me and he said, "Well, if you want to be a pathologist, why didn't you tell me?"

I'm going, "Uh, uh…" And the guy next to me said, "She's too shy to tell you."

So Dr. Castleman -- I haven't said anything but 'uh, uh' -- he said, "Well, if you really interested, come talk to me."

I said, "Okay, thank you."

I wasn't about to go to Dr. Castleman's office to talk to him because I had so much respect--I mean, he was a real icon of pathology. He walked through the lab the next week and said, "Vivian, come on in my office."

***A. Macdonald, PhD***
[00:24:58]
Oh, my goodness.

***Vivian Pinn, MD***
[00:25:00]

He said, “Do you really want to be a pathologist?”

I'm thinking, “I'm not from Harvard Medical School. I'm at the University of Virginia Medical School. I'm black, I'm a female. What chance is there going to be for me to get an internship at Harvard in the Mass General in this Department of Pathology that's so well-respected?” And I just said, “Yes, I'd love to.”

[00:25:22]
He said, “Have your dean send me a letter of recommendation.” Well, that was before cell phones and long distance calls cost money. So he let his secretary let me use their phone to call my Dean at UVA. I mean, all of these nice things that happened to me. So I called the dean and said, “Dr. Castleman would like a letter of recommendation from you.”

And he went, “For you??”

I said, “Yes. For me.” [*Laughs*.]

I remember the reaction. I don't know what he put in the letter of recommendation because I think he was really shocked that I was going to be considered for a position at Harvard. I was a good student, but I wasn't number one in my class. I struggled a lot getting through, but a lot was going on.

Anyway, about a couple of weeks later, Dr. Castleman walked through the lab where I was working and said, “By the way, we'll see you in July.” And I went, “Oh my goodness!”

[00:26:16]
I didn't have to go through the match program -- he ended up giving me a position. They had a training grant from the National Institutes of Health (NIH), and that training grant allowed them to bring on trainees. So I came on as an NIH Research Fellow and Acting Intern, and eventually Acting Resident. But my primary thing was being a research fellow.

[00:26:44]
So while I mourn my mother's death, I never regretted taking that semester out. If I hadn't taken that semester out, things would not have happened as they did. That's how I got into Harvard medicine. To Boston medicine where I spent a total -- from Wellesley till I came to Washington -- of 23 years.

[00:27:03]
I loved Boston and the opportunities there. And I got to Tufts because my Boston pathologist, Dr. Flax (who had really taught me to do the kinds of things he was doing and was wonderful to me) took the chairmanship at Tufts and he wanted me to come to Tufts with him. And I'm going, “I'm going to leave Harvard to go to Tufts?”

He wanted me to come as chief resident. And I said, “No, I'm not going to leave Harvard to come over there as Chief Resident; if you give me a faculty position…” Now, I've only had three years plus my summers and I'm saying, “No, you’ve got to get me a faculty position.” Well, a few weeks later, he came and he said, “I've got your faculty position, so we'll see you at Tufts in July.” [*Laughs*.] So I did. I went to Tufts. Had a wonderful time there.

***A. Macdonald, PhD***
[00:27:47]
Okay! I’ve got to back you up just a little bit, though. Because it's a fascinating chronicle, not of career planning and strategizing, but serendipitous kinds of people stepping in at the right times, with the right mentorship, and you being ready, willing and able to step up and into what they're offering. But we skipped medical school! So I have to back you up just a wee bit, before we get on to your position at Tufts. I feel like I really need to hear a bit more. You said you went back to UVA for medical school. I'm assuming that had something to do with your mother dying. And I've read that you wanted to be closer to home, to your father.

***Vivian Pinn, MD***
[00:28:29]
Yes, because UVA is only about 65 miles from my hometown. We were a very close family because I was an only child. Of course, both my parents were from big families. And I had aunts and uncles who were really good, from both sides of the family. But we were really close as a mother, father, daughter. Did a lot of things together; just very close, a very loving family. So when my mother died, my father really kind of fell apart. He'd always been very strong. His nickname was Bull Pinn. He was that big athletic guy--

***A. Macdonald, PhD***
[00:29:04]
You described him yesterday when we were talking and I got that impression of a forceful

***Vivian Pinn, MD***
[00:29:09]
Yes.

***A. Macdonald, PhD***
[00:29:09]
and articulate and determined man.

***Vivian Pinn, MD***
[00:29:12]

But we lost… It was a big financial loss, it was a loving loss. My father was working and he'd come (because I was taking care of mother 24/7), but he'd come and try to help. But to see his wife fading away and her loss...

***A. Macdonald, PhD***
[00:29:30]
So young and so unexpected and so, from what you told me, perhaps unnecessary.

***Vivian Pinn, MD***
[00:29:34]
She was only 46 years old. She was 46 and I was 19. So. So for my father, it was a big loss. I was really worried about him. What he went through--which is what I've been able to advise many other people who lose spouses--that you either get the macaroni women, the casserole women, who come because they know you've lost a wife. They come bringing casseroles, trying to get your attention. Or couples tend not to invite you because you're not a couple anymore and they don't know how to how to deal with that. And my father (I think there might have been a few casserole women, but he didn't tell me too much about that), but I could tell he was so lonely. Most of our really good friends of the family, they were still friendly, but it wasn't the same as couples doing things together.

***A. Macdonald, PhD***
[00:30:23]
You don't move in the same way when you're uncoupled, yes.

***Vivian Pinn, MD***
[00:30:26]
So I was very concerned about him. So I applied to several schools. It's interesting because--remember this is when they still weren't taking many black students into predominantly white schools. And I won't name… But I have to tell some folks that, yes, I did get turned down without an interview at a couple of schools that later I ended up doing things with. I didn't apply to Harvard, but I did get accepted in UVA [*University of Virginia*]. And I wanted to be close to my father. So that's why I went to UVA.

But the first day I remember -- I lived in a dorm, remember the University of Virginia at that time had no women undergraduate students. It was still all male.

***A. Macdonald, PhD***
[00:31:07]
I didn’t know that.

***Vivian Pinn, MD***
[00:31:09]

Oh, yes, it was still all male. They didn't bring women in until the seventies.

***A. Macdonald, PhD***
[00:31:13]
And what year is this?

***Vivian Pinn, MD***
[00:31:13]
I started UVA in the fall of 1963 and the only women on campus were those in the nursing school. And the few women in graduate school. And of course they hadn't really [*been admiting black students*]--they'd had a few black students, but not many at the university. And that had just started a few years before. Charlottesville itself --

***A. Macdonald, PhD***
[00:31:39]
They would've been black men then?

***Vivian Pinn, MD***
[00:31:41]
Yes, a few black men before me. Not many, but a few black men before me. Turns out in the medical school they did have a few too. I think there were about four or five before that. And the first woman was in the class ahead of me and I was the second black woman to attend and graduate from the medical school.

[00:32:03]
So I arrived there and Charlottesville was still mostly segregated. They were just beginning to integrate some places, but not many places, especially not many restaurants. So I arrived there and I was in the dorm that they had for women graduate students.

I went over to the medical school that morning for the first day of class. I walked in and I walked up and I sat in the back of the auditorium. I looked around, it was getting close to 9:00 start time. I don't see any other women. And I don't see anybody else of color. I figured they must be late getting there. Then the dean called the roll and everybody was there. And I realized, especially after being in a class in a school like Wellesley which was all women, that it was me and 75 or so white men.

[00:32:59]
Now I had worked at Mass General. So I'd worked a lot in the integrated setting and been treated very well there. But this was... I think it's a good thing I had that experience because I had worked with Harvard medical students, male students, so I didn't feel that uncomfortable. Except I knew medical school was going to be difficult.

[00:33:21]
I knew I was going to be in Charlottesville and I just didn't know how I was going to succeed as the only woman and only black in this class. So we came to time for coffee. Here, I've got to say this story again. My life seems to have a lot of saving stories.

The dean called time for coffee break, and he said, "I want you all to go into the lounge, have coffee, and get yourselves in groups of four for Anatomy Lab."

***A. Macdonald, PhD***
[00:33:47]
Mm hmm.

***Vivian Pinn, MD***
[00:33:49]
I'm thinking, "I don't know a soul in here. These guys, they're fraternity brothers, their parents know each other. They went to the same schools, and I don't know a soul in here. How am I going to get a lab partner?" I knew how important it was to have a good working group for anatomy, how important that was going to be because that was the major challenge in the first year.

[00:34:10]
As I walk down, I'm thinking: "I'm not going in that lounge room with all those white guys and standing there begging somebody." And as I was walking down from the back of the auditorium, these two guys were standing at the bottom of the steps and they said, "Hey, Vivian, you want to be our lab partner?"

Now somebody asked me, "How did they know your name?" Well, I don't know if they said hey Vivian, or hey you, or hey dog! I just know they said, "Do you want to be our lab partner?"

***A. Macdonald, PhD***
[00:34:38]
Maybe when roll call went off and there's only one woman's name, it's not hard to remember!

***Vivian Pinn, MD***
[00:34:43]
That's right. That was what Kenny said.

I said, "Well, yes!" And they said, "Okay, we'll find a fourth guy to be our fourth. Come on, let's go get coffee." Well, I hadn't planned to go get coffee, but I went with my new lab partners. And came time for lunch, they said, "Let's go across the street to eat lunch." One of them had been at UVA, so he knew everything.

[00:35:05]
So the group of us went over to lunch. They really were kind of looking out for me. And it all started because they asked me to be their lab partner on the first day. I think it took years for me to realize how significant that was. Today, when people are talking about DEI [*Diversity, Equity, and Inclusion*] and talking about inclusion and belonging -- I think if Kenny and Rick hadn't asked me to be their lab partner, I wouldn't have had that sense of belonging. But once they asked me and I had partners, I had somebody I knew, that knew me. It just made a difference for me in going to medical school. And I must say, I think they looked out for me during that first year.

[00:35:49]
I knew the stories of what many women in medical school had gone through, especially in anatomy class. I never had any of those nasty jokes pulled on me. And it turned out that I had two of the smartest guys in the class as my partners. So it worked out. It was a wonderful group. One of them now is no longer alive, but the other one is and we still stay in touch. We took a picture at our 50th reunion, the two surviving ones, to show that from that first day asking me to be a lab partner, here we were 50 years later, still friends. He checks on me every now and then; I check on him. And, you know, we remember things. But that incident, I point out and I use now as an example, reflecting back, you never know when a small gesture of outreach can change someone's life.

[00:36:42]
I have to say that Kenny Greer (who said I can use his name because newspapers wanted to know about it when I gave this story), he always said, “Oh, Vivian, I'd been at all boys schools, so I just wanted a woman to work with.” And, “we wanted to add spice.” You know, just dismissive. But thinking about it, I don't know if he realized how brave that was for them to reach out to a black woman, especially a black woman at UVA at that time. Not have me pushed on them, but to invite me and to look out for me.

[00:37:15]
Then I later found out when some of the black upperclassmen came back -- there was only one other, the woman in the class ahead of me; she was the only other black in the school at that time. And she asked me where I'd been eating. I said, “Across the street on the corner.” Which is what they called the street across from the medical school.

She said, “You can't eat there. They're not integrated yet.” I said, “Well, they are now, because I've been eating there!” [*Laughs*.] So I don't think the guys, they hadn’t even thought about that. They just took me in.

***A. Macdonald, PhD***
[00:37:43]
And because you were with them, you didn't get hassled.

***Vivian Pinn, MD***
[00:37:46]
Because I was with them, they didn't put me out. So later, like about ten years ago, I finally told Kenny. I said, "I don't know if you realize it, but you really took part in the civil rights movement. Because you helped to integrate the restaurants on the corner because you took me in and they had not been integrated before. So you also can claim that in your life's history, that you were also a leader in civil rights."

But when you reflect back on what was going on, it was really brave of them, kind of them, and it made a difference in my life.

***A. Macdonald, PhD***
[00:38:22]
Like a generosity that has paid beyond and beyond the smallness of it.

I know that you have a very busy schedule this afternoon. I was thinking, just to be respectful of your time, would you like to wrap it up? And when we come back for our next interview, I'd like to ask a little bit more. Those were the personal kinds of interaction that made it bearable. I'd like to know more about the general ambiance of what it was like to be in medical school. And you said it was a struggle at times, but you made it through. I think people sometimes imagine that people who've had illustrious careers must have flown through medical school and it was a breeze. I think it would be very valuable for them to hear what happens in medical school doesn't dictate everything that comes next. So I think we'll pick that up maybe at our next interview.

Okay, I'll put pause on the recording for now and respect your time for today.

***Vivian Pinn, MD***
[00:39:21]
All right. Thank you very much.

# Vivian Pinn, MD

## Interview Session Number 3: May 3, 2023

### Chapter 0-C
### Interview Identifier

***A. Macdonald, PhD***
[00:00:10]
Good. I just want to make sure captions are running. Closed captioning is on. Wonderful. So let me just say that I'm back again with Dr. Vivian Pinn, and we're recording this oral history for the Women in Medicine Legacy Foundation. This is part of their *Alma Dea Morani Renaissance Women in Medicine Oral History Project*. And we have the really lovely opportunity to hear the life stories of the winners of that award. So this is our third interview and I'm pleased to be back with you again.

## Chapter 5

Unique Challenges: navigating discrimination as a medical student

Medical school, Dr. Pinn relates, held additional pressures for her, the only woman and only minority in her class at the University of Virginia Medical School. She acknowledges that medical school is academically challenging for everyone [00:02:00], but her situation produced what she calls "unique challenges" [00:02:03]. She narrates the overt and covert racism she faced: patients who could only envision her as the dietician, not the doctor [00:02:55]; landlords who openly denied her an apartment because she was black [00:06:40-00:10:51]; class graduation parties held at venues that would not admit her [00:10:52]. Such episodes were emotionally difficult, she explains, with the potential to overwhelm her focus on her studies [00:05:08]. She credits her father's support and her close friendship with Barbara Sparks [now Sparks Favazza], the only other black woman in the UVA medical school, with helping her keep her equilibrium and forward trajectory [00:01:12]. Barbara, she explains, helped her achieve a balance between "fighting the battles when it was important to" [00:04:49] and not losing sight of their primary objective: to become doctors [00:04:04]. Tying her medical student days to the present, Dr. Pinn reviews her efforts to advance appropriate mentorship for all students in medical education, but particularly for minorities and women [00:13:18-00:17:14]. She also relates her deep satisfaction when she returned to UVA years later to give a commencement address and found herself housed as an honored guest in the very facility that would have refused her entry to her class graduation party [00:11:21].

***A. Macdonald, PhD***
[00:00:37]
Our last interview was left with just a couple of comments you made about being at the UVA medical school, saying how much it meant to you to have students and colleagues who stepped in and included you. But you did say that medical school was a bit of a struggle for you. Because people look at your career and can't probably imagine that, I thought it would be good if you would just tell us what were the struggles in medical school for you and how did you have the strength to continue through those struggles? So I'm curious about both.

***Vivian Pinn, MD***
[00:01:12]
There were, I guess, sort of personal kinds of things related to being the only woman and not having a woman mentor there to advise me, and no minority faculty. I really benefited from the one African-American woman in the class ahead of me and we became really close friends. And I asked her how did she do it alone the year before? Because the year before, she was the only African-American student in the school. When I came, at least there were two of us. After she left, it was just me when she graduated a year before I did. But that gave me a lot of support. Of course, as I think I've mentioned before, my father I really have to give credit. My mother had died, but my father really, really supported me through those tough times.

[00:02:00]
But other than that, medical school is not easy for anybody. I had to study. I think all my classmates studied. So it was a challenge, just keeping up with the academics. But it was something I expected because I studied through Wellesley, I studied through high school. So I can't say that was an abnormal pressure or stress. It was just what I expected.

[00:02:23]
But having the additional, the additional -- I don't want to say pressures -- but the additional challenges? What were they... Being unique in that situation, and still in a city where segregation existed, did not make it that easy for me in terms of just surviving. But my life was spent between my apartment, which I later had, and the medical school. I got through that.

[00:02:55]
And it was a time when a lot of men patients were not used to having women doctors. So I had one patient. I picked him up late [in her training], but every time I went in to see him, all he would tell me about where the meals. Finally I went in the day he was to be discharged, to talk to him about his discharge, and found out all the time he thought I was a dietitian. He never could realize. That's why he kept telling me about his meals.

[00:03:24]
I think that Barbara and I were the first medical students of color who were allowed to have white patients. I discovered that from some who finished before I came in; they [men of color] were not allowed to have white women patients anyway. But we were not held to that and we had patients. So there were things that were changing while we were there. But I think having Barbara there was big -- in addition to having my lab partners who were very supportive, but there were things that really they would not have related to. Thankfully, I had Barbara, who had been through that, as someone I could rely on.

[00:04:04]
We're often asked when we hear about episodes of students dealing with racial bias or sexism today, how did we make it through? I had a long discussion with Barbara about that once, Barbara Starks [now Starks Favazza] who was the woman in the class ahead of me. I said, “Barbara, they always want to know from me, how did we make it through? And you were there for a year by yourself before I came. And I'm not quite sure how to respond.”

She said, “Just remind them”--which I have done now in almost every instance when I'm asked about it—“that we kept our eyes on why we were there. We were there to become physicians, and we had to keep our eyes on the goal for why we were there.”

[00:04:49]
And no, we didn't just take stuff and we didn't feel we were being abused. On the other hand, we would speak up and we fought the battles when it was important to. I think I told you about my

really raising a big ruckus when the member of the board of trustees, the UVA Board of Visitors, refused to let me have that apartment?

***A. Macdonald, PhD***
[00:05:06]
No you didn't, no.

***Vivian Pinn, MD***
[00:05:08]
Then I'll go back to that; we did speak up. But I think that the issue was that we had to have self-confidence that we could make it through this academic situation. If we got so totally distracted by issues of racism or segregation or people poking at us, we would lose why we were there. It's so easy to get distracted by these emotional upsets. So we would talk things over together and as Barbara said, just remind everyone that, no, we weren't pushovers. We didn't take a lot of stuff. But we also knew when we had to stop because we couldn't forget our reason for being there was academic.

[00:05:48]
We wanted to be physicians. And that's the advice that I've given to many others now, when they're dealing with situations where they feel they're dealing with sexism or homophobia or racism. You don't want to be a pushover, but you don't want to get so caught up because you can get so emotionally involved in some of these things. And if you do, it can take away from your ability to focus on your academics of what you're trying to do. That's really my message about that.

So, the episode about my apartment--I guess I've been talking so much, I can't remember what I've said to whom. But at the end of my first year, I was in the dorm. Remember, it was an all boys school, all men's school, and the only women students were nurses [or graduate students].

[00:06:40]
There was a dorm for nurses and women who were in graduate schools. There was one dorm way across campus that all of the women graduate students stayed in unless they had an apartment or something of their own. So at the end of the first year, Barbara and I decided we were going to get an apartment together and move out of the dorm. Some of my classmates had made some suggestions, and they had suggested a group of apartments where most of the married students lived and suggested we apply there for a place. My classmates were being very helpful. So I did apply for us and was told that that was fine. We could have the apartment. I just said that there were two of us, we were not a couple, and that we would need twin beds instead. I was told that was no problem. And the person that owned these apartment buildings happened to be on the Board of Visitors, which happens to be the Board of Trustees of UVA [University of Virginia].

So we thought, “Great.” We were in the middle of final exams for the first year, so I asked, “Could we come over and take a look at the apartment ?” Because we hadn't seen them.

[00:07:46]
He said, “Sure.” I remember it was almost the last day of exams. Barbara and I went over to look at the apartment. It was nothing fancy, but who cared about that then? So we said, “Okay, we’re set.” A few hours after I got back to the dorm (I remember I was taking a nap before studying for my last final exam), I got a phone call. At that time we didn't have cell phones; there was a phone in the hall and some student came and got me and said you have a phone call. I still remember sitting in that phone booth and hearing this guy say, “Well, I can't let you have the apartment because I can't put twin beds in.” And I hit the ceiling.

“What do you mean? You changed your mind because you saw us and you saw we were black and you don't want--I know that wasn’t it.” I said, “That's ridiculous. You told us everything was set. And then as soon as you see us, you withdraw the offer.” I was absolutely furious about that! And so I called--I didn't really swear at him, but I came close--I gave him a good reading down as best I could without going over the line.

I was so furious. I mean, right in the middle of my exams. And I said, “You're going to send me this nonsense right in the middle of my exams when I'm trying to study for my exams and get through? And you call me with this nonsense, nobody's going to believe you!”

[00:09:06]
So I did get to the student deans at the medical school and the faculty members. They said, “Well, there's nothing we can do. Those are privately owned apartments.” I said, “But this guy is on your Board of Visitors. So he is connected with the university, and yet he's going to deny us the apartment. And I know it's because of race.” Then they said they'd look into it; then they said, well, they really couldn't do anything. So I fumed my way through my last final exams. Fortunately, I passed them all, but that was where I really got distressed. And some of my classmates knew about it, I found out much later, which I didn't know then.

[00:09:44]
But one of my classmates very quietly had contact with his father, who was in some bureau of the federal government and had looked into it for us. But found out because of some rules, either there were too many apartments or there were some rules that meant the federal government could not step in. Something to do with ownership, I don't know what. But after that I really had a soft spot because the guy never said anything to me, but to find out later that he actually had looked into trying to help us.

Then another classmate suggested another building. So we got another apartment. That one was close to campus, worked out really well. I lived there the last three years of medical school, so it worked out better for us. But I've never forgotten that episode. That's an example of where, no, I

didn't sit by and just take it. I did as much as I could do and I raised hell everywhere I could. It was an example. I thought the school should know if they had somebody on their Board of Visitors; but evidently, I guess with the politics and the separation of personal ownership versus academic, there was nothing they could do. But that was one of my 'lovely' memories from there.

[00:10:52]
I think I also told you, and maybe I didn't, about the class senior party. They were looking to plan a senior party. At that time, the venue was new. (Now it's owned by UVA and everything is different. But at that time it was it was privately owned.) Some of the guys in my class wanted to hold a senior class party at this venue. The word came back that the class could come, but I couldn't go.

***A. Macdonald, PhD***
[00:11:17]
Oh, my goodness!

***Vivian Pinn, MD***
[00:11:21]
Now, when I was later invited to give the commencement address for all of UVA (which was a marvelous experience for me), I ended up saying in that address--the theme of my address to UVA was traditions--how some traditions are good to continue and other traditions need to change. I said, "The very place where you had me sleep last night would not allow me into the doors for a senior class party. Yet here I am in a reserved suite there this weekend. That shows how some traditions need to change."

***A. Macdonald, PhD***
So they didn't change the location of the class party?

***Vivian Pinn, MD***
I don't remember going to a class party. I don't know what they did. I just remember hearing -- it's funny, a couple of my classmates (I haven't made a big deal of it since) but some of them said they don't remember. But I don't forget things like that.

***A. Macdonald, PhD***
No, you wouldn't.

***Vivian Pinn, MD***
I don't know whether they had a class party or what. I obviously did not go. But that was all right because the guys partied on their own anyway. So that was alright.

***A. Macdonald, PhD***

You would have been the only woman at that party, wouldn't you?

***Vivian Pinn, MD***
[00:11:58]
That's right. Unless they brought their dates or their wives, and I didn't have a husband. So they could have had a class party, I don't know if they did or not. Now UVA owns the venue and uses it for most of its alumni events. But every time I go, I just get a little tickled at that memory and I think, well, okay: I'm here now.

***A. Macdonald, PhD***
[00:12:21]
So what year did you graduate medical school?

***Vivian Pinn, MD***
[00:12:24]
I graduated in 1967. So that would have been the spring of 1967.

***A. Macdonald, PhD***
[00:12:29]
It goes to show you the the overt racism that's still in place all those years. Long after we're supposed to have civil rights and be equal. Okay, that helps me paint a picture of where the struggles were. Do you think if you had had women mentors and women of color, or people of color, as part of your training, it would have been different?

***Vivian Pinn, MD***
[00:12:58]
It might have been nice, I could maybe go to them about some of the things I was experiencing. But as it turns out, I got through and I survived. I didn't get too crazy from the experiences. I have to credit Barbara and I have to really credit my father with getting me through those episodes. And that's one of the things that I'm working on now.

[00:13:18]
I'm on a roundtable at the National Academies of Science, Engineering and Medicine that's looking at how to increase black men and black women in science, engineering and medicine. They appointed me as chair of the Mental Health and Behavioral group. I said, "I'm a pathologist. [*Laughing*.] I don't know much about mental health and psychology." But they said, "The chairs are good. You can handle it, do it." So I have some excellent co-chairs. But in doing that and looking at the stresses, I really developed an interest in this area. We look at the challenges that pre-med students who are students of color or women who are pre-med students, when they're dealing with all these different isms and biases. They have the financial stresses: can they afford medical school? They've got family stresses. It's made us really realize how important -- at least for me to really realize -- how important that mental health and behavioral

support is for increasing support not only for black men and women, but students in general who are dealing with academic stress. Just the stress of being in school for advanced degree in math, science, engineering and medicine, and then you're dealing with these other issues. How important it is to provide that support, whether you call it mental health support, you can call it emotional support, but at least someone that a student can talk to get some relief and release from some of those anxieties.

[00:14:52]
We're seeing and hearing from a lot of programs on their successful record of getting students in and getting them into medical school or getting them into Ph.D. programs. But what I've started asking is, "You say they're successful, you get them through, but what have you built into your programs to provide that emotional support or for that occasional student who really has a mental health issue or is about to develop one? What are you building into your programs, your successful programs? You must be providing something. Or maybe you're not talking about those you're losing." So that's just the tip of the iceberg. But it really has influenced my thinking and the questions that I'm now raising to people with programs, trying to get them to think more about the importance of building that support.

[00:15:42]
So you asked, would it have made a difference? I don't know that it would have made a big difference, looking back. But at the time it would have been good if, you know, I'm experiencing some of the things as a woman. And you're dealing with classmates who were -- well, my classmates were pretty good. But at that time, in many medical schools where they were women, women were having some pretty iffy jokes pulled on them. I was lucky. They didn't really pull that many on me; I think my lab partners protected me. But some of the issues that would come up in classes where as a woman you felt maybe you weren't really being included in the discussion. It would have been nice to have a woman that you could speak to. Or with issues like -- well, I've gone through some without repeating them all [racial discrimination, implied].

[00:16:31]
But to have someone who could relate that you could at least talk to. I think that's why I became such a mentor myself, to just make sure if a student felt they need to talk to somebody, maybe about their personal life, maybe their wife or husband didn't understand why they're studying such long hours, or they don't have clothes to wear, or whatever. That if I could just be there, they could bounce it off of me and that it would be helpful to them. I think that's how I got that loyalty from my students over the years, from that. So, it may not have made a difference, but at the time it would have made a difference that I would have had someone local to just go in and say, "I can't handle this. Can you help me get through it?"

***A. Macdonald, PhD***
[00:17:15]

I think you've been the trailblazer in helping set what others need as opposed to having it yourself, both in your early career and as you move forward. And I'm going to move us forward because last interview we talked a little bit about how fortuitous your research assistantship (through your years at Wellesley and then through medical school) with the Massachusetts General Hospital's pathology lab was. It turned into this unexpected opportunity to join them as a resident and research fellow.

***Vivian Pinn, MD***
[00:17:47]
It changed my whole career trajectory, my whole career trajectory.

***A. Macdonald, PhD***
[00:17:52]
Yes. So we had a little bit of discussion about what that was like and how you ended up there. Then you were just telling us at the end of the last interview how Dr. Flax -- am I saying his name right?

***Vivian Pinn, MD***
[00:18:03]
Yes, it was Flax, Martin Flax.

***A. Macdonald, PhD***
[00:18:08]
Yes. How he had moved on to Tufts University and wanted to bring you with him and you were holding out for a faculty position, which you did get there.

## Chapter 6

Teacher, Pathologist, and Advocate: the passions of Dr. Pinn's early career

Dr. Pinn summarizes the joys of her twelve years at Tufts University as faculty in Pathology and Assistant Dean of Students, noting in particular her close and rewarding relationship with students, her love of teaching, her ongoing relationship with Tufts, and the unexpected, and deeply appreciated, accolades and honors they have bestowed on her [00:18:16-00:26:04]. She explains the excellent leadership of Dr. Martin Flax and the nurturing and inclusive environment he fostered at Mass General Hospital during her residency and at Tufts University in her first faculty position [00:26:04-00:28:39]. Still, racial inequities in medicine were pronounced; Dr. Pinn elaborates her active efforts to address those inequities. "Here's where I get militant again," she says, as she tells the story of confronting the Dean of Harvard Medical School about the lack of minority interns and residents at the Harvard teaching hospitals [00:28:44-00:29:38]. With the Dean's support, she and colleagues formed the Central Recruitment Council of Boston and increased the number of minority trainees [00:29:38-00:33:35]. She also speaks of her long involvement with the National Medical Association, the collective voice of African American physicians and a force for justice and parity in medicine. Her involvement was motivated by the unjust criminal charges brought against black physician Ken Edelin in the early 1970s [00:34:14-00:37:06]. Her commitment to the NMA, she relates, has been unwavering, extending from her early involvement to her induction as the second woman president (1989) to her current role as Chair of the Past Presidents Council [00:37:51-00:39:50]. "I think I've sort of become the grandma of NMA," she jokes, as she describes the integration of the NMA with her varied career and ongoing commitments [00:39:50].

***Vivian Pinn, MD***
[00:18:16]
Yes, because I figured I'd never get a faculty position. That was my way of nicely saying no. And then he had one for me! [*Laughs*.] So I went and had a wonderful 12 years at Tufts. I'm still on the board of Advisors for the Medical School. Some of my former students from my years there in the seventies, early eighties, have established a scholarship fund in my name. So there's the Vivian W. Pinn Scholarship Fund at Tufts in my name. And the Dean actually gave me the Dean's Medal. And I have an honorary degree from Tufts, which is interesting. They've actually named the Office of Student Affairs at the medical school the Vivian Pinn Office of Student Affairs.

[00:19:00]
I stand there in front of my name on the wall. I stand there and students walk by; they have no idea who I am. [*Macdonald laughs*.] Or that the name on the wall has anything to do with me. And that just tickles me. I'm like, "That's my name up there. But you don't know that." So Tufts has been very good to me. Even after I left to come to Washington.

***A. Macdonald, PhD***
[00:19:19]
But what an impression you must have made when you were there. I mean, that's what I'm thinking, you must have really made a lasting impression. And I know you had two roles, in the Department of Pathology as a faculty member, but also eventually becoming Dean of Student Affairs. Following your interest, as we were just saying, in mentoring students, particularly minority students and women students through those occasions. So I thought, yes, please tell me a little bit more about those years.

***Vivian Pinn, MD***
[00:19:51]
Well, I was pretty young then. I had gone straight out of residency into the faculty position, and so I wasn't that much older than the students. But we worked together very closely and had wonderful programs. And I was open to students, not just black students or Latino students, but to all students. Remember, women were just beginning to increase in numbers. So a lot of women students felt they could come talk to me. Just as when I had no woman to go to, sometimes women students felt more comfortable speaking to a woman than someone they saw as a male who might not understand them, might think them weak if they had issues. I just was very close to my students.

[00:20:37]
And I did run the renal pathology lab and handle all the kidney and transplant biopsies. And I had a role in anatomic pathology. I loved what I was doing and I loved teaching about that. So fortunately, with the kidney as my special area, I worked closely with the renal unit at Tufts and they had some wonderful members of the faculty in that department. We worked together so well in planning curricula and teaching. I think between the guys - of course, they were mostly guys -- in the renal unit and with the Path Renal, we got teaching awards almost every year. The renal course would get teaching awards almost every year for what we put on.

[00:21:19]
But we, the guys and I, were young; we worked together well. We tried to make the teaching fun, but made sure they learned what they needed to learn. I enjoyed the teaching and of course they knew--I think I was a tough teacher. I must say, I probably taught them far more about the kidney than they needed to know. But even then, and even my students from Howard, will come back and tell me even now, 30, 40 years later, “I still remember that kidney lecture you gave us on kidney disease, on glomerulonephritis, on hematuria.” And that tickles me. I said, “I'm sure I gave you more than you need to know, but I bet you never failed an answer on the national board exams because you knew what you needed to know.”

[00:22:01]
So it was an enjoyable time for me there. You know, I wasn't anxious to go to Tufts. But Dr. Flax being a wonderful mentor, was a wonderful department chair, one who did not begrudge my

spending time with students, who encouraged my research. Because I was doing research, some research in collaboration with some of the nephrologists back at Mass General and then some other research there [at Tufts]. Remember I trained as a researcher, so that was my area. But he really supported my research and supported my doing other things. As long as I kept up with my assignments in the Path department, which I did do because I enjoyed pathology and I enjoyed practicing pathology and enjoyed coming up with diagnoses that others didn't make. I really think that I was a pretty good pathologist [*small laugh*]. And I think I was really good on the kidney. I missed that in later years when I switched into women's health, when I sort of lost my contact with the kidney world.

[00:23:00]
But I don't know how else to describe it; that sort of summarizes my years at Tufts. I know it was just wonderful. I had great faculty to work with, not just in pathology, but in other departments. We had a great teaching collaboration. As I said, we got a lot of teaching awards from those times, from the students. I loved working with the students. I had a great boss and I was young enough to be rather forward in what I thought I needed to do, if it was speaking up for the students or putting forth my diagnosis over maybe what a more senior pathologist thought. Those were great years for me. I think that really matured into myself and into pathology, into that world during those years.

[00:23:46]
So they were great years for me. Because I was so close to so many students, even after I left I still heard from a lot of the students. I did admissions. I think almost every Saturday during every academic year, I was there for admissions, interviews, etc.. But close to the students and after I left, really heard from a lot of students.

[00:24:12]
We kind of continued that connection. Then when I was installed as the second woman president of the National Medical Association, my former secretary assistant at Tufts got out to many of my former students. And at that National Medical Association meeting, when I gave my address, I asked that my students from Tufts stand. People were shocked at how many Tufts students had actually come. I had one of my former students, who was also a minister, give my invocation. Had another one sing. I incorporated them in. And actually after that time, every year at NMA meetings since, we've had a meeting of Tufts alum graduates. So we've kept that little connection going, even till now. We don't see as many because so many of my students from the seventies are retired and I'm the one still going to meetings! [*Laughs*.] But we see new ones.

[00:25:09]
But that sort of kept me in touch with Tufts through the years. Then when they set up the scholarship fund in my name, that really was a big surprise for me. As I said, Tufts invited me back to give me an honorary degree after I got to NIH. Following that when the students set up the scholarship fund in my name, there was like a reunion of (they call them Pinn students) this

big gathering of students that I had taught over the years. That was when they named the Office of Student Affairs for me, which is a big surprise. After that I was named to the Board and so I'm still on the Board. There's a new woman Dean at Tufts, which is new, their first woman Dean. She is just wonderful. So I get to meet with her and I stay in touch with other people, especially since they're working on 'my', quote unquote, scholarship fund.

[00:26:04]
So I still have a very close connection to Tufts. Unfortunately, we lost Dr. Flax. He retired and then died, so he's no longer there. But I try to give him the credit he deserves.

***A. Macdonald, PhD***
[00:26:16]
Yes, as a mentor.

***Vivian Pinn, MD***
[00:26:18]
I probably would never have trained at Harvard. I never would have been at Tufts. I never would have been a department chair. I never would have had those ties to pathology. And I like, now that I'm out of women's health, that the world of pathology has welcomed me back. Now I'm again active with the Senior Fellows of the Association of Pathology Chairs. Because that was my profession for so many years. So I've sort of returned to that, in addition to what I'm doing for women's health.

***A. Macdonald, PhD***
[00:26:46]
So tell me something: when you talk about medical school and being one of few women, certainly the only woman of color, when you're in your early career there at Tufts were things different for women? I'm sure you weren't in the majority; you were still one of very few. Did your career evolve differently because of that? Were you treated as equal, or were there moments even in those early years?

***Vivian Pinn, MD***
[00:27:10]
Well, going back to Mass General, I think I was the only woman (although there was another woman who came from Sweden to spend a year and another woman who came from South Carolina to spend a year or two, but I was the only woman trainee). But I never felt at MGH, it was interesting, I never felt that I was treated anything other than equal.

[00:27:33]
The guys that were around, the faculty, they were so supportive. I really felt that was an extremely nurturing environment. I know before I finished my training, in later years, more women came in. Dr. Castleman brought more women into the training program. I think I may

have been the only woman who was officially resident when these other two came, but following that, the numbers of women expanded. But they didn't take the first woman intern in internal medicine until around the time I was leaving to go to Tufts. In surgery it was many years later. Now there are women all over the place. But in spite of the few women (there were a couple of women faculty in the department that I was in), for some reason I just never felt those same pressures or that I was different. I was welcomed as part of the group and we all worked hard together and we supported each other. And it was a very nurturing environment.

***A. Macdonald, PhD***
[00:28:39]
And being a racial minority didn't color interactions in the same way--

***Vivian Pinn, MD***
[00:28:44]
No. In fact, what I did -- well, here's where I get militant again. I was at that time the only black intern and resident at MGH. There was a guy who was a fellow at Peter Bent Brigham [Hospital] at Harvard and we wanted to see more minority residents in the Harvard teaching system. This was Dr. Al Williams, who is now in Los Angeles. So we got up our nerve. We were hearing, "Well, we can't find qualified candidates." So the two of us marched in (well, we made an appointment) and went to see the Dean of Harvard Medical School and said, "We think there ought to be more minority interns and residents at the Harvard teaching hospitals. And you all said that you can't find them. So provide us with support and we'll find them for you."

[00:29:38]
We established what was called the Central Recruitment Council of Boston, actually of Harvard Hospitals. And surprisingly, Dean Ebert, who was the dean then, met with hospital heads and got donations from hospital heads and funded what we set up called the Central Recruitment Council. Then Dr. Wilbert Jordan, who was a Harvard College / Case Western Reserve graduate from medical school, came to the Beth Israel Hospital, which is one of the Harvard hospitals, and got so involved in this effort.

[00:30:09]
And I have to give him credit. He really did most of it. What we found was instead of just recruiting kids to apply to Harvard, we got hospitals there to agree to allow externships. So 'if we can identify students, if you'll bring them in and let them do rotations, we think you'll see that they're much better than they look on paper.' That was what we started doing. Then as Wilbert started traveling around to help recruit students, he found that many of them didn't know how to handle the matching program, which is the way that medical students get their internships or residencies. So Wilbert really set it up. What we basically did after that was advise medical students on how to apply to the national matching program, as well as trying to convince program directors in Boston to rank some of these students. If there's only one outstanding student at the top of the class and every hospital program brings that person, only one person is

going to be there. But if you think there's that one, but there are others who are almost as good, rank some of these others.

[00:31:19]
So then I left to go to Tufts. So that's when I got Tufts involved; so we got Harvard and Tufts. Then one of the faculty members at the Brigham who had been working with us went over to Boston City Hospital. We got B.U. involved. So it became the Central Recruitment Council for Boston teaching hospitals. So yes, there were very few [minority students], but we did what we could to increase the numbers who would come in.

[00:31:47]
And we did see an increase in numbers. I have to give Wilbert credit. You know, there were those that Al remembers that he brought in, but over the years... And we got anyone who was coming in, they had to work with us and help us recruit others. So that's what I did there. Where there were a few of us, a few like me, I got involved to make sure there would be more.

***A. Macdonald, PhD***
[00:32:07]
Oh, my goodness. I think what an interesting way. Rather than just feel the discrimination and the isolation to actually tackle it and say, “Let's do something about it.”

***Vivian Pinn, MD***
[00:32:18]
Yes, and looking back, that was some nerve. I was just an intern and I'm marching into the Dean of the Medical School’s office, but he was good and very gracious.

***A. Macdonald, PhD***
[00:32:26]
What made you nervy like that? Because I think of some of the medical students I've worked with, doing ethics and humanities, and I don't know that they would go to the dean. What made you nervy?

***Vivian Pinn, MD***
[00:32:39]
I don't know. Al and I thought this needed to be done and the only way we could do it… So we went in. I just didn't think about possible repercussions. Until later I thought, “Oh my gosh, he could have kicked us out and he could have told my program director to get rid of me.” And he didn't. He was gracious and instead ended up funding our efforts. I guess I was nervy but not demanding in a nasty way. You learn how to seek help and seek assistance and seek support. But you have to do it in a way where you're not just demanding, but you're trying to give reasoning. I think that was something that I learned along the way that I needed to do. So I didn't feel at all

uncomfortable until I thought about it years later. [*Arlene laughs*.] I seem to have done that so many times during my career.

***A. Macdonald, PhD***
[00:33:35]
Okay. I also thought I'd ask: you mentioned the National Medical Association and you mentioned the fact that a lot of the Tufts reunions happened there, but also that you were one of the presidents. I believe 1989 you were the president. We always ask people about their mentors, and you've talked very eloquently about some of yours. But I wonder how can professional organizations be mentoring? Because you got very involved. I wanted to know how did you end up at the NMA and what did that mean to you to be part of that organization?

***Vivian Pinn, MD***
[00:34:14]
Well, the NMA, as I think I have said to you before, was established years ago when black physicians were not allowed to be members of the AMA [American Medical Association]. And so I knew about the National Medical Association. I knew about it, but I had not been that involved because I'd been at UVA and there were no black doctors so there was no chapter of NMA there.

[00:34:38]
And I got to Boston and there was a local -- it was called the New England Medical Society -- which was a local organization of the NMA. But looking back, how I really got involved is the Ken Edelin case. I was very involved. I don't know how many remember, and I won't go into it because that would be another whole discussion. But Ken Edelin was a chief resident at the Boston City hospital and he did an abortion that was within the legal rights at that time. Instead, a case was brought against him that was a fallacious case. They insisted that he delivered the fetus and somebody claimed they were in the operating room and looked at the clock and saw him smother the baby till the baby was dead, for so many [minutes, implied]. Eventually the case --

***A. Macdonald, PhD***
[00:35:40]
And he was a physician of color, I'm going to assume.

***Vivian Pinn, MD***
[00:35:41]
Yes, he was a black chief resident at Boston City Hospital. Actually, as it turned out, the clock was out for repairs. So the guy who testified that he watched the clock…it got [outrageous, implied]. But it was real stressful for Ken. Anyway, we were concerned because he was one of our black physicians; he was a chief resident.

[00:36:03]

BU [Boston University] did not pick up his legal defense. So when they indicted him he had to then find his own lawyer. I felt--you know, I'm always jumping on a cause. I thought he shouldn't have to do that. And I had some good connections. So I started calling people that I knew to help set up his defense fund and to give him a hand: "Look at this young guy. He's doing well. And now they've gone after him for abortion. We need to show him support." So we were thinking that we needed to get the national organization involved. And so a group of us (I was still a resident), but a group of us [from the New England Medical Society] then went to the national meeting of the National Medical Association to make a plea in the House of Delegates that there be a resolution in support of Ken Edelin to provide national support for him and his defense fund. So that was when I first went to an NMA meeting. And I got there and saw excellent science--

***A. Macdonald, PhD***
[00:37:05]
What year would this be?

***Vivian Pinn, MD***
[00:37:06]
This was about... When was this case brought? 72, 73, somewhere in there.

And at NMA I saw so many black physicians (although NMA has integrated physicians, they're not all black). But there were these black physicians from all over the country, many of whom I knew their families, many of whom I'd never heard of before, in leadership positions. I sat in that House of Delegates--and, of course, they said we could only bring that [motion] if we were delegates. So we knew we had to come back the next year. So I came back as a delegate and I have not missed a convention since (so that was early seventies) and I got really involved. But it was because of Ken Edelin's case that I really got involved with the NMA.

[00:37:51]
Of course, I can't learn to just sit quietly as I should because I got all involved in NMA politics, and the meetings, and the activities of the NMA and actually became the second woman president of the NMA. Now, we've had many other women, but I was the second. Edith Irby Jones, who integrated the University of Arkansas Medical School in Little Rock (which was really a historic event), Edith was very involved in the NMA and she became the first woman president. I said she did such a great job as president that when I became the second woman president, I was just the NMA president. She really did such a great job that I didn't have to fight the battles that she did. And she was so great that it was just smooth sailing for me as president.

[00:38:40]
I have not missed a meeting since then. As I said, I'm now chair of the Past Presidents Council, which is the group of all past presidents. I'm probably one of the oldest active members, in terms of when I was elected as president. We have some older by age, but not many who are still alive

who were in office before I was. In fact, I think there's only one still alive who was in office before I was. And so--

***A. Macdonald, PhD***
[00:39:10]
You've got the memory of that organization to draw from.

***Vivian Pinn, MD***
[00:39:13]
I think I've sort of become the grandma of NMA [*Arlene laughs*]. Because they always call me, "How do we do this and what do we do about that?" But that's another area that keeps me very busy because I'm doing a lot of things with NMA and very involved with NMA. I've enjoyed being a part of that. Actually, being president of NMA really was helpful to me when I went to NIH, because as president of NMA I had to meet with different congress people. Several times I was able provide testimony on behalf of the NMA. Reporters were calling for what is the NMA stance on this or that.

***A. Macdonald, PhD***
[00:39:50]
So there's a very public profile.

***Vivian Pinn, MD***
[00:39:52]
That's right. So I learned. I'd be called and I'd have to be on my feet, right off the top of my head respond to questions about various health issues, various health legislation. And then actually interacting with people on Capitol Hill, which I had not done before. At the same time, through the Association of Pathology Chairs, I was also in that position of going to meet with congress people.

[00:40:19]
So my association with the NMA really helped me with both my Path Chairs role on the national level, but also when I then went to NIH. The second day I was at NIH, I had to testify before Senator Kennedy in the -- what was it – Education and Labor Committee, whatever that committee was. As the expert on women's health, just my second day in the job. But I did it and I wasn't as nervous as I might have been, because I had had that experience representing the NMA. So NMA has been very valuable. I'd like to think I've given it energy and time, but I have gained a lot through my association. And I have a lot of good friends who are members that I met through the NMA. Or people that I've known, but we've become closer because we worked together on things through the NMA.

***A. Macdonald, PhD***
[00:41:10]

Okay, I've heard you mention it. I've seen it in different accounts of you. But I thought I just wanted to hear a little more; how that became as important as it has been in your life.

***Vivian Pinn, MD***
[00:41:21]
So I must say, when I was involved, they had strong internal medicine section, a strong surgery section, a strong radiology section, all strong. But they did not have a pathology section. Remember, I was a pathologist at the time I was president. So one of the things I'm proud of is that I managed to get started a section on pathology. There aren't that many black pathologists, and we included others. But now it has really blossomed and it's really going forwards. So after all these years, it's survived really well. But that's where I tie in all my different aspects of my life and my career. At the same time when I went to NIH, they set up a women's health section in recognition of the new efforts on women's health. And so for me--

***A. Macdonald, PhD***
[00:42:09]
Your career has been expanding the NMA! [*Vivian laughs*.]

***Vivian Pinn, MD***
[00:42:14]
So for many years there's been a women's health section, and then there was a Vivian Pinn lecture that was going on. And when I was at NIH, it was great because I got to bring a lot of folks that we had worked with through NIH to speak to the NMA. So I've sort of seen my career integrated in all the aspects of pathology, and the Association of Path Chairs, as well as being in women's health, and then being in academia, all of these. Being at NMA, they all sort of integrate across the board in different ways.

## Chapter 7

Leaving Boston: Chair of the Pathology Department at Howard University

After more than twenty years in Boston, Dr. Pinn narrates her decision to leave the circles she has happily been part of to take up the position of Chair of Pathology at Howard University, a historically black university. Her decision, she explains, was prompted by a desire to be closer to her ailing father and an opportune conversation with a colleague, rather than adherence to a well-mapped career path [00:44:25-00:46:29]. She speaks of the new environment she found herself in. No longer a racial minority but, she relates, as a woman chair she was still one of very few; in fact, only the third woman chair of a pathology department in the United States [00:49:52]. She recounts the enjoyment of engaging with students [00:46:37], but also the resentment she encountered from the previous chair [00:47:24], a resistance to her leadership she suspects was driven by his ego and her gender [00:48:24]. She shares her advice for leaders moving into new environments [00:49:07], and explains how invaluable she found the support of the Association of Pathology Chairs in adapting to her new role [00:51:21]. She tells the rather comical story of attending the Path Chairs annual meetings with her husband, who was obliged to partake of teas and fashion shows with the spouses of the other Chairs, illuminating just how singular her status was as a female department chair in the 1980s [00:49:52].

***A. Macdonald, PhD***
[00:42:51]
Okay. I'm thinking of you at Tufts in this early part of your career. Did you have grand ambitions for what you wanted to achieve in pathology? I'm going to ask you about that because you do leave Tufts. You pick up the chair of the pathology department at Howard--

***Vivian Pinn, MD***
[00:43:10]
I was very happy there. And I was not thinking of anything grander or anything more. I was very happy there. Then I was offered this position--I had been offered other jobs, but I decided to stay at Tufts with Dr. Flax and a number of other folks who had been at Massachusetts General Hospital who came over with him. It was a very comfortable group. Then the other pathologists that he hired, we all became -- it was very small department, but we became very close. Again, it was a very close working department.

***A. Macdonald, PhD***
[00:43:38]
Was that due to good leadership or good luck?

***Vivian Pinn, MD***
[00:43:31]
I think the leadership of Dr. Flax and the kind of people he hired. And the fact that he was tough. I can remember my first autopsy protocol. I'm a Wellesley grad. I thought I could write very well. He went through it and marked it up. And I went, “Oh, my God!” And I have been like him

ever since. Marking up what people give to me. But saying, “This is only to make sure you will get it.” I said, “No, I'm not an English major, but I really believe written documents that are going to have my name on it--it's got to be written correctly.” So I think it was Dr. Flax’s leadership and the kind of people that he hired to bring in to the department. It was a very nurturing department.

[00:44:25]
And I then was offered this job of chairmanship at Howard. I went down to interview, but I'd been in Boston then for over 20 years, between college and training. I wasn't anxious to go; didn't know. But my father had had a heart attack by then and he was in Virginia. So the thing that was attractive to me was that I'd be closer to him in Virginia than staying in Boston. But I couldn't decide. And I was at a AAMC meeting; I think I’ve mentioned my role in that, American Association of Academic Medical Schools. And saw a guy who was then a dean of a medical school, though I had met him earlier because he had been a chair of pathology; I'd met him through the path group. He always sort of followed my career to see what I was doing. He asked me what I decided and I said, “Well, I can't make up my mind. I still have this job offer for a chair, but I like what I'm doing.”

He said, “You've got to decide if you're going to go administrative, be a dean and go into administration. Or, if you're going to be a pathologist, you might as well run your own department.” And I'm thinking, “Well, I still want to be a pathologist.” He (Dr. Marvin Dunn) said, “You need to get off the fence.”

***A. Macdonald, PhD***
[00:45:45]
Because you had the two roles at Tufts?

***Vivian Pinn, MD***
[00:45:48]
Yes, I had the two roles: administration and pathology. He said, “You’ve got to get off the fence, go one way or the other.” I said, “Okay.”And I'm thinking about my father, I saw my future being in pathology. So that's how I then ended up at Howard. It's funny how passing comments can influence decisions and throughout my life I can think of instances. I told you how I got into MGH at that cocktail party. I can remember Dr. Dunn making that comment and from that I decided to go ahead and take the job at Howard. That's how I decided to change jobs to get closer to my father.

***A. Macdonald, PhD***
[00:46:29]
Okay. And what was that like being at a historically black college after years of being the one minority, or one of few minorities?

***Vivian Pinn, MD***
[00:46:37]
That's right. Except I was -- there were only two women department chairs there. Then for a while I was the only one. But remember, I had grown up in segregated schools, in the segregated high school. So I had been in a predominantly, in fact an all black environment in Virginia when I was growing up. So it wasn't like I had not been in that environment. I enjoyed the faculty there and I loved the students. What I found was that a number of the students in the classes there were students I had tried to get to Tufts, who'd actually come to Howard. So I knew a lot of them; I knew them from their records, from their applications to Tufts. Loved being with the students and loved being at Howard. That was great.

[00:47:24]
I had some rough times in my department because the former chair was still there and resented every change that I wanted to make.

***A. Macdonald, PhD***
[00:47:33]
And is that normal, Vivian?

***Vivian Pinn, MD***
[00:47:40]
I'm not sure that all--

***A. Macdonald, PhD***
[00:47:41]
Like a chair steps down and stays? Is that--

***Vivian Pinn, MD***
[00:47:41]
I'm not sure that everyone is as vindictive as he was, but... I came through at Harvard and Tufts where we'd have faculty meetings and discuss things we want to bring about for change. I would discuss those in my faculty meetings [at Howard] and nobody would say anything. When the meeting was over, they'd come up one by one and say, "I agree with what you said, but I didn't want to agree in front of Dr. Whatever because I knew he would be upset." Because I was changing things. So that's the kind of situation I was in.

***A. Macdonald, PhD***
[00:48:16]
Do you think some of that acrimonious behavior was about his ego or the fact that you were a woman and a minority making changes?

***Vivian Pinn, MD***

[00:48:24]
Well, he was a minority himself, because, you know [Howard is a historically black university]. But we had a very diverse faculty, I must say. I think it was his ego. I said to him, "I didn't move you out as chair." But I think the fact that I was a woman, I was not as forceful as maybe someone else might have been. And the fact that he had been there so many years, he had protection from the administration because he'd been chair for so many years. But it has helped me to give a lot of advice to people moving into new positions about how they should or should not deal with previous chairs if they're still around.

***A. Macdonald, PhD***
[00:49:03]
Can you give like two nuggets? What would you say?

***Vivian Pinn, MD***
[00:49:07]
First, you need to make sure the roles are clarified. You need to make sure that the faculty understands that you're coming in with new ideas. You need to make sure you've got your support and bring someone with you who is on your team. Because if you come into a room where everybody has been working just with the other person and you're the only outsider, it's going to be difficult to bring in changes.

***A. Macdonald, PhD***
[00:49:31]
Right. They had their own little dynamics already there.

***Vivian Pinn, MD***
[00:49:34]
And you have to decide, depending on the department, institution, politics, whether you want evolution or revolution. That's something you have to decide when you see the situation you're in.

***A. Macdonald, PhD***
[00:49:46]
And there weren't a lot of women chairs for you to connect with and learn from.

***Vivian Pinn, MD***
[00:49:52]
No. I was the third woman in the United States to serve as a department chair in academic pathology. The first was Nancy Warner who was at USC. I met her once on a trip to California because she and Dr. Flax had trained together at the University of Chicago. He wanted me to meet her. So I did meet her on one of my trips to California. Then the second was a woman from Texas who was chair of a clinical pathology group. When I became a chair, she was still there.

Then I would have been the third woman in the U.S. to chair an academic pathology department. Now there are many women chairs. But when I came in -- so it was all the guys with their wives and then my husband. He would laugh because, you know, they'd have fashion shows and teas--

***A. Macdonald, PhD***
[00:50:51]
Ah-and he'd be going through those! [*Laughs*.]

***Vivian Pinn, MD***
[00:51:44]
Right. [*Laughs*.] So he didn't go to many, he'd go to a few. But he would try to get on the golf course or something because everybody was there with their wives except me, because I was the woman. It was interesting. But the path chairs were very receptive, probably because Dr. Flax introduced me to them. So he paved the way for me.

***A. Macdonald, PhD***
[00:51:17]
Okay. So that group was a more congenial group.

***Vivian Pinn, MD***
[00:51:21]
Yes, outside of my institution. They were very helpful to me in setting up new curriculum, knowing how to handle lab problems. All the issues of pathology, and how it was being reimbursed was changing with congressional work that year. I could call on Dr. Flax or call on other chairs and they were always very helpful.

[00:51:47]
So I'm losing my voice.

***A. Macdonald, PhD***
[00:51:48]
I heard that! I was just going to say, I think I've worked you hard enough today. That's what I'm thinking. And it's fine. We have another interview coming. We'll pick up on a couple more questions about your time at Howard, and we'll then begin to understand the next transition, which is far away from pathology. So I'm curious to hear. I know I have been talking to you for a full hour and people do get weary after that. So let me turn this recording off for us today.

Interview Session: 4
Interview Date: May 10, 2023

# Vivian Pinn, MD

## Interview Session Number 4: May 10, 2023

### Chapter 0-D
### Interview Identifier

***A. Macdonald, PhD***
[00:00:02]
And the closed captioning. Let me do that too. There we go. So lovely to be here again with Dr. Vivian Pinn. We are continuing our interviews as part of the *Alma Dea Morani Renaissance Women in Medicine Oral History Project*. This is sponsored by the Women in Medicine Legacy Foundation, and I'm really delighted to have this opportunity and to keep hearing the progression of your career and life as we've been chatting.

## Chapter 8
## Transitions: from an historically black university to the new terrain of government

Dr. Pinn summarizes the things she enjoyed while Chair of Pathology at Howard University and the contributions she made to the department [00:01:35-00:06:34]. She offers insight into the differences of being a minority in predominantly white versus predominantly minority institutions [00:06:50-00:08:39], subtle differences she feels she navigated "intuitively" [00:07:32]. She acknowledges the challenges of being Chair and her sense that she perhaps needed a "sabbatical" after countless years of unrelenting work [00:09:20]. But instead of a sabbatical, she recounts, a new and highly unexpected opportunity knocked. She tells the story of serendipitous affiliations and connections that placed her in a meeting of NIH representatives called by then NIH Director, Dr. Bernadine Healy (whom she had met many years earlier) [00:10:15-00:12:21]. That meeting featured a presentation about the newly conceived NIH Office of Research on Women's Health. "I think if I had sat there quietly," Dr. Pinn reflects, "I would have finished my career in pathology. But I put my hand up to make some suggestions" [00:12:35]. She narrates her complete surprise when Dr. Healy reached out to offer her the position of Director of the newly formed Office [00:13:08-00:14:08], describing her initial hesitance to take a position in government given her propensity to say what she thinks [00:14:08-00:14:42]. Her hesitancy, she explains, was quickly overcome by her excitement for the mission of the Office of Research on Women's Health [00:14:42-00:16:48]. She concludes with her astonishment that an interconnected web of good colleagues, broad experiences, and fortuitous events allowed her a much loved twenty year career as Director of the NIH Office of Research on Women's Health [00:18:27-00:20:32].

***A. Macdonald, PhD***
[00:00:37]
So last time we chatted, you were telling me about moving, after twenty years in Boston, to take on the chairmanship of the pathology department at Howard University. We went through some of the trials and tribulations of a woman chair coming into that environment at a time when there were very, very few women chairs and certainly very few in pathology.

***Vivian Pinn, MD***
[00:00:57]
I was actually the third woman in the U.S. to chair an academic pathology department. So there were not many. Now there quite a few, which is wonderful.

***A. Macdonald, PhD***
[00:01:09]

Yes. And I was sort of marveling at that and how you've had to carve your way: each time a first, each time a first. But as you spent the years there, I wanted to just sort of ask you a little bit more about what you felt were the accomplishments of the time you spent as a chair? What do you feel you contributed to that institution or that department or to the field of pathology? What are you proud of to take away from those years?

***Vivian Pinn, MD***
[00:01:35]
Well, I think just as at Tufts, I really enjoyed teaching and I really enjoyed the students. Actually, there are some students that I taught at Howard -- I there from 82 to 91 -- that I still hear from or they still keep in touch with me or I see them at medical meetings or I just hear from them. For example, a couple who both finished Howard Med years ago now have a daughter there, and they're coming in town this weekend and I hope to get together with them. So the students were delightful and I always enjoy working with students. So that was probably the best part. I liked teaching and trying to improve the curriculum for my course, which any chair or anyone would do. That's not new for me. But that was what I enjoyed doing.

***A. Macdonald, PhD***
[00:02:20]
And the mentoring of all those careers.

***Vivian Pinn, MD***
[00:02:22]
Yes. And then being able to bring in some new faculty; I actually hired two faculty members that had been my medical students at Tufts who had gone into pathology and joined our department at Howard. That was very nice. In addition to other young pathologists that I brought in. There were not a lot of women in pathology at that time. So I was pleased when I could be visible to encourage women to consider pathology for a career. Overall, I was pleased with the department we put together and the residency program we had. It was in fact probably the only residency program at a historically black medical institution in pathology. It continues to this day.

[00:03:12]
There's a wonderful young guy who is the new chair there, and I see him doing great things. He has continued the residency program there. Very proud of him; that's Dr. Roger Mitchell. And actually some good relationships with many of those who are on faculty at Howard. It was a great experience because having grown up in a segregated city, having gone to segregated schools, and then being in Boston, in the Wellesley community and the Harvard community (which were completely different), I came back to an HBCU, a historically black college / university and it was a very different environment, but I enjoyed that.

[00:03:59]

So today when people are talking about different academic experiences, I'm delighted because I've had the experience of being at a predominantly white institution and at a predominantly black institution and seeing how the cultures are similar and where they differ. But having had both of those experiences I think really has enriched me and my perspectives about what we can do and about accomplishments and about dealing with disparities, especially introducing young people going into medicine or in different fields of specialty.

[00:04:32]
So it was a very valuable time for me. In addition, there were some real giants in medicine who were on the faculty then that I was privileged to work with. Like Dr. LaSalle Leffall who was well known far beyond Washington, as well as in Washington, having been on the President's cancer panel. He was a surgeon and he was extremely well known; unfortunately no longer with us, but he has left a legacy. And Dr. Clive Callender, who probably was one of the foremost, and is still one of the foremost, spokespersons for increasing minority donors for kidney and other organ transplants.

***A. Macdonald, PhD***
[00:05:14]
I know his work, but I didn't know he was at Howard.

***Vivian Pinn, MD***
[00:05:16]
Yes, he's at Howard and I enjoyed working with him and his transplant patients while I was there. So there were a number of wonderful friendships that I made with those who were on faculty there; some coming up and some who were very senior. I enjoyed working with them and learning from them and learning how to navigate the environment at a historically black college institution versus how you would navigate the environment [of a predominantly white institution].

[00:05:44]
Some similarities, but some differences. But I came to Howard, and many people because I was so well-known--I shouldn't say 'so well known'--but many people knew I had been at Howard. Then many considered me a Howard graduate and I wasn't. I just had been on the faculty. So I was delighted when a few years ago, Dr. Wayne Frederick, the current president, who also had been one of my medical students back when I was teaching in pathology, actually granted me an honorary degree. So I told him, I'm really proud because now I can say, 'Yes, I do have a degree from Howard.' I'm very proud of that honorary degree. Among all I have, I'm very proud to have that one. So I can truly claim that I have a real association with Howard in addition to having been on the faculty there.

***A. Macdonald, PhD***
[00:06:34]

Can you speak a little bit more? You say you learned to navigate and learn about the differences and similarities between the predominantly white institutions and the historically black university that you were with. Do you want to say a little more about what those differences are?

***Vivian Pinn, MD***
[00:06:50]
It's sort of intuitive; I'm not sure I can really outline them. They're not that different, but they are different. You learn in the situation you're in. It's different being in a situation where you're one of few people of color and all of a sudden you're in a situation where everybody is of color. So you don't have to express some of the things you might in the other environment because everybody is familiar with what you might want to say or knows more about things in terms of disparities or the communities that you're dealing with or the kinds of patients that you're seeing. So you just sort of function a little bit different from--

***A. Macdonald, PhD***
[00:07:29]
You don't have that extra layer of explanations or teaching.

***Vivian Pinn, MD***
[00:07:32]
That's right. And I think it's all intuitive. I don't know that there are great, great differences, but there are differences. But it's sort of intuitive, on the spot. Just how do you deal with these situations, the same as one would in other institutions. But I must say that I thought--other than standing up for students, and looking and asking, 'what are we going to do to increase residents of color and getting medical students of color and diversity?'-- I never felt I was walking around with a caption on me saying I was African-American at Harvard or at Tufts. I was there. Everybody knew it, but I didn't feel like I was walking around wearing a caption saying: 'You have to know who I am. I'm black, I'm a female.' I didn't feel I had to do that, which was good. And at Howard, obviously, I didn't have to because I was one of many. I don't know if that makes sense.

***A. Macdonald, PhD***
[00:08:28]
Yes, it does in the context of what you told me about your experiences at Harvard and Tufts, maybe versus in medical school: you didn't have to feel like you were the champion of everything.

***Vivian Pinn, MD***
[00:08:39]
Exactly.

***A. Macdonald, PhD***

[00:08:41]
All right, that's wonderful. Last time when we were talking about your move to Howard, you said there was a very influential pathology chairman at another department who said to you, 'it's time to get off the fence. Either you're in administration or you're in pathology.' And you said you thought your future was pathology. It was one of the reasons you took the chairmanship at Howard.

***Vivian Pinn, MD***
[00:09:05]
I loved pathology.

***A. Macdonald, PhD***
[00:09:06]
And now I know we're going to have a conversation about a future that wasn't in pathology. So I would love to hear, how did you come to your next position, as the inaugural director of the Office of Research on Women's Health?

***Vivian Pinn, MD***
[00:09:20]
Well, this is a wonderful story. I'm happy to share. I should say I didn't grow up wanting to be a pathologist. And my father was very surprised when I ended up saying I'm going to pathology. But I was so enticed by what I saw during my summers of working in the path department and with pathologists that I ended up in pathology and I really loved it as a career. I mean, you really get exposed to almost everything. And I loved my kidneys and I loved my microscope. But being a department chair at that time was not that easy. And I had been a chair for nine years. I was thinking maybe I should take a sabbatical, which I hate to note: I have gone from one thing to another, I have never taken a sabbatical so I've never had any time off. I guess that accounts for where I am now. But anyway, let me see if I could tie this together for you quickly.

[00:10:15]
I had been president of the National Medical Association. And at that time, Dr. Louis Sullivan was Secretary of Health and Human Services and he put together the delegation to go to the W.H.O. meeting in Geneva. I was invited to go as part of the US delegation. So when we went to Geneva, one of the people in the delegation was the guy who was then the director of the Fogarty International Center at the NIH. So I got to know him a bit while we were in Geneva. And of course, it was an international focus being in Geneva.

[00:10:55]
When we got back to the U.S., I got a call from him asking me to serve on the advisory committee for the Fogarty Center. I told him I didn't know a lot about international health, but I was willing to learn. So I was appointed to that committee. So jump ahead. The director of NIH always held meetings and at that time included a representative from each of the institutes of

NIH. The Fogarty director asked me, especially since I was in Washington, would I represent the Fogarty at this meeting of the NIH director. I'm getting there, but it's all tied in.

***A. Macdonald, PhD***
[00:11:35]
I'm loving it.

***Vivian Pinn, MD***
[00:11:37]
It ties in. So I did go to that meeting of the director. The director of NIH then was Dr. Bernadine Healy, who was the first, and in fact so far the only, woman director of the NIH. And I remembered her because I had actually reviewed some kidney biopsies with her (back to my kidneys) when she was a medical student at Harvard and I was at a resident at MGH. I didn't think she'd remember me, but she heard me talking with some others. I was really talking about maybe working on a sabbatical, going back to MGH in pathology. She heard me talking, and it was nice, she said, "I remember you." I was very flattered.

[00:12:21]
And at that meeting, on the agenda (which I didn't know) was the presentation by Dr. Ruth Kirchstein of this new office they had set up. So there was a presentation about this new Office of Research on Women's Health. I think if I had sat there quietly, I would have finished my career in pathology. But I put my hand up to make some suggestions. "If you're going to do this on women's health, you need to focus on careers and you need to make sure you're addressing all women," etc. It turns out that by my speaking both Dr. Kirschstein, whom I knew, and Dr. Healy evidently (because they were looking for a director for the office, they'd been doing a search) that made them think about me.

[00:13:08]
I had no idea. About two weeks later, I got a call to come meet with Dr. Healy. I said, "Well, I'm teaching a medical school class that morning." They said, "That's the only time she has. So 10:00 Tuesday morning, can you be here to meet with her?" So I said, "Of course." So I walk in with my CV in my briefcase thinking she's going to talk to me about a sabbatical.

***A. Macdonald, PhD***
[00:13:28]
Oh, my goodness.

***Vivian Pinn, MD***
[00:13:29]
And I never pulled it out. She said, "Vivian, I've been following your career." Of course I'm totally flabbergasted that Dr. Healy, whom I so admire and who has had this marvelous career, says she has been following my career. She said, "We've got to get a director for this office

because [Rep.] Pat Schroeder and [Senator] Barbara Mikulski are expecting me to announce it at our meeting we're having right after Labor Day." Which was two weeks away. She said, "I need to tell them I've got a director. I want you to take this job." Just like that.

[00:14:05]
I said, "Well, Dr. Healy, I am flattered. But I don't think I can come work in government because I like to say what I think and to give up a tenured full professorship and chairmanship to come into government and then get fired right away, I'm not sure I can do that." [*Arlene bursts out laughing.*] Because I did like to say what I think.

[00:14:30]
She said, "Well, think about it. This is a real opportunity. I think you could do it. I like to say what I think too; I've had to learn how to deal with that. I want you to think about it, but I need to know in two days because I've got to let them know."

[00:14:44]
So I drove home and it was funny; instead of going straight back to Howard, I drove home and I was very excited. And just on that drive from NIH to my home, which was halfway to Howard, I thought, "Well, why not?" I'd been giving talks on women's health, I'd been speaking about health issues, I'd focused on research for many years. That's always been one of my themes--especially when I was president of NMA and even before that--to encourage young people to consider biomedical careers and become a physician scientist. And this is what I would be doing. Why not get paid for what I'd been doing on my own time?

[00:15:25]
So I called the Dean of Howard, Dr. Charles Epps was the dean then, and I said, "Dr. Epps, I've just left NIH and I've been offered a position at NIH and I think I might take it." He said, "You come talk to me." So I ended up doing it just like that. Within one day (it took me almost two years to decide to leave Boston), I decided to try it. Why not? The press was hot on women's health. Congress was hot on women's health. You had a woman director of the NIH who herself was interested in women's health. It's a brand new office. Why not try it? Why not try something different?

[00:16:05]
So I called her and told her I would be coming. That was announced at a conference they had right after Labor Day called the Hunt Valley meeting. When it was announced, people were shocked because they didn't know I had applied for the job (which I hadn't). And I was introduced that day. There was a lot of press and and there was a lot of press from then on. I could not have made a better decision. I think being a pathologist gave me a broader background knowledge of health issues because in pathology you have to know a little bit about almost everything. So I really had that broad experience of health, and from my own career understood

issues related to careers which was part of that [Office]. And I believed in research and inclusion in clinical trials.

[00:16:50]
So that was how I got started, and that's how we went off, and that's how I ended up spending the next twenty plus years. I think the first fifteen years went by so fast, all of a sudden I realized, "My gosh, I've been here for over 15 years. Maybe it's time for someone new to come in." But I wanted to wrap up what I was doing and I was working on my final strategic plan. We actually did three strategic plans while I was in there. The first strategic plan was for a national focus on women's health research. So I got to --

***A. Macdonald, PhD***
[00:17:24]
There would have been no strategic plan prior to you arriving because there was no office prior to you arriving!

***Vivian Pinn, MD***
[00:17:29]
That's exactly right. So as I finished up my 20th year there, we finished our third version of a strategic plan for women's health research and careers. All of that was included. And I announced my retirement. I told Dr. Francis Collins, who was then the director of NIH, that I was going to retire, but he was not to tell anyone until I told my staff and I was not going to tell my staff until the next staff meeting. So he was kind; he just said okay. When I had my next regularly scheduled staff meeting, I went through the whole meeting and then at the end of the meeting, I informed my staff that I was retiring within, I think, maybe a month's time. It was a short time frame because I didn't want to be a lame duck there for a long time.

[00:18:29]
So that sort of capsulizes my twenty years, which I loved doing, gave me a whole new area and perspective. Later we can talk about what I've done in the ten, twelve years since retirement. But that's sort of a capsule of how I got there. Didn't mean to go all around Robin Hood's barn! But to me, when I think about my life, almost everything is interconnected. If I hadn't been president of NMA, I wouldn't have been in Geneva. I wouldn't have met Phil, who was director of the Institute, I wouldn't have been on the advisory committee. If I hadn't been at Howard, I wouldn't have been invited to go to that meeting. If I hadn't looked at kidneys with Bernadine Healy, I probably wouldn't have been offered the job.

[00:19:09]
I've got all of these--my life has really been so strange because there are all of these interconnections, how I happened to be at the right place at the right time based on past experiences. And the press loved it because they always talked about the guys in the men's locker room. There were several articles written by reporters talking about the women's network or the

old girls network. Because Healy and I had known each other. They said I taught her – wasn't truly teaching, but I was a resident when she was a medical student. We had reviewed -- there we go back to my kidneys -- her patients that had kidney biopsies. And I was doing the kidney biopsy. So my life has been strange all the way along with things like that. Things that have happened that I have benefited from. And I can only say I'm very grateful for.

***A. Macdonald, PhD***
[00:20:04]
Right. Wow! I mean, it is kind of... there are networks, and you're very good at maintaining friendships and developing relationships and appreciating what people can do and have done. And I think that's amazing to me; that's really soil you've cultivated, isn't it? That's now giving back in a way.

***Vivian Pinn, MD***
[00:20:28]
I've tried. Because so many have helped me along the way.

***A. Macdonald, PhD***
[00:20:32]
Yes. And you have helped so many. I know that from your stories.

## Chapter 9
## The Office of Research on Women's Health: navigating the politics

As a woman inclined to speak her mind, Dr. Pinn recounts the key lessons she needed to learn to be effective in government. She notes the importance of recognizing that she no longer spoke for herself, but for the NIH [00:20:58]. She relates how crucial it was to be able to observe her skillful mentor, Dr. Bernadine Healy, navigate political fine lines [00:23:31-00:25:13], commenting on how detrimental a 'remote work' environment may be to observing and developing leadership skills [00:28:27-00:30:28]. She explains how she learned to express a position tactfully and carefully even when it may not accord with her personal perspective, offering the heated debates around mammography guidelines as a key example of that difficult task [00:25:20-00:27:29].

***A. Macdonald, PhD***
[00:20:37]
I guess I'm curious as you talk about saying to Bernadine, "I'm very outspoken and I like to speak my mind and I don't know if I'll last a year." What was that like, to now be a political figure and reporting to Congress and many other things? How did you learn to do that?

***Vivian Pinn, MD***
[00:20:58]
I had to remember that when I spoke, I was not speaking for myself. I was speaking for NIH. And I really followed Healy's lead. In some of my first meetings with members of Congress, representing NIH, I was with Healy and I sort of took my cues from her. But I also made sure that anything I said would be something she was aware of, so that she wouldn't be caught short by my making some pronouncement.

[00:21:29]
She was wonderful. I think the reason our office grew with so many expanded programs and activities and was so successful was because she had a wide vision of women's health and what we could do. And of course I wasn't a fed, so I would come in and say, "I think we ought to do this." Then I'd be told, "You can't do that in government." I'm like, "Well, why can't we?" And the next morning, my wonderful deputy director who had been at NIH for years would come in with the plan and we'd go forward. So we'd speak to Healy; she would approve it.

[00:22:03]
You know, the Office was first set up really just to monitor inclusion of women and minorities in clinical trials. That was the purpose, because Congress wanted to make sure that women were going to be in clinical trials funded by the NIH. And you could see our office went far beyond

that with the research agenda, eventually getting funds to be able to fund research proposals, developing career development programs, being able to fund those working with the [NIH] Institutes. So we really expanded what we were doing from that initial mandate. I have to give Dr. Healy credit because she went along with that and approved of our doing that. I think she actually liked the fact that we were doing more than anyone thought this Office could do because they thought it's just this Office where we're going to be counting who's in the clinical trials.

[00:22:52]
We just went way beyond that. And the Office today has gone farther beyond what I had left in place. I'm really proud of all the things they're doing. But I can look back on the first day of that Office. It had been set up, but they were looking for a director and I started in October of 1991. Actually I worked at Howard cleaning up my office till midnight on Sunday night and started at NIH at 8:00 the next morning. So no break, no sabbatical. I don't think I know in my life what a sabbatical is or taking time off. But I always wanted to tie up loose ends.

***A. Macdonald, PhD***
[00:23:30]
Not even in your retirement, but we'll get to that next time.

***Vivian Pinn, MD***
[00:23:31]
But one of the things I think we lost, that many may not realize, and speaking to some other senior women, we all agree. When I talk about how I learned by watching Healey, I watched how she served being the first woman, the only woman, in a position that had never had a woman before (being head of the NIH) and seeing her function in different circles, including at NIH and in congressional settings. I learned a lot watching her, and I learned a lot watching those who were watching her to see reactions and to be able to learn when they were genuine and when they were not genuine, which helped me as I was dealing with others. Because I really sat there quietly and just observed. I think, for those who are looking to be in leadership, it's very important to observe those who are leaders that you admire and respect, to see what they do.

[00:24:33]
To learn from their mistakes, often they may not be mistakes, but just to learn from how they function. So I took my cues from Dr. Healy. I'd already been a leader in taking over and doing things, but government was different. Of course I had to really learn how to put things tactfully so that it wasn't my opinion. I'd say, "Well, I wasn't the person responsible for this, but this is what the NIH committee decided." I sometimes used that kind of language. If there was something, especially around the mammography controversy back then (which has arisen again recently).

***A. Macdonald, PhD***
[00:25:13]

The mammography controversy being how often should we have a mammography, at what age...?

***Vivian Pinn, MD***
[00:25:20]
And also because of implications for women of color. Then they set the age to start mammograms at 50. But then perhaps those with a family history of breast cancer are African-Americans at 40. There were many African-American breast cancer survivors who were very concerned about that because they knew that they had found their breast cancers in their thirties or early forties. They wanted it to really be changed to be 40. But they stuck with the guidelines to keep it at 50; if you have a strong family history, 45. So I'm reminded that the new guidelines that have just come out (which actually the American Cancer Society all along has gone with), are there should be mammograms starting at age 40 rather than starting at age 50 because we're seeing so many younger women with breast cancer.

[00:26:14]
Yet there still is some controversy about whether it should be every year or every other year. But we also know, on the side of every year, that because breast cancers in young women tend to grow faster, or seem to, it may be worthwhile to do it every year. But I was reminded, as this just exploded: we're doing this interview in May of 2023 and I'm looking back thinking, ten, 15 years ago, maybe longer than that, I think it was 2009 when we were having this debate. And here we are. But at least what they were asking for at that time that has finally been accomplished because they've lowered the age.

[00:26:54]
But I was involved in so many things. I remember being hammered on a television show when I was on a panel about NIH having this program about the health of black women. I was tackled about NIH having this standard. (Actually, they didn't set the standards, but it was a recommendation that mammograms should start closer to 50.) I remember saying, “Well, that was what the experts decided. And I didn't come up with that decision myself” as a way of saying “I may not totally agree with it, but I have to go with the science.”

[00:27:32]
So I learned how to do things like that. Because actually a lot of times when I was speaking from NIH, there would not only be a representative from NIH, there would also be a representative from HHS there to make sure that whatever I said to Congress, or what any of us said to Congress, was in keeping with the administration's line. So you walk that line between giving your scientific approach, but not offending or going against something that is strongly against the administration. So it was an education for me.

***A. Macdonald, PhD***
[00:28:01]

That is a hard line.

***Vivian Pinn, MD***
[00:28:03]
It was an education for me. But I think we were so excited about this new Office and what we were able to do, how we really got going, and we got staff who were dedicated and we all just worked together so well and came up with new ideas and just did so many things. As we learned along the way, it was really great.

[00:28:27]
The point I was trying to make before was: I can understand wanting to work from home. You can be in your PJs or your slippers and you don't have to go out. But doing that 2 to 3 years [through the Covid pandemic], how much did women or others who want to be leaders lose by not being in a situation where they could observe leaders like I observed Healy, like I observed Dr. Kirschstein, like I observed others?

[00:28:56]
Some of us really feel that that's one of the major losses of the pandemic for women who want to be leaders or who aspire to be leaders. They didn't have the opportunity to do what I did with Healy: to to observe them in action, to see them in crowds of people. What are their leadership skills? What would you have done differently? What would you have done better? Or how could this have been improved? To know how to frame your own leadership skills. That to me is an argument towards, maybe not totally everybody back in the office all the time, but if you're interested in being a leader, you can't truly be a leader in a box on a computer. You really need to understand that socio-political interaction and the behavioral components are so important. So that was the point I was trying to make while I went off, but its true.

***A. Macdonald, PhD***
[00:29:48]
I hadn't thought about that. We talk so much about what children have lost.

***Vivian Pinn, MD***
[00:29:51]
Yes.

***A. Macdonald, PhD***
[00:29:52]
over these Covid years by not being in school and being socialized. But I think you're absolutely right. There's a socialization that happens in business or in research or in leadership.

***Vivian Pinn, MD***
[00:30:04]

That's right.

***A. Macdonald, PhD***
[00:30:04]
And we missed it.

***Vivian Pinn, MD***
[00:30:06]
Even in early careers, especially in early careers. So it's similar to what we found for children. But it really can have its effect for those who are looking to be leaders, or who are in early leadership positions, not having the opportunity to just observe what others are doing and to help to cultivate their own skills.

## Chapter 10
## The Office of Research on Women's Health: from 'bikini medicine' to the life cycle model

A crucial first step as inaugural Director of the NIH Office of Research on Women's Health, Dr. Pinn explains, was challenging the reigning understanding of what comprised 'women's health' [00:31:12]. She relates the traditional focus on "bikini medicine" (reproductive system and breast cancer) did not capture the "continuum" of women's health issues across their lifespan or in the context of their health environments [00:31:12-00:33:12]. She details a key initiative in advancing this broader standing, the large and influential Women's Health Initiative study that she co-directed throughout its early years [00:33:52-00:34:52], including its controversial findings on menopausal hormone therapy [00:34:52-00:36:50]. This and other initiatives worked, she recounts, to build an understanding of the importance of sex and gender health differences across the life cycle and the role of health disparities across different populations of women [00:37:31]. She clarifies the key political players and events that sparked the creation of the Office and its central mandate: inclusion of women in clinical trials [00:38:31]. She recounts the importance of the NIH Reauthorization Act of 1993 in equipping the NIH with the power to enact that mandate [00:49:27]. She also notes the broadening of that central mandate to include a research agenda for women's health, advancement of women's careers in health [00:38:31-00:41:00], and the central role her Office played in researching the health of minority women [00:45:15]. She discusses the importance of being an Office in partnership with the NIH Institutes in leveraging more research funds and more acceptance for women's health research [00:41:00-00:44:49]. She briefly remarks on the current political turmoil around abortion and contraception, noting how such politics curtail an awareness of women's health as a life cycle issue [00:47:56].

***A. Macdonald, PhD***
[00:30:30]
You mentioned in an interview that when you started this job, there was no model to follow. There was uncharted water. The little bit I know about medical training: you are very shaped and very guided and your training is very much directive. How did you manage moving into a world where the old medical education adage of 'see one, do one, teach one'-- this is not the world you were in. No one had seen it. No one had done it. No one was teaching it. How did you manage in that environment? Was it overwhelming? Was it exciting? Was it fearful?

***Vivian Pinn, MD***
[00:31:12]
It probably was overwhelming. But we just dug in and went forward. And we knew the first thing we had to do was to define what women's health was. There had been some definitions that had been incorporated in some congressional language, but I didn't really like those. They talked about how a few things differed from men. So one of the first things we needed, which we did, was to realize if we're addressing women's health, it should be a life span issue. Because at that point -- I think I may have mentioned before, I give credit to Dr. Marianne Legato at Columbia who sort of coined the phrase 'bikini medicine' -- if you asked about women's health, women's

health research, it was reproductive system and breast cancer. If you looked at research that was being done, there was very little being done on the reproductive system itself, mainly related to cancers of the reproductive system, but mostly breast cancer. Almost nothing on menopause and almost nothing looking at the health of women after menopause. Or looking at the early years, because we had learned by then that many of the habits, or I should say habits or behaviors or health environment, you have pre-puberty or as an adolescent really helped to determine what your health would be in your later years. So it's really a continuum. So one of the first things we had to do is make that clear.

[00:32:25]
When the Office was set up, the concerns that were raised were looking at cardiovascular trials because there were so many that did not include women. We could discuss that because there's some reasons for that. But we then needed to point out that women's health was more than just a reproductive system. It included the reproductive system because we discovered when I started, in fact, that there was no research on endometriosis, no research on uterine fibroids, almost no research on menopause, that these were areas that needed to be addressed.

[00:33:12]
So we had to think of it in terms of lifespan issues for women's health. And that women's health was not just a reproductive system. Dr. Healy then put in place at the same time the Women's Health Initiative, which was the largest study of its type that's ever been funded, it was recognized around the world. It was a study to look at the causes of morbidity and mortality for women in their post-menopausal years, including looking at nutrition, looking at health environments.

[00:33:48]
But what was most important was that it was looking at hormone therapy because that was the big question. Of course, that study is still being quoted today. I was co-director of that study for most of the beginning years. But it was a huge study and it accomplished several things. One, we were told, and this was at the beginning of the Office, at the beginning of the Women's Health Initiative, "You'll never get women of color and you'll never get older women to participate in research." We went on to have the largest number of participants of any trial that had been conducted. Even today, when I'm in the environment and I mention the Women's Health Initiative, I'm just pleased because women will come up and say, "You know, I was part of the Women's Health Initiative." They're very proud of that because they understood being part of this, which was a preventive study, would probably not affect them but would help when their grandchildren are coming behind them.

[00:34:46]
It proved that we could recruit women of color as well as older women into the study because we took in women from 59 up to 75 or something like that. Secondly, we went in because we thought we were going to show, which most medical people assumed, that if you took what they

called hormone replacement therapy (which we now prefer to call menopausal hormone therapies, not really 'replacement' as if your levels are down; that's a name change we really tried to call for), we expected to demonstrate that the hormones were keeping women younger and healthier and decreasing the cardiovascular disease. When in fact that part of the study was stopped after two years. Because what we saw was not only the increase in breast cancer, which we expected, but also an increase in cardiovascular disease, heart attacks in women who were taking combination hormone therapy.

[00:35:54]
So that study was stopped. It was controversial. To this day, there are some who still think every woman who's menopausal needs to immediately be put on hormones. There are others who believe what the study has shown. There have been other studies since, but it was a major study and there's still some follow up. So that really gave us the menopause study. Some people raised questions and criticized that study. I can remember we did a survey. Whereas there had been no menopause studies at the beginning, I remember at one point adding up and being able to say that we had over 400 research projects going on menopause. So we were beginning to learn more about the natural history of menopause, how it affects women, how to predict which women are going to have what symptoms or what quality of menopause, and to treat menopause as natural aging and not a disease.

***A. Macdonald, PhD***
[00:36:48]
Not a mistake.

***Vivian Pinn, MD***
[00:36:50]
Not a mistake and not a disease; so that was it. Then coming from my own experience, we were wanting to look at those conditions that had been studied in men but not studied in women -- instead of assuming that if it was a study of men you could apply the results to women. So we really wanted to increase research on the issues that affect both men and women, but where we didn't know if there were differences for women compared to men. And cardiovascular disease is right up there as one of those. And in addition, thinking not only that women and men are not the same, but not all women are the same either. You've got different environments.

***A. Macdonald, PhD***
[00:37:29]
I was thinking that as you were talking.

***Vivian Pinn, MD***
[00:37:31]
So we approached women's health from the standpoint of are there sex and gender differences? And are there differences between different populations of women (which we know there are)

which would help account for some of the health disparities. So we took that as our major function, important for inclusion and for research priorities. And we were off. That took; people agreed with that and we were off to the races.

***A. Macdonald, PhD***
[00:37:59]
It sounds like people took to it. But from the story you're telling me, it sounds like the Office of Women's Health wasn't envisioned as a place where you would examine the varieties of women's health, the different populations. As you're telling me the story about breast cancer mammography I'm thinking, yes, different populations have different needs. Was that always the vision or did you help shape that as an understanding of what inclusion really means?

***Vivian Pinn, MD***
[00:38:31]
Well, I don't want to take credit, but I think that was my idea and my staff went along with it. I think we all sort of agreed. You know, the Office was really first established to assure Congress that NIH was paying attention to its then mandate (before it became congressional language). To its promise to ensure that women were included in clinical trials. So it was Olympia Snowe, Barbara Mikulski, Connie Morella and Pat Schroeder, who came out to NIH to hold a press conference saying NIH was not including women in clinical studies as it had promised it would.

***A. Macdonald, PhD***
[00:39:10]
And who were these women, where did they come from?

***Vivian Pinn, MD***
[00:39:13]
Pat Schroeder was chair of the Congressional Women's Caucus and the co-chair was Olympia Snowe, who then went on to the Senate. So it was bipartisan. Connie Morella, Republican, but NIH was in her district then. And Senator Barbara Mikulski, a senator who was very involved from the beginning. I must say that the two of them, Connie Morella and Barbara Mikulski, to this day, 30 years later, still talk about the importance of the Office and their role. I have to give them credit. I learned a lot from them and a lot got accomplished because I knew I had to respond to them about what we were doing. They were part of what was then the Congressional Caucus on women's issues. So they came out, representing Congress, to hold this press conference. So in response, NIH said, “Well, we've got an answer. We're going to set up this Office of Research on Women’s Health to make sure that women are being included in clinical trials.” So that was the directive for the establishment of the Office.

[00:40:17]
Dr. Kirschstein, in setting up the mission, did make it broader. Remember, after it was presented at the Directors Advisory Committee meeting, which is where I was, it was Dr. Kirschstein who

helped to set up that Office. She was in fact for many years the only woman Institute Director at NIH and later became Acting NIH Director many times; she really looked over my shoulder as we were setting up the Office. But she had put in the mission statement, 'setting a research agenda and looking at career issues'. So we had that. Then we just took that mission statement, ran with it, developed it. We didn't have a budget to begin with, but after we had identified research that needed to be done, Congress did provide through NIH a small budget.

[00:41:00]
Eventually we got a larger budget and we used it to fund projects. We were never given the authority in our Office to direct funds. In other words, if you submitted a research grant, it may be something we wanted to fund. But we did not have the authority to actually give you the money, whatever we did had to go through Institutes. But that worked well because there were those who thought "this is a waste of money to have this Office of Research on Women's Health. They're just funding things to be politically correct." We could always say, "Everything we fund has been through the same reviews as any other research. It goes through the Institute reviews and is funded through the Institutes. So the Institutes were our partners. And to me, that was important. The big discussion over--

***A. Macdonald, PhD***
[00:41:53]
You could say you were being scientifically sound and avoid these accusations of being politically motivated.

***Vivian Pinn, MD***
[00:41:58]
That's right. We weren't just funding something because we thought it was good because it had women. It had to pass muster with the usual type of reviews because everything went through the Institutes. We could provide money through the Institutes to fund, often the Institutes would co-fund. We magnified our budget by doing co-funding. But that's how we really got into funding.

[00:42:19]
I have to point out something that was a big debate back then and still is to some degree now. There had been an Office of Research on Minority Health, which became Minority Health Programs and eventually became an Institute. So there is now the National Institute of Minority Health and Health Disparities.

[00:42:44]
There were many who kept saying, why don't we have an Institute of Women's Health? Dr. Kirschstein did not agree with that and I did not agree with that. I still have to defend why I said that. By having an Office, we then relate and interact with all of the Institutes and Centers. I was concerned that if we became an Institute or a Center, that all the research in women's health would come to us with our limited budget and things would not get funded. Or would not be

getting the prominence they should. But if we were able to work with all the Institutes and Centers across NIH, not only could we make sure that there was ownership of women's health across all of the Institutes at NIH, we could co-fund and work with them. It wouldn't just be centered in our Office, or our Institute if we became a Women's Health Institute.

[00:43:38]
Because how can you separate? If you're going to do studies on diabetes, suppose you're going to study how it affects women as well as men, you're going to pull that diabetic study out and send it to the to the Institute of Women's Health? Or should it be funded as part of what's being funded by NIDDK [National Institute of Diabetes and Digestive and Kidney Diseases]? I felt it belonged with NIDDK. But we could support it and perhaps could—

***A. Macdonald, PhD***
[00:44:06]
Accelerate it.

***Vivian Pinn, MD***
[00:44:07]
Exactly. But I felt that we could have much more influence by being central in the Office of the Director, interacting and getting accounting from across the NIH. So we had a coordinating committee made up of representatives of each of the Institutes. So whatever we came up with that we wanted to do in our Office, we got approval and buy in from the Institutes so that we were not acting on our own. We also were able to get reports back about what Institutes were doing related to women's health. So we didn't try to do everything on our own. To me, it was very important to have an ownership across NIH and a collaboration across NIH, and I think that has worked very well.

***A. Macdonald, PhD***
[00:44:49]
I see. I understand better now that you explain it. Often when I'm reading things about the Office of Research on Women's Health, it'll say “and health of minorities and minority health” or “in the mandate to advance careers of women and minorities.” So how did the minority attention or focus become part of your Office? I wondered about that.

***Vivian Pinn, MD***
[00:45:15]
Well, it really was the mandate of the Office of Minority Health. And we did have that Office have a representative as we did things. But we were given the responsibility for inclusion. And you can't just include women. So if you're looking for inclusion, you've got the same figures. You don't do duplicate collections of data. So it was just natural that it had to be one collection of data, one overview. So you looked at the women, you looked at the numbers of minorities. As we were taking the lead on inclusion as that's what our Office was founded for, we would do

both. You just don't have a separate Office of Minority Health collecting the same data we are and then analyzing it. You're going to have women, and you're going to have women who are different racial populations. You get that breakdown. Why should they be doing it? So it was a collaborative effort, but we took the lead on it.

***A. Macdonald, PhD***
[00:46:06]
Okay. If you wouldn't mind, say a little bit more about this career development component of the Office of Research on Women's Health mandate, because I don't know if everybody knows that was a piece of what women's health was considered to be. And I know you championed that in many ways.

***Vivian Pinn, MD***
[00:46:27]
I think from the very first, even before I was given the position, I thought about that. A simple way to put it is if you're going to be studying women and studying their health, then women ought to be involved in helping to design those studies and carrying out those studies as well as implementing them. Part of the major issue for women in biomedical careers back then, 30 years ago, was entry. Being able to get opportunities. Now, over the last 20 years, it's evolved. We see more women coming into all fields, still some that could advance more. But the major issue now is advancement in those careers and we can talk about that when I talk about what I'm doing now. But that component just seemed natural, if you're going to be studying women. Plus, we felt if you had more women involved as researchers in this area or as administrators, even if they were doing women's health research, then we had a better opportunity for sustaining our interest in women's health; you had women in decision making positions. So from the beginning, we just felt it was important to encourage and enhance the participation of women in biomedical careers and to help them achieve leadership or decision making positions as it relates to biomedical research.

***A. Macdonald, PhD***
[00:47:53]
You won't end up with 'bikini medicine' if you involve women.

***Vivian Pinn, MD***
[00:47:56]
Exactly. And to this day, seeing all the controversies in Congress, in public, I'm thinking, "My gosh." I have a slide that I use when I'm giving my lectures which says 'Women's health is more than just abortion and contraception.' Those are important. Those are very important as part of reproductive health, but you've got to think about the total woman. I get so concerned that the fighting over abortion and contraception, which we've already seen, affects the general health of women in many other areas. Just because of that narrow focus or those who oppose those two issues. So I won't get too political and say more, but from the standpoint of women's health we

have to think about the consequences if, in some minds, women's health is simply reproductive and is simply abortion and contraception. Women's health is far more than that, including our mental health, our musculoskeletal health, our aches, our pains, our arthritis, our diabetes, our heart disease. I could go on and on. And all of those have connections. So they have to continue to be thought of.

***A. Macdonald, PhD***
[00:49:10]
Yes. The political scenario that gave rise to the Office of Research on Women's Health, I hope that there's still a political mandate for a broad vision, but I can see as the flames go higher and higher around reproductive issues, it gets hard to hold the vision.

***Vivian Pinn, MD***
[00:49:27]
Well, one of the things that really helped us sustain our Office and to help us really carry out the inclusion mandate is the NIH Reauthorization Act of 1993. Remember, we had said that NIH wanted to include women in clinical trials, then that was expanded to women and minorities. But it was tough to really make people do that. But in 1993 in the NIH Reauthorization Act (unfortunately specific only for NIH, not for FDA and not for private industry) there was a section on the Office of Research onWomen's Health. There was a section that delineated that the NIH Director, in consultation with the Director of the Office of Research on Minority Health and the Office of Research on Women's Health, must ensure that women and minorities are included.

[00:50:21]
Can we just stop right there? [Dr. Pinn's phone is ringing].

***A. Macdonald, PhD***
[00:50:26]
Sure. I'll pause the tape. [taping briefly paused]

Okay. So you were just telling me about this 1993—

***Vivian Pinn, MD***
[00:50:36]
The 1993 Reauthorization Act for NIH included a section that indicated the Director of NIH, in consultation with the two Offices, must ensure that women and minorities are included in research funded by the NIH and included in such numbers that statistical significance could be determined. That meant that after that, it really just gave strength to what we already had. After that if people said, "I don't want to put women or I can't get women or I can't get minorities," I could just respond, "Well, you don't want NIH funding because if you're going to get funded by NIH you have to include women, if women are affected by what you're studying." That gave us some teeth for that policy.

[00:51:18]
But they also described other things that they expected us to do, including having an advisory committee of outside experts, which we were happy to do. Just like the Institutes have an Advisory Committee, we have an Advisory Committee. Also, that we would have an internal coordinating committee, which in fact we already had with [Institute] representatives. Essentially this put our mission as we had developed it (because we're now two plus years down the road) into congressional language in the NIH Reauthorization Act. So that really gave us--

***A. Macdonald, PhD***
[00:51:56]
Now you didn't have to argue for it.

***Vivian Pinn, MD***
[00:51:58]
That's right. It was codified, what we were doing was codified in the language. So that really was helpful to us. We just kept moving after that. So we have to thank the members of Congress and the staffers who worked on that bill for giving us that authority. It's obviously still in existence today.

***A. Macdonald, PhD***
[00:52:24]
Right.

## Chapter 11
## The Office of Research on Women's Health: challenges, accomplishments, joys

Dr. Pinn relates the most entrenched challenge of her career with the NIH Office of Research on Women's Health: ensuring women were included in clinical trials and health research [00:52:57]. She details the resistance of clinical trialists who opposed the mandate, lamented the difficulty of implementing it, or felt such mandates "destroyed research" [00:53:44-00:55:20]. Convincing journal editors to require and publish statistical analysis of women in clinical trials was an equally daunting task, she elaborates [00:55:20-00:56:51]. Despite the hardships, she reflects on the success of her Office's inclusion efforts, which did indeed "change the culture of NIH research; in fact, the design of NIH research" [00:57:16]. She also denotes the success of several other important initiatives, relating the importance of cultivating an understanding of women's health as a life span issue and generating an appreciation for the importance of sex and gender differences in health research. [00:58:51]. She remains proud of her resolve to make women's health research relevant to, rather than divorced from, men's health [00:59:50-01:00:22], telling several illustrative stories [01:00:22-01:01:50] [01:05:53-01:08:01]. "I really felt we couldn't just talk to ourselves," she summarizes [01:06:38]. She recognizes the contribution interdisciplinary programs for career development in women's health research have made to the field, detailing the SCORE program for senior researchers [01:01:60-00:00:00] and the BIRCH program for junior career researchers [00:00:00-01:05:15]. "Those two," she notes, "are probably my greatest legacy in terms of programs" [01:05:16]. Asked if her tenure at NIH cemented an understanding of herself as a leader, Dr. Pinn transposes the question to speak instead about the joys of creatively advancing agendas she cared about and being part of the NIH's environment of research excellence [01:08:16-01:11:40].

***A. Macdonald, PhD***
[00:52:26]
I know we're a bit limited on time. So let me ask you a couple of things that I'm very curious to know. One is, you spoke of crises, different moments of crises, but if you had to say what was the most challenging piece of being this Director of the Office of Research on Women's Health, where did you find you had to keep coming back at a problem? Where was the challenge of the mandate?

***Vivian Pinn, MD***
[00:52:57]
I think the major challenge was the first one I had, which was dealing with inclusion. There were some clinical trialists who were so strongly opposed to any office looking at women being included, saying, "Women have been included." There really had been no record until we started keeping a record, which we set up after the 1993 Reauthorization Act. But there was really no record of how many were in studies. And of course there was nothing to indicate that if you wanted to study let's say heart disease, or let's say you want to study pulmonary disease and you

want to do all men, there was nothing to say that NIH would say "No, you have to include women." So you could get that research funded.

[00:53:44]
But we got some very nasty, very terse letters. I won't call the names. But one was sent to the NIH Director protesting having this Office, this mandate for inclusion. Of course, it came to me to respond to because that was my responsibility. Following that, this clinical trialist just wrote back to the NIH Director saying that he didn't accept what I said because I was a woman, so of course I might not give the correct data. But that came to me also. I responded to that by saying, "I have to tell you that the data that I sent you came from all the Institute Directors and every Institute Director, except Dr. Kirschstein, is a man. So what you are questioning was all generated by men who were heading the Institutes."

[00:54:33]
But that was a heated problem; there were many who did not want to go along. Then there were those who said, "We have no minorities in our community." But they didn't realize you could have Native Americans or you could partner, if you were in the high northeast, with the HBCUs or some other institution. So some good partnerships developed. I think we did many things that took effort, a lot of effort. But the challenge of getting in place the major purpose of our Office was probably the most stressful. The one that that brought the most... how to say it... challenges and unpleasantness, I guess. Where we had to respond to some who really just felt we were destroying research.

[00:55:20]
Then trying to get journals to go along with this, feeling that journals should then be asking about the participants of clinical trials. Instead of just saying women and men were included, what percentages? And were there any differences? There were some journal editors, including of some of the most prominent journals, who absolutely refused to ask for that, saying that taking the results and doing those analyzes really weren't appropriately statistically significant. And they refused to make those requirements. While some others did--the Journal of the National Cancer Institute being the first that actually made that requirement-- and it didn't affect their publications, except to then have that data in them.

[00:56:00]
So the efforts we made -- trying to deal with journals to include and require this data because NIH required it, dealing with clinical trialists who felt this was an unnecessary effort, didn't need to be done, some who just were opposed in general for a new Office saying it was a waste of money and forget doing this inclusion thing. Then even dealing with some at NIH who had to then monitor the trials and the reviews when they came in -- it was a major effort and probably the most challenging thing. Almost everything else we did, people were happy to see it and thought these were great programs. But the one that probably brought the most consternation and the most outside opposition were those related to the inclusion mandate.

***A. Macdonald, PhD***
[00:56:51]
It's interesting because when I look at the research field today, what you've really achieved is a complete change of research culture over the 20 years you spent there. Because it's almost taken for granted: "I have to balance out my study, I have to publish gender data." So what you really did was change the entire environment of the research culture that you arrived in.

***Vivian Pinn, MD***
[00:57:16]
That's right. Change the culture of NIH research; in fact, the design of NIH research.

***A. Macdonald, PhD***
[00:57:22]
That's amazing; culture shifts are the most entrenched, built in, hardest to change. And you've really done that because I can't think of a journal today that doesn't publish or isn't aware of the importance of that kind of reporting.

***Vivian Pinn, MD***
[00:57:40]
Some are still a little resistant to really requiring the kind of data we'd like to see, they don't require that of of those who submit their publications. But most have gotten there and many journals now have really made that a mandate, a part of their requirements for authors.

[00:58:00]
Now I always hear, and I'm sorry I'm not at NIH to tackle these, because I'm always hearing about somebody who submitted a grant that was related to women's health that didn't get funded, and are they really appreciating women's health research? Well, we heard that a lot, and I still hear that. But I'm not at NIH to look at it, so all I can do is feed that back in. Because they need to constantly renew the dedication to this. But it has been a change in culture, actually started in 91, but really brought about by the NIH Reauthorization Act. That is a historical document even to this day.

***A. Macdonald, PhD***
[00:58:37]
Okay. If that was the biggest challenge, is there something that you're the most proud of in the years that you've spent there? Is there something that you feel like, "When I look back, that was a revolutionary moment. That was something I'm tremendously proud of."

***Vivian Pinn, MD***
[00:58:51]

I think I'm proud of the fact that we really made women's health, the concept of women's health, really begin to be understood as a life span issue. Including reproductive years, but a lifespan issue. And that it is important to look at sex and gender differences. So what has evolved out of that is now what's referred to as sex and gender medicine.

[00:59:20]
Understanding the difference between the word sex and the word gender, how they might apply. Now you've got whole organizations dedicated to sex differences research. I just hope that while we're looking at sex differences research, which goes back looking at basic science studies, cellular studies, and laboratory studies, that we continue to focus on the application of those findings in clinical research and clinical trials so that women can actually appreciate what it means to them.

[00:59:50]
Then being able to hold up and defend women's health research in the men's research arena. By pointing out, which I always did, that I never saw women's health as being in conflict with men's health; that we were not vying with men's health. What we were doing when studying differences (obviously beyond the reproductive system, you're studying sex differences), you're really looking at both women and men. So in fact, men were benefiting from what we were doing.

***A. Macdonald, PhD***
[01:00:20]
From the knowledge, the new knowledge.

***Vivian Pinn, MD***
[01:00:22]
The only difference was that we are now looking to see if there were differences in how women respond to interventions or how it affects women. I remember lecturing to the International Conference on Men’s Health, actually in France, and I was a little frightened because I was going to be presenting.

***A. Macdonald, PhD***
[01:00:39]
What year was this? Give me a sense.

***Vivian Pinn, MD***
[01:00:41]
Oh, I don't remember necessarily. It was probably about 2008 or 2007, somewhere in there. It wasn’t the very first year. I remember being a little apprehensive because I had heard that there had been some tension. But when I presented it and I made those statements that women's health was not in competition with men's health, and how we felt that what we were doing was also

contributing to men's health, after the speech, I was delighted. Because a number of the men there came up to me and said they were really pleased with what I presented. They told me about several leading international people in women's health that they had visited (I won't call a name or position) where they were told that they had no interest in men's health, they were only focusing on women and had really sort of shut them off.

[01:01:36]
So they were delighted that NIH's women's health research was not excluding men. And you'll notice it's part of our mandate to increase women and men conducting research on women's health. Because we know that a lot of the research on women's health was done by men. We want both men and women to give their attention to sex and gender studies.

***A. Macdonald, PhD***
[01:00:59]
Right.

***Vivian Pinn, MD***
[01:01:60]
And I guess I consider this my greatest legacy to enter into interdisciplinary programs for career development in research. One (with the specialized centers of research that we got in place) was to fund senior researchers to advance their studies all the way from the laboratory to the bedside. So this was to really entice senior investigators to take their research and consider it in the realm of women's health with a focus on sex differences. From that, there were some major centers that developed. One institution eventually developed several floors in a new building to carry out what they were doing.

[01:02:54]
But it was also a way to get those who were doing research to realize that by looking at sex and gender factors in what they were doing, it really could be considered women's health research and they really could make contributions. So those were our SCORE's: Specialized Centers of Research Excellence in Sex Differences for interdisciplinary research on women's health.

[01:03:15]
Then the other is our BIRCH program, which continues to this day. And BIRCH stands for Building Interdisciplinary Careers in Women's Health Research. At that time, across the department, we were naming things after trees [*Macdonald laughs*]. So we came up with BIRCH for that. But this was a program set up to help women and men (although we had mostly women in the program, we didn't exclude men from anything, so we had a few men) who were junior faculty, if you will, to help them undertake research to become independent investigators.

***A. Macdonald, PhD***
[01:03:51]

So this was like early career.

***Vivian Pinn, MD***
[01:03:55]
Yes, to build their careers. I remember once I got on a plane -- and maybe because I carry a cane, that's why I was recognized, I don't know -- but I got on the plane and the gentleman in the seat next to me got up and put my bag overhead. I sat down and he said, "Are you Dr. Pinn?"
I said, "Yes, I am."
He said, "I'm one of your BIRCH scholars" and told me about the program he was in.
I said, "I don't know if you recognize me because of the cane" but he recognized me.
I've had that happen in a number of instances where people have said, "I was in BIRCH." Now I've been gone for 11 years, so there's a whole new crew of people who've come through since I left. But I loved it.

***A. Macdonald, PhD***
[01:04:36]
That is a legacy in and of itself, isn't it?

***Vivian Pinn, MD***
[01:04:39]
And one of the things I did, I built mentoring into that program. I felt so strongly about mentoring. They had to have interdisciplinary mentors. And then I would bring all the BIRCH scholars to NIH. I'd have them separate from their program directors and I'd have them talk to me about what kind of mentoring they were getting. Were they truly getting good mentoring? They could hear what was happening at other institutions to take those ideas back to their institutions. But I built mentoring into that because I felt so strongly about mentoring. So the BIRCH scholars really is a mentoring program, an interdisciplinary mentoring program. And those two, I think, are probably my greatest legacy in terms of programs.

***A. Macdonald, PhD***
[01:05:24]
Wow. I had read about both of them. But to have you describe them and to hear what mentoring meant and how you built it in, that is really something. I think I will ask you one final question. You went from Tufts to Howard -- to a historically black university, predominantly people of color -- and I wanted to know was the Office of Research on Women's Health predominantly women? Did you work mostly with women?

***Vivian Pinn, MD***
[01:05:53]
Yes. I had a man. In fact, I remember when I wanted to hire this man to help us with the inclusion mandate. Of course, at that time EEO [Equal Employment Opportunity] was looking. So we had to justify why we weren't giving it to a woman. [*Laughing*.] I had to write the justification,

"Because we have all women and we believe in equal opportunity and we need a male." And we got him. I think at the time I retired, we had about three or four men as part of the staff in various positions. One of those that I still meet with is one of the men who came to us. So yes, I always felt [the need for inclusion]. Our advisory committee always had both men and women.

[01:06:38]
I really felt we couldn't just talk to ourselves. We really had to be inclusive. I think that's sort of what I've tried to be throughout my career is inclusive. And for progress for women's health, I think men had to be involved. We wanted their ideas, but we also didn't want to just come up with ideas that were just for women. We needed to have that.

[01:07:02]
I'll tell you one example. I went to a institution (I won't say exactly where, sort of Midwest South or South Midwest I guess I'll say) to speak to them about women's health and our Office. And I had a dear friend that I had known because he was a pathology chair and we had worked together in pathology before I went to NIH. He offered to meet me and to take me to the hotel and to the institution. When he met me, he said, "You know, I won't be able to hear your talk." I said, "Why?" He said, "Because they said it's on women's health, so only women could come." I went, "Oh, no, that's not what we're like."

[01:07:36]
So I did have to do a little educating that there are things, and that's part of surviving. We've got to survive in the real world and what we're doing, we can't just talk to ourselves. We need to include others. But that one really struck me. I'll never forget that.

***A. Macdonald, PhD***
[01:07:49]
That he actually thought he was barred from attending.

***Vivian Pinn, MD***
[01:07:51]
He was told he was barred. He was told by the group's sponsor. It was fine for him to pick me up because he knew me, but he couldn't come hear me talk.

***A. Macdonald, PhD***
[01:08:00]
Oh my goodness.

***Vivian Pinn, MD***
[01:08:01]
We got that changed though, after I got there.

***A. Macdonald, PhD***
[01:08:03]
Yes. Do you feel like you came into your own as a Director of this Office? Do you feel like this was sort of where you really became a leader, or did you already have that in many ways and this just became an extension?

***Vivian Pinn, MD***
[01:08:18]
I don't know that I thought about it as my becoming a leader, but I really enjoyed that position. I really enjoyed it. We were developing programs, we were funding programs, we were able to make a difference. We were able to influence careers. So many people said, "Your grant or your pilot program helped me get my initial research that has directed where I've gone with the rest of my career." Women who were having problems themselves felt comfortable coming to us to discuss those issues and I would always try to incorporate things that I heard into our committees or into our programs. Women saw it as somewhere they could communicate their personal issues as women, women in careers or women who were doing investigation. Men or members of family -- when we first started, I got calls galore from husbands and fathers about their wives or their daughters, wanting to know more.

[01:09:18]
Most often the initial interest was in hormone therapy for menopause and breast cancer. Those were the two that we got the most questions about early on. But I liked the fact that somebody thought, "Here is a place for women's health or women's careers, where they're mostly women, where I can take my personal concern or maybe just come sit down." I had many who would come just sit down in my office and talk about their experience, looking for some guidance for what they could do.

[01:09:48]
I don't think I thought about it in terms of my development, my leadership. But I enjoyed being in a position of leadership where I, along with my staff and along with others at NIH, could make things happen that would make the difference. I really can't take all the credit myself.

***A. Macdonald, PhD***
[01:10:08]
No, but I do think you did make a difference and that fellow who recognized you on the plane, it wasn't because of your cane. [*Pinn laughs*.] I think it was because you have made a difference and people have seen that. Yes, that must be part of the thrill of that position: to be able to contribute to changing cultures, changing opportunities.

***Vivian Pinn, MD***
[01:10:29]

Being able to, if somebody would suggest something, say: “That sounds like a great idea. Why haven't we done this before?” To take it back and then see how within government guidelines we could make some of these things happen. Just having the ability to create things and to come up with new ideas and new programs.

[01:10:47]
I must say, beyond that: I talked about observing Dr. Healy. I also found a great advantage for me being at NIH because I got to observe the scientific giants. As I said, I was a fly on the wall watching Dr. Healy. But I also was a fly on the wall watching the outstanding scientists at the NIH; just watching them and how they conducted themselves and how they talked about their research and how they viewed the future of biomedical research. That was exciting to me. I felt I was really gaining and learning so much the whole time I was there.

***A. Macdonald, PhD***
[01:11:24]
As a researcher yourself to see this sort of broader research world.

***Vivian Pinn, MD***
[01:11:31]
Yes, the giants, seeing many of the giants.

***A. Macdonald, PhD***
[01:11:34]
Yes, it wasn't just your footprints. It was working in those footprints of others.

***Vivian Pinn, MD***
[01:11:40]
That's right, yes.

***A. Macdonald, PhD***
[01:11:42]
Lovely. Well, I do know you have a busy afternoon and I am going to turn our recording off because I think I've pushed you past the time we said. So I'll stop recording and then we can say a few words.

***Vivian Pinn, MD***
[01:11:55]
Okay.

Interview Session: 5
Interview Date: May 17, 2023

# Vivian Pinn, MD

## Interview Session Number 5: May 17, 2023

### Chapter 0-E
### Interview Identifier

***A. Macdonald, PhD***
[00:00:10]
And of course, captions. So here we are, back again. I'm Arlene Macdonald. I'm interviewing Dr. Vivian Pinn. This is for the Women in Medicine Legacy Foundation's Renaissance Women in Medicine Oral History Project. We've been talking for a while now, and this will be our final interview today. I really did feel it was important to have this final interview because over the course of the last few weeks, I have been learning how busy Dr. Pinn's retirement has been. It's a chapter in and of itself. So I thought that we would just spend a little time today to ask about this part of your life.

Interview Session: 5
Interview Date: May 17, 2023

## Chapter 12
## The decision to retire

Dr. Pinn narrates how quickly fifteen years as the Director of the NIH Office of Research on Women's Health flew by [00:01:14-00:02:55]. She relates that she did think of retiring at that time, but her keenness to develop a final strategic plan and her deep-seated desire to not leave "loose ends" [00:02:55] meant her commitments continued for another five years [00:02:55-00:04:17]. As she approached twenty years with the NIH, she recounts her daily wrestling with the decision to retire and her final conclusion that it was time to give space to other's ideas [00:04:17-00:04:43]. Relaying the decision to her staff (who were equally friends), leaving the environment that she had been so comfortable in and committed to, sorting the byproducts of twenty years of productive and progressive work, were all, she explains, difficult tasks [00:04:43-00:08:40].

***A. Macdonald, PhD***
[00:00:51]
When we left off last time, you had taken me through your career at the NIH's Office of Research on Women's Health. You were the director there, the inaugural director. And I just thought, well, why don't we start with what prompted your retirement? Why don't we start there? And then that'll be our chapter beginning for our session today.

***Vivian Pinn, MD***
[00:01:10]
Well, as you probably recall, when I was offered the position, I almost didn't take it because I didn't think I would survive in government. Remember I told Dr. Healy, I can't do this because I like to say what I think and I won't survive. But she convinced me to try and I got in the position.

[00:01:30]
At first it wasn't a funded position, I mean, the office didn't have funds for funding grants. We really were seen as a policy office and to implement the inclusion guidelines. But as we developed our attention to research agendas, strategic planning, we eventually got a budget. So I thought, 'Well, I don't want to leave. I want to be able to oversee the expenditure of these funds and the excitement of funding people's work in women's health research.' From then on, it grew and it grew. Before I knew it, I think I finally realized one day, 'My gosh, I've been here for fifteen years.' It sort of went by like in a moment because so much was going on. It was so exciting. I was just really caught up in what we were doing. We had a great staff and new programs and we were coming up with new ideas and there was still a lot of press attention and congressional attention. We had our advocates who were supporting us, working with us, and asking for more. But then it finally struck me that I'd been there fifteen years and I was getting older. And maybe while I had all these ideas of what we should be doing, maybe after fifteen

years it was time to have someone else come in to lead the Office who may have different ideas than I did about where the Office should go and what the priorities should be.

[00:02:55]
I don't like to leave things at loose ends, so I started looking at what do I need to pull together to make sure the office is set? I didn't want to leave and have somebody come in and say, "She left a mess here, things undone." So we were working on our final, or at least at that point, our research agenda for the 21st century, which I wanted to release at the time of the 20th anniversary of our Office. It was established in 1990 and I went to the NIH in 91, but we knew that 2010 was coming and that was going to be the 20th anniversary of the Office. So in my mind, I sort of said, "Okay, let's get some projects completed, let's get staffing set and good people over programs so they can function independently without me and be capable when somebody new comes on board." I wanted to get this mega strategic plan done for 2010, which we did, with new ideas and new directions but taking advantage of what we had built on before. And that was ready to go to press at the time of our celebration of our 20th anniversary. In my mind that was going to be the ideal time.

[00:04:15]
And I'd wake up some mornings and say, "Well, this is it, you should retire. Let's put the word in now." Then I'd think, "No, I really want to get something else done." I'd go between 'today is the day I should give my papers' to 'no, let's wait a little bit.' Then one morning I woke up and I thought, "You're debating this. You've been there almost twenty years. It's time to let somebody else take over."

[00:04:40]
So I called before I left home, made an appointment at the HR office, went in and said, "I want to file my retirement papers." I think it was like a month or six weeks away. It was close. I didn't want to hang around for a long time. Then I went to see Dr. Collins, who was the director of NIH, to tell him that I was going to be stepping down since he would be needing to fill my position. But I asked him for a favor. I said, "Please don't tell anyone I'm retiring until I can tell my staff. I don't want to make a big issue of it. But we have a staff meeting coming up in another week and I will announce it to my staff at that meeting. Then you can tell anybody you want to."

[00:05:22]
I left him thinking, "Okay, I put things in motion. I can't back out now. This is it. This is the time and this is going to be my retirement." So I waited another week. And when we had our staff meeting, I waited to the very end of the meeting and then told my staff that I was going to be retiring in I think three weeks or four weeks. I actually got a little teary telling them about it because I had put twenty years plus in. And I was there, really was working on this stuff seven days out of seven, weekends, Saturdays, Sundays. I may not have been in the office or I may have been, but I was working on this almost full time. It had really been my life for about twenty years. I'd gotten to be very close to my staff. Almost all of my staff I felt were really good

friends in addition to staff. And I had great respect for all those I was working with, and then to leave the comfort of being in that environment. But on the other hand, maybe I could finally have time to do some things -- like clean my house -- that I hadn't done in years. [*Arlene laughs*].

[00:06:25]
And that was it. Staff then knew and then the word was out I was retiring. They started a search for the my position. After my retirement date, I had so many papers and books and things that should be archived. I didn't want to just toss everything away. So I really spent some weeks, actually it was a month, trying to sort papers, things that should stay at NIH for the archives, things that could be tossed, and things that I needed to send home. I had tons of books because I brought books with me from Boston to Howard, then from Howard to NIH. I loved books and I had shelves of books, but I knew I could only bring a few more books home because my house had already got stacks--

***A. Macdonald, PhD***
[00:07:09]
Shelves of books at home.

***Vivian Pinn, MD***
[00:07:11]
Exactly. So it took me some time to do that. Until someone said to me that I was being unfair to Janine [Austin Clayton], who was my deputy, who was then the acting director. And really came down hard on me saying that I was not being fair to her by still being around the office. If I'd retired, I needed to get out so she could do her thing. I thought we'd worked well together and, you know, I had hired her as my deputy. But I thought about it and I thought, 'Well maybe they're right, if that's the impression I'm giving.' So I said, "Alright." I apologized to Janine. I'm not sure she knew what I was talking about, but if she did...

***A. Macdonald, PhD***
[00:07:45]
Right, it wasn't her issue. Yes.

***Vivian Pinn, MD***
[00:07:48]
So I did a rapid effort to get everything together and I was out of there in three days. I still wish I had kept more things because a lot of the reports we had I thought would go online, but with all the new rules about what can go online, and having to have translations, etc., a lot of our reports [are not online]. Because I did reports on everything, all of our biennial reports, everything we had done, every research proposal we had funded, every activity. Those biennial reports are really a summary of my career during those twenty years because everything's there. But they're not online. I'm sorry I didn't keep those. But I have enough of it in my mind, up here [*taps forehead*]. And that was it. And so I was home.

## Chapter 13
## Retirement: a career continued

Dr. Pinn begins by describing what she thought retirement would be: a clean and organized house, longer vacations, a relaxed pace, and a certain 'invisibility' [00:08:47-00:09:37]. Instead, she explains, all the many fields of health she has been part of have continued to be active and industrious components of her retirement. She recounts her ongoing work with the Association of Pathology Chairs [00:10:10-00:12:23], her careful but committed involvement with the Office of Research on Women's Health [00:12:23-00:14:03], and the new contributions she is making to advancing the careers of women in academic medicine, a long-standing interest [00:14:03-00:16:43]. She outlines the major obstacles to the advancement of women in medicine today [00:17:12-00:21:40]. She recognizes that she is often in demand for her historical knowledge of the many fields of medicine she has been part of. "Sometimes I'm invited to speak as the old lady who knows what happened," she remarks, noting the importance of retaining what was learned in order to build on it [00:21:40-00:24:35]. She concludes with a discussion of the very different political environment for women's health today than when she took up the reins of the NIH Office of Research on Women's Health in 1991 [00:24:38-00:27:51].

***A. Macdonald, PhD***
[00:08:38]
Yes. And what did you think your retirement was going to look like? What did you imagine as you woke up those mornings saying, "Is today the day?" What did you think it would bring?

***Vivian Pinn, MD***
[00:08:47]
Well, for once, I won't have to jump up early in the morning. If it's snowing, I don't have to worry about facing snowy streets or an icy hill to get out of here. I'll have time to run all those errands I wanted to do. I can clean up my house and get rid of papers and books and organize things and maybe take some more vacations, rather than just a week or two and Christmas. Maybe I can go off to the islands or a beach somewhere. And that pretty soon I will fade into the background because I'm no longer at NIH. As a retiree, let the new people take over and I'll just become invisible behind the scenes. And I will do the kinds of things that I read that other people do when they're retired.

***A. Macdonald, PhD***
[00:09:37]
[*Laughs*.] But I know because of the offline conversations we've had, that has not been what your retirement turned out to be. I thought, you've had this career in pathology, in women's health research, in administration, policymaking, mentoring, and medical education. I wondered

what pieces of those have continued into your retirement and in what ways? Maybe you can tell me a little bit which parts of your career just keep on ticking because I know you're very busy.

***Vivian Pinn, MD***
[00:10:10]
If I think about it: probably every part. Having retired and having left pathology thirty years ago, but having worked with some in pathology through the Office of Research on Women's Health (because I always made sure pathology was represented), they reached out to me to come back and work with this Association of Pathology Chairs, which includes chairs of all the past departments. They have this group of senior fellows (which means those who are no longer chairs), they're considered senior fellows of the APC, the Association of Path Chairs. They reached out to invite me to come back and work with that group, which I was happy about because I really had spent the first twenty-five years of my life in pathology. I knew a number of the people who were chairs, and there were a lot of new chairs that that I didn't know, but they were a very receptive group. I can't say I've done a whole lot, but I've worked with some of the Path organizations and I'm active in, or at least I participate in, the group of special fellows of Pathology, meaning former chairs. Many of them have gone from being pathology chairs to deans of medical schools and other positions.

[00:11:28]
So there's a lot of wisdom in that group. And there are people that I worked with in women's health after they left pathology, but they all seem really devoted to pathology. So I've actually now been, for several years, listed as a mentor. This is the third year I've had a young woman in mid-career pathology that I have mentored, or that I have as a mentee, working with that woman over the year. Some really different women, very interesting careers. One has moved on to become a department chair. One has just moved into a new position. One was really not looking to move into another position, but just to chat about what she was doing. So I've really been back involved in the world of pathology, which is wonderful.

[00:12:23]
I have not gotten away from women's health. Just yesterday was the fifth or sixth Annual Vivian Pinn Symposium on Women's Health. I have to thank the Office at NIH. Because for their Women's Health Week, which is always the week after Mother's Day, we always had a lecture during that week. They've named that the Vivian Pinn Symposium on Women's Health. So I just yesterday was party to the Vivian Pinn Symposium this year, which was actually on menopause and sort of revisiting the Women's Health Initiative, which I had been co-director of years ago. I still think it is one of the most outstanding studies in women's health that that has ever been done.

[00:13:09]
I try to stay away from the Office and only participate when invited. I'm very pleased with the new programs. The director, who is my former deputy, has now been Director for almost ten

years. Actually, I've been retired for 11 plus years now. But when she invites me to something, I participate. Otherwise I keep my hands off and I usually will not comment. I think you asked me once. I'll comment on general issues, but I don't want to be seen as making pronouncements that may be different from what the Office is doing because there's nothing worse than having a former leader saying something you are opposed to or something that could be seen as critical. I'm very supportive of the Office. They keep me informed of what they're doing, but it's sort of a hands off. I'm happy to hear what you're doing and anything I can do to help, I will do to help. So that's been good.

[00:14:03]
I've really been mainly keeping up my interest in women's careers in academic medicine. I did get to serve as committee member on a National Academy in SEM [National Academies of Sciences, Engineering, and Medicine] report on women in academic medicine, science, and engineering. That report was probably another landmark report that kind of got lost because just as we presented it to Congress and we presented it to the National Science Foundation at NIH, was the time the pandemic was getting heads up and everything started to close down. Newspapers were writing articles on COVID, so our report really kind of got lost. But I still refer to that report. That sort of really brought me up to date, because that's always a report that's based on literature and science. It was a fantastic group. Dr. Rita Colwell served as chair of that committee. She is really a role model for me, having been, I think, the first woman chair of the National Science Foundation. And just a wonderful -- she doesn't have to 'be', she just is a mentor and a role model. So working with her, that really brought me up to date on issues. The report really summarizes the things that I thought about bias and sexual harassment and career barriers. I think that helped me; I did that shortly after retiring. I think that came out in, I don't remember the exact year, a few years ago, about the time the pandemic took effect. But that really boosted my effort and my energy and my attention to women in academic careers. So most of my talks and lectures now have been on that. I don't lecture so much on women's health because I don't have the exact new information coming out of the Office.

[00:15:55]
I find so often I'm asked to speak by people that I called on to help us when I was at NIH. They say, "Well, you called on me, so now can you come talk for me?"

***A. Macdonald, PhD***
[00:16:05]
Oh, my goodness.

***Vivian Pinn, MD***
[00:16:06]
So it's payback, but sort of fun payback. I don't even think to ask for an honorarium. It's sort of fun because I enjoy doing it and doing it for friends. But most of my lectures or talks have really been on careers, barriers, and overcoming challenges to careers for women (and for women of

color especially) in academic careers in medicine. And really same relates to science and engineering.

***A. Macdonald, PhD***
[00:16:43]
Can I ask -- because we're the Women's in Medicine Legacy Foundation -- many of the people we interviewed for the oral history came into medicine when there were very few women. There are many, many women now. And those challenges of getting women in the profession are not exactly the same. What would you say remains the most entrenched and intransigent sorts of barriers for women in medicine today? I just thought I'd ask you the key points.

***Vivian Pinn, MD***
[00:17:12]
When the Office first started and when we first started giving attention in the Office to barriers for women in biomedical careers, one of the first things was having more mentors and role models. Number two, recruiting girls and women to consider careers in biomedical sciences. Then, of course, looking at other issues like family issues, the dual profession of being a homemaker, a mother, and a professional, looking at sexual bias, looking at racism and sexism, and looking at having men understand the issues of women, so it's not just us talking to ourselves. Over the 20, now 30, years since we first started looking at those issues, those came up as the major barriers. You'll see pretty much those same barriers exist today. The lists are pretty much the same, but it has shifted. We made great progress in getting girls and women interested in science, engineering, and medicine. We need to do more, especially for engineering. But in medicine we see women are now about 50% of those who are entering and graduating, if not greater. So we've gotten past that and we now have more women to serve as role models and mentors. But the biggest challenges now have to do with leadership. We don't see women moving into positions of leadership in any sense of equity.

[00:18:40]
It used to be called the pipeline issue; maybe it was a pipeline issue when I was coming along because there were so few women coming. But seeing that women have been a major part of those who are admitted, who graduate, and who are trained in biomedicine, then you can't say it's a pipeline issue. There are other factors that are preventing women from moving into decision making positions, positions of leadership. So this report that I was a committee member on, it looked at all we saw in the literature and in personal reports. The three major barriers have nothing to do with the lack of intellect of women, women have the intellect. Its nothing to do with the lack of ability of women.

[00:19:23]
But it boils down to bias (most of those are traditional biases about women, what can they do or not do), sexual harassment, and discrimination.

I know those three things because I lecture on them all the time. But really, it just is sort of a shift of emphasis. Now, we really need to put more emphasis on how to overcome these barriers and how to get more women into leadership positions, decision making positions. If you look at it in medicine, I remember when there were no women deans of medical schools, that's going way back. Then I remember when there was the first woman. The board wasn't happy with that so she was moved out. Then eventually there was another first woman, then there were three women, and it sort of increased to where we are now. About 18 to 20% of deans are women, but more deans almost every day are having women appointed to those positions. We want to see women as CEOs of an industry. In the C-suite, if you will. Regardless of whether it's academia or wherever. We want to see women provosts. We want to see women not just in those positions, but successful in those positions.

***A. Macdonald, PhD***
[00:20:36]
Right. Supported and recognized and mentored through those curves.

***Vivian Pinn, MD***
[00:20:46]
So when I talk now, I talk about that and how important it is to have that commitment at the very top. You can't just say you've got an office of DEI [Diversity, Equity, Inclusion] or that you're looking for diversity or you're hiring women. The person at the top has to be committed to fairness and equity for women and men, and making sure that women are considered for these positions.

[00:21:12]
And also considering women of color, or women who are different with all of the isms there are: homophobia, sexism, racism, all of those isms, and those with disabilities. That they're all considered fairly. That's mainly what I've been focusing on recently. I find that there are many who want me to come talk and I say, "Well, I'm not sure this audience is going to be interested in that."

[00:21:40]
But they want to hear the history. Then I have to remember, we're talking thirty years since the Office started. We're now talking maybe two generations later than those who were there when we started the Office. And it really grabs me sometimes when I hear people talking about "we don't know this, we don't know about menopause, we don't know about careers." I think, we went through all of this thirty years ago. Has it been lost over the years? Somehow the message, and the findings we have, have kind of gotten lost with the new generation. So I've found sometimes I'm invited to speak as the old lady who knows what happened. Sort of as a historical person to really talk about the beginning focus on women's health, how it developed, and how it came about, and sort of the basis for where we are now.

***A. Macdonald, PhD***
[00:22:30]
It's funny, isn't it? It's almost generational. We need to keep these messages and these understandings alive or you have to rebuild them all over again. So to bring the historical perspective seems important to me, so they're not starting at ground zero again and that memory isn't lost.

***Vivian Pinn, MD***
[00:22:50]
That's right. You need that line of communication to keep going, what we found and what we did, what we learned so that, you're right, the young women of today are not starting from scratch and saying, "I don't know anything about menopause. I don't know anything about heart disease in women." Because we've learned a lot. We need them to know what we have learned in the past so they can then help build on where we need to go next.

***A. Macdonald, PhD***
[00:23:15]
Are these things getting embedded into medical school curriculums in the ways that you would hope?

***Vivian Pinn, MD***
[00:23:20]
To some degree; I think we really need more. But I can remember when we first started talking about these sex gender differences. I knew a number of folks who had written some of the leading textbooks for medical students. And I'd say, "You really need to revise that chapter on heart disease and talk about heart disease in women and how it differs from men" or "you've got the male norm, but what about the female norm? Don't just use the male norm when you're referring to other things." So a number of authors did in the nineties, in the late nineties, change their textbooks to reflect sex and gender differences and I think it's much more a part [of education]. There are always some who are sort of resistant and don't see the need for that. But certainly because of the scientific literature looking at sex and gender differences, the attention to women's health, and the attention to differences of drug interactions with women versus men, we see it included much more. There was almost nothing to begin with thirty years ago.

***A. Macdonald, PhD***
[00:24:24]
I'm sure when you went through medical school, you weren't seeing that in the textbooks.

***Vivian Pinn, MD***
[00:24:27]
That's true. But it has really increased now, but not to the level that we'd like to see. Obviously, there's more that can be done.

***A. Macdonald, PhD***
[00:24:35]
Okay.

***Vivian Pinn, MD***
[00:24:38]
Another thing: I have a slide that says (mainly because of the political attention) that women's health is more than contraception and abortion. While there is little research because abortion is pretty much understood, we're concerned because of the political invasion into the world of decision making related to medicine and women's health. I won't go more into that because that gets political. But still, there is great concern -- and I think I can say that the National Academy of Medicine has expressed concern -- about how politics are beginning to intrude into good medical care for women, Most of that is coming down around reproductive issues, but it's affecting other things.

[00:25:26]
We were so proud and pleased when the ACA (what people called the Obama plan) included free screenings for women on what was recognized on the basis of research. This was all NIH funded research, and then a National Academy of Medicine Committee looking at screening for women. These were the recommended top ten areas that needed to be screened for women and that was included in that Bill. We saw that as a major step forward for women and their wellness care. It meant also that it would be taken care of because it was part of the Bill. Now their efforts--you know, once they start attacking reproductive health it gets expanded and 'they', some folks somewhere, looking at these bills are wanting to eliminate these free screening for women. That is going to set us back thirty years in the progress we made because we don't want to just see women when they have breast cancer or when they've got some other condition. We want to see them before they develop them and prevent the disease. Its not only fiscally important (because it's much less expensive to do screenings than to treat for disease, especially widespread disease), it's also much better in terms of preserving life. So these are some of the challenges we are facing right now in the area of women's health.

***A. Macdonald, PhD***
[00:26:56]
When you told me those stories of your time as a director, it felt like the political winds were behind you to make this happen. And it feels like a different set of winds today blowing on women's health.

***Vivian Pinn, MD***
[00:27:07]
That are not coming from the area of those who truly are interested in women's health, but more those who have their own religious or personal feelings about reproductive health, about women,

and about who should control and make those decisions. I could voice opinions in different ways, but let's just say I'm concerned that we not wipe out the progress we have made to protect women's health. For them to get the screenings, the well screenings they need to prevent diseases, it makes it a whole lot easier if you're a physician or a health facility or someone in health administration dealing with prevention rather than having to deal with an advanced illness.

***A. Macdonald, PhD***
[00:27:51]
Absolutely. And for women's lives, too, it is so important. I can see that.

## Chapter 14
## Collecting honors, cherishing friendships, and recalling family

Now eleven years into her retirement, Dr. Pinn relates her astonishment at the plethora of awards and honors that have been, and continue to be, bestowed upon her; so many awards that she jokes they might have to be distributed at her funeral as momentos [00:50:20]. She shares her delight at the University of Virginia (her alma mater) naming buildings after her, a far cry from the young student who once worried about having her name on the graduation roster [00:29:40-00:31:35]. She explains how it is heartwarming, humbling, and reassuring to have her many years of toil recognized as valuable contributions [00:33:57 – 00:35:13]. Her keen desire to mentor others comes to the fore in her stories of redirecting awards she is offered to younger, less recognized colleagues in the academic health sciences [00:32:05; 00:44:54]. She also discusses the personal costs of having such an illustrious and renowned career [00:36:17-00:38:51]. Nevertheless, the depth of her friendships and the closeness of family is everpresent in her narratives. She elaborates the qualities she believes have allowed her to build such flourishing bonds: integrity and humility [00:40:12-00:44:20]. “I will not get a big head as long as my family and friends are around me,” she remarks, “and I don't like to see others who do either.” Looking back at her life and career, Dr. Pinn notes that she would change nothing; she could not have invented a better career for herself than the one that transpired. The only things she would change, she remarks poignantly, are those that cannot be changed: the untimely death of her mother and her inability to fully share with her parents the fruition of their love and investment in her life and her character [00:46:08-00:49:30].

***A. Macdonald, PhD***
[00:27:57]
As you talk about the different arenas that you continue to make contributions in, I'm also struck by how much people want to pay tribute to the life and career that you've spent in in medicine and in health. You just mentioned this symposium, the annual symposium, but over the course of our time together, you've talked about UVA and one of the medical school colleges now being known as the Vivian Pinn College. And Tufts as well, their student affairs office is now named after you. And there's just been--I don't know that I could name them all or recall them all. I don't know that you could name them all! I wondered if you could talk a little bit about what the honors have been, that people want to extend? How does that feel, what do you think is driving it, and how do you respond to it? What does it mean to you to be honored in these ways, from many different arenas?

***Vivian Pinn, MD***
[00:29:09]
It's really very humbling. For example, there is the Pinn College in the [UVA] medical school, so there's students who've come through Pinn College as part of the medical education. But then there's also Pinn Hall; they've named the research and education building Pinn Hall. I must

admit, when I stand in front of that building and look up and see my name: here's this 80-something year old woman just giggling because it's like, 'this can't really be true.' When do you look up and see your name on a building? And I didn't give them money for the building. Everyone assumes that I must have paid for it; I didn't.

***A. Macdonald, PhD***
[00:29:47]
Right.

***Vivian Pinn, MD***
[00:29:50]
I'm not sure how they made the decision. I just was asked if they could use my name and I really had no idea what it was going to be for. So it's really a great honor. It's interesting because sometimes I could stand in front of the building, nobody knows who I am. So it's sort of like a secret to me. You know, "that's my name up there, but you don't know it." But then there are other times when I've checked in and students are working behind the desk at a hotel, or I'm going to do other things, and they'll see Pinn. And they'll say, "Pinn. Are you the Pinn of Pinn Hall? I have classes in that building." [*Arlene laughs*.] I don't want to say I just giggle about everything; I don't giggle a lot. But in those instances, I really do giggle. I'm just overwhelmed and it's just so touching and you just can't imagine this would ever happen.

[00:30:44]
When I was a medical student there, facing the issues I was facing, just wanting to get through, I would never have had any idea that my name would be on anything at UVA. I just wanted it on the list of those who graduated. That's all I was looking for. Then to see this 50 years later, something so different.

***A. Macdonald, PhD***
[00:31:04]
What a journey!

***Vivian Pinn, MD***
[00:31:07]
I think about even recently, the last couple of years: I've been honored so many times. I'm just floored because some of these people, I don't know how they even know about me. I've been retired for 11 years. I haven't really been doing new research because I'm not active in the research field because I'm retired. I do still talk a lot, but I'm amazed that people even know about me or want to honor me. I think, is it just because I'm old and I've survived for a while and I can still talk, my brain is still here? So I don't know. I guess the bottom line is that it's very heartwarming, it's very humbling, and I'm really appreciative. And sometimes embarrassed by the attention that I'm getting now because I see so many young women who don't get recognition.

[00:32:05]
There have been times that actually I have been offered an award and I have said, “I'd rather not. Let me help you find someone else who hasn't gotten the honors and recognitions I have.” I've often been able, with groups that I know and work with, to say, “Give this to someone else. There are plenty others who are doing things that don't get recognized. I appreciate it, but I don't need another plaque and I appreciate you thinking of me.” I've done that several times. I think that's important, for some of us who’ve been in the public eye so we get more recognition, to think about those who are not so much in the public eye but who are toiling away to do things. We need to recognize them too, and not just be greedy. So I try not to be greedy.

[00:32:50]
I never figured I'd have a single honorary degree. Yet my first honorary degree was from Lynchburg College in my hometown. Which is interesting -- remember I told you the story of how I couldn't use the library, couldn't go on campus? But the president there said he wanted Lynchburg College to be the first. I'm laughing and thinking, “Be the first? Why do you think somebody else is going to give me an honorary degree?” I now have seventeen honorary degrees. It’s not 50 or 60 like some people have who are out there grabbing honorary degrees. But that's just overwhelming to me: how in the world did I end up with seventeen honorary degrees from top notch institutions? That may not mean much to some people, but to me... I mean, Washinton University in St Louis gave me an honorary degree, New York College of Podiatry gave me an honorary degree. I've gotten these honorary degrees and I've appreciated each one of them. I don't giggle over the honorary degrees, that's reserved for the building, that was sort of the utmost honor ever.

[00:33:57]
But just being touched and grateful that somebody values something that I've done. You work all those years and you work hard and you come home late at night and you do lose sleep because you know things you’ve got to get done. I think I went for years on three to four hours of sleep a night. That was it, because I did my best work at night and then I’d be up for the office in the morning, for whatever I was doing. I guess I'm a workaholic, you could say, but there are many times when it was lonely. “It’s lonely at the top,” they say and it really can be. And you wonder: is anybody paying attention to what I'm doing? Does anyone really agree with what I'm doing or putting forward? Does this have meaning for anyone?

***A. Macdonald, PhD***
[00:34:43]
Yes. You're enthused. You're carrying an Office with you. But how does it read in the larger world?

***Vivian Pinn, MD***
[00:34:47]

On the other hand, it is very meaningful to be recognized now because it means somebody was paying attention to what I did and somebody thought I was trying to accomplish something; I did accomplish something. In a way that provides me with some reassurance that I didn't waste the last 20 or 50 years of my life.

***A. Macdonald, PhD***
[00:35:13]
Right. That singular kind of commitment you had was meaningful to many, many people because they don't name buildings and honorary degrees for people who didn't make real contributions. Yes, I can see that. In fact, when you mention it's lonely at the top, one of the things I like to ask people in these oral histories, because we interview very successful women who have made real contributions, I always think: as a woman, what were the personal costs? When you were talking about what barriers still remain [for women], I think about (at least I know for me and I'm not a high achieving woman) those kinds of balancing acts that the world doesn't always make easy for women, for families, for marriages, different gender roles that are assigned in the home. How have you navigated that as a very successful woman? What have been some of the personal costs or rewards? How do you see that juggling act that so many women do?

***Vivian Pinn, MD***
[00:36:17]
I probably didn't juggle very well. [*Arlene laughs loudly*.] Because I think my life has been probably more like 60 to 70% career and maybe 30 to 40 % personal. I think I sacrificed a lot of social activities. Although I've had my share of social life, been involved with other people. I was married for a while and I'm very involved with my family and families of friends. I'm surrounded by folks all the time, so I don't feel really alone. I sometimes used to say maybe I don't seem as old as I really am because being in medicine and working that hard, I think I was probably in a state of suspended animation for all those years! [*Laughs*.] Then just coming out later to really begin to age and mature after being so enveloped in what I was doing! [*crosstalk, inaudible*]

***A. Macdonald, PhD***
[00:37:15]
You didn’t have time to get old! You were too busy.

***Vivian Pinn, MD***
[00:37:17]
That’s right. [*Both laugh*.] When I came along, that was back in the days when women were expected, really expected, to do twice as much to prove themselves. There was some, but not great, recognition of the role of women as family members. If you were going to be a professional, if you were going to be a physician, if it looked as though you were taking time for something personal then you might not get that promotion or whatever. I do think that I didn't maybe ‘party’ as much as some of my friends did, but I don't have great regrets about that

because I have enjoyed what I'm doing. And when I did quote unquote 'party,' I had great times. I enjoyed what I was doing. So I did have a social life. I did not end up with a lifetime marriage, but I did have a good marriage for a while. It was sort of a shared [decision to divorce] because of conflict of careers. We were in different cities and both in advanced positions; just didn't work out.

[00:38:22]
Not having children of my own, that's more biological because I was one of those fibroid babies, of fibroid women. That was not because of my career, but really because of my biology. But I think I've had more than enough kids between -- oh my God, kids: all of my former students and friends. And babies of those that have sort of been my adoptive kids. I have not felt alone.

***A. Macdonald, PhD***
[00:38:51]
Yes. When you mention that, it was actually another question on my list. Over the weeks that we've been talking together, I am continually struck by the long term friendships, the colleagues that just stay with you, the students that you mentored who call you now that they're the dean or chair of whatever. I really think that is unique, to be able to build that many long term connections. We all have circles of colleagues and friends, but you have kept yours and they deepen over time and they are consistent and I just cannot get over that. I wanted to ask you: what is it that you value about friendship and about these long chains of relationship? And what do people value about you? What is it about you that keeps those relationships intact and meaningful? As you said, you worked in the Office of Research on Women's Health and that staff was more or less friends. They weren't just people who worked under you. How are you able to do that? What is it about your personality that allows those long term flourishing relationships, as you said, even with family and the children of children and with godchildren? What is it about you that you're able to do that?

***Vivian Pinn, MD***
[00:40:12]
I think maybe because I try to be open, I try to be available when I'm needed. There are times when I'm busy. But I'll say I'll get back to you and I do; I can be trusted. I try my best to be trusted and to be trustworthy and to not reveal personal things that come to me unless there's an issue where I feel I can help. And I'll say, "if you will, let me look into this for you." So I think that I can be trusted, that people can reveal some of their innermost things knowing it won't go beyond me unless it needs to. That with my years of experience as a dean counseling, and then as a person working with folks, sometimes I have good advice. If I don't, I can least direct them where they might need to go to get good advice if I can't help. And I value my friendships. I do not value arrogance. I do not value folks who want to pull something over on you. I don't value slicksters and I tell them that, so they know I'm honest. And yes, I do speak up about the things that I don't admire.

***A. Macdonald, PhD***
[00:41:21]
Not everybody's your friend.

***Vivian Pinn, MD***
[00:41:23]
That's right. Not everybody's my friend. I will be gracious to everyone, but I will be cautious around--and they will not get into my inner circle--folks that can't be trusted or whose character is really not beyond reproach. And I try to carry that over to folks that I work with: the importance of having character and a sense of personal integrity that goes with you everywhere.

[00:41:52]
Then just trying to be me. My goddaughter, even when she went to college, had no idea wShat I did. She was thinking about being pre-med and her pre-med counselor gave her information that was absolutely wrong. And I was furious. I said, "No! that's…" She said, "But that's what my counselor said." She had no idea that I had been involved in all this academic medicine for years. So she was going to believe her counselor, not her cousin or godmother. It was years later when I started moving on to retiring that she began to see what I did and that maybe I was the expert in that area.

***A. Macdonald, PhD***
[00:42:29]
Yes!

***Vivian Pinn, MD***
[00:42:29]
That's how I am with my family. Now I try to share these honors with them and have them involved if they want to be. But I've gotten so many, that now they just say, "Okay." They don't even bother to watch anymore unless it's something really huge because I've gotten so many; it's one more award. But what I try to do is not lord that over anyone. So I've gotten an award, but I'm still your cousin Vivian. I'm still your teacher Vivian. I'm still the Dr. Pinn that you knew. I think my family helps me: I will not get a big head as long as my family and friends are around me. And I don't like to see others who do either. So when we're together, I'm just part of the crew cleaning up the dishes from the event. Now that I'm older I get a little more attention because I'm older, so I may need a little more help. But I think it's just being me and being true to family and true to self.

[00:43:22]
And I value friendships. I value honest get-togethers. Just this week, we just had our lunch two days ago of three former Office of Research on Women's Health staff. We just get together and we chat about things. I didn't realize, but on another board I'm on I was talking to one of the big cheeses on the board and he mentioned that his sister worked at NIH. I said, "Where?" He said,

"Women's Health." And I said, "Who is your sister?" It turns out his sister was a woman I had hired as my deputy. He had no idea; it was fun. So I brought back a picture of him and showed it to my staff, who worked with her in the nineties, and said, "Guess whose brother I just met?" You know, there's one small world everywhere, really a small world everywhere.

***A. Macdonald, PhD***
[00:44:20]
When I think about what you just said, and I think about all those honors and all those awards and recognition, I think maybe in part it's not just your accomplishments, but it's the integrity with which you accomplish things. That lack of a big head. The willingness to give. The story about turning awards to other people who are less recognized; I've got to say, I've never, ever known of anyone who does that. I think that's your sense of mentorship, isn't it? To even turn down your own in order to make sure mentorship happens.

***Vivian Pinn, MD***
[00:44:54]
I've gotten so many awards. I appreciate all of them, but I look at people around me who are doing things and they are just admirable, they are just worthy of being honored, so why not honor them? They will be really so pleased to be honored and it will help them with their careers. I don't need one more thing to list on my CV. I would rather be able to congratulate someone else. I've done that fairly often, especially recently: recognize those who are still building their careers and who may not have the recognition. I'm perfectly willing now to just sort of to do what I thought I'd do initially when I retired and that is to sort of fade into the background.

***A. Macdonald, PhD***
[00:45:37]
Well, sort of fade! You're still pretty much in demand. All right, a final question. As you look back over a life that's been really quite a journey, from not sure you're going to get through medical school and on to being the name on the top of the building: is there anything you would change as you look back over things?

***Vivian Pinn, MD***
[00:46:08]
The things I wish I could change are not changeable. I wish I'd had my mother for more years. Remember, she died at age 46 when I was only 19. If there was anything I could change, it would have been to have my mother for more years than I did. But she lives on in me. And there are things... I remember during her terminal illness and she would be so weak, but she'd maybe ask for a glass of water. And she'd always say, "Thank you." I'm like, "Momma, you don't have to thank me. I'm just giving you this." It just reminded me when I was ill, when I was in the hospital last year, to thank a nurse or an aide whenever anybody brought me something because I know what it meant to me to have my mother say thank you all the time.

[00:46:59]
It was unfortunate that I didn't have sisters and brothers, but my parents were both from large families. So I have appreciated the large family that I grew up in, even though I was an only child. But from both sides, Mother's side and Father's side, the large family have really been great family. I have relied on them. I've stayed with them, I've lived with them. I've had them live with me. I'm grateful for family.

[00:47:27]
My career I could not have planned better than it turned out to be. All just unexpected opportunities. I wasn't worried about getting into UVA and looking back, I should have been. And I got through it. Then I never would have dreamed of training at Harvard at MGH. And yet I did; that happened. I never would have thought the career at Tufts would have been so rewarding and that I'm still, 30 years later, interacting with that institution. That I've had the experience of Howard. Then never thought I'd be a big kahuna at the NIH. And yet I think we did do some things there; it was a whole new area. So I don't know that I could change anything that I did because most of what happened, I didn't plan.

***A. Macdonald, PhD***
[00:48:19]
Right. It's not like you made a wrong decision; these things just kept coming.

***Vivian Pinn, MD***
[00:48:25]
So I think if I could change anything, it would just be if my mother and my father (who actually died at age 70) could just see the things I've done and accomplished. And that I've never forgotten the traits they wanted me to have and how they wanted to bring me up. Every day when I say my prayers, it's 'help me to be the kind of daughter that my mother and father wanted me to be in this life.'

***A. Macdonald, PhD***
[00:48:53]
Oh, my.

***Vivian Pinn, MD***
[00:48:54]
So many honors, so many awards, and they never knew about them. My father was so proud of me, but he died before I took the job at Howard. So I've just been very fortunate to have all these opportunities open up. If I tried to change it, I'd probably screw it up.

***A. Macdonald, PhD***
[00:49:17]
Yes, I see.

***Vivian Pinn, MD***
[00:49:18]
So I'm happy with life as it happened.

***A. Macdonald, PhD***
[00:49:19]
Best to just appreciate it, yes.

***Vivian Pinn, MD***
[00:49:20]
And just wish that my parents, especially my mother, could have been with me longer to be able to enjoy what I have enjoyed.

***A. Macdonald, PhD***
[00:49:30]
Yes, the ways their investment have continued to enrich so many people through you. Wow.

And do you think you will have those moments in retirement that you originally envisioned: that your papers will get sorted and your house will get cleaned and all those closets will get emptied?

***Vivian Pinn, MD***
[00:49:53]
[*Laughs*.] I know I'm going to get some of it done because I've got all these plaques. I'm not going to put them up in my house because I don't want my house to look like a shrine to me. But my cousin, who is my executor, has threatened me because I said, "Earl, you're going to have to [sort them]; I'm not going to throw out these plaques, they have meaning for me." So he has threatened that at my funeral he's going to pass them out as mementos as people leave my funeral!

***A. Macdonald, PhD***
[00:50:19]
[*Laughing loudly*.] Like bombonieres at a wedding!

***Vivian Pinn, MD***
[00:50:20]
They could take a plaque or a clock or something that I've gotten as a memento when they leave the funeral. He may be serious about that, I don't know! [*Laughing*.]

***A. Macdonald, PhD***
[00:50:28]

It might be a nice idea. Well, I can't thank you enough for the time you spent with us and I was surprised to find it was hard to get an hour in your schedule because it is a full one: your speaking engagements and your commitments and boards and the roles you continue to play, a very full one. But I'm very glad that you found some time for us to talk together. And it's been an eye opening history for me to learn from.

***Vivian Pinn, MD***
[00:51:02]
As I told you at the beginning, I really don't like talking about myself and I try not to. But I have to compliment you. You have a way of pulling things out. I think I ended up just words flowing. So you obviously are an excellent interviewer because I'm resistant. I don't want to talk about myself, I'll talk about everything else. Yet you've managed to pull all of this out of me, so we'll see what you've captured. But I didn't intend to say all these things I've said.

***A. Macdonald, PhD***
[00:51:33]
Well, I've been a very engaged listener, that's all. Because you have some great stories and I get away from the computer and I'm thinking about them for days. So thank you so very much. I know they'll be enriching to others too. So I'll turn our recording off and then have a couple words with you before we go.

***Vivian Pinn, MD***
[00:52:31]
Thank you.