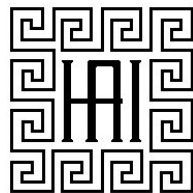


ORAL HISTORY INTERVIEW
WITH RUTH L. KIRSCHSTEIN, M.D.

January 17, 2008

National Institute of Nursing Research
History Project



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Ruth L. Kirschstein, M.D.

U.S. Public Health Service physician and administrator Dr. Ruth L. Kirschstein was the first woman to head an institute of the National Institutes of Health (NIH), serving as director of the National Institute of General Medical Sciences from September 1974 to July 1993. A native of Brooklyn, New York, Kirschstein received her bachelor of arts degree in 1947 from Long Island University and her medical degree in 1951 from Tulane University. She interned in medicine and surgery at Kings County Hospital, Brooklyn, and completed residencies in pathology at Providence Hospital, Detroit, Tulane University, and NIH Clinical Center. From 1957 to 1972, Kirschstein served in successive research and administrative posts at the Division of Biologics Standards, now the Center for Biologics Evaluation and Research at the U.S. Food and Drug Administration (FDA), before joining NIH in 1974. In July 1993, Kirschstein became deputy director of NIH, serving in that role until December 1999. From January 2002 to May 2002, she served as NIH's acting director, and on November 7, 2006, NIH director Dr. Elias Zerhouni appointed her as acting director of NIH's National Center for Complementary and Alternative Medicine (NCCAM). She has received numerous awards during her career, and in 2002 Congress renamed the National Research Service Awards in her honor.

This interview concerns Dr. Kirschstein's role in the development of the National Institute of Nursing Research, specifically her conversations with Doris Merritt and Ada Sue Hinshaw.

**NINR History Project
Telephone Interview with Dr. Ruth L. Kirschstein
Conducted on January 17, 2008, by Philip Cantelon**

PC: I'm speaking with Dr. Ruth L. Kirschstein, that's K-I-R-S-C-H-S-T-E-I-N, on January the 17th, 2008. I have your permission to record this call?

RK: Yes.

PC: Thank you very much. Dr. Kirschstein, what was your initial interest in nursing research?

RK: None.

PC: None. But you came to it eventually.

RK: Well, frankly I'd never thought about it. I was well aware of the fact that another agency, I guess, HRSA, there was a division of nursing, which encouraged women—men too—to become nurses, supported their training, and that there was some research going on but NIH had no nursing program, other than the program in the clinical center to take care of patients. And I did not think very much about nursing research. What happened was, of course, that the Congress passed a law establishing that nursing research was important, and establishing that there should be a unit at NIH to do nursing research. That was 1983, and in 1986 it was started. At that point, I was the director of the National Institute

of General Medical Sciences, the institute that had the most important and largest role in the training of researchers. The person who was chosen by Dr. Donald Fredrickson, who was director of NIH at the time, to head the original National Center for Nursing Research in 1986 was not a nurse. She was a physician named Doris Merritt. Doris and I had worked together on a program on research in women's health, and Doris asked me if I would help her set up a program for nurses to learn how to do research, and so I did. And it was very successful. And that made me very much aware of the fact that training nurses to do research was a very different thing than training Ph.D. biological scientists or M.D.s who want to do research in medicine. And I then got involved with the next full-time director who was a nurse who came, Ada Sue Hinshaw, and she actually was a neighbor of mine. So we got to talking, and she talked to me about her vision for nursing research. I, to be honest with you, had some skepticism, but it seemed reasonable, and I continued to help Ada Sue in the training arena, and that was the sum and substance of it.

PC: What kind of skepticisms did you have about—she was also a doctor as well?

RK: Ada Sue?

PC: Yes.

RK: No. She was a nurse with a Ph.D.

PC: Okay. A doctor by the back door.

RK: Well, that's not fair. They are doctors, but I notice the *New York Times* continues to categorize them as Mr. and Mrs. and Ms. when they write about them.

PC: That's right. Only medical doctors get the Dr.

RK: It's not right, but anyway, my skepticism was related to the fact that I wasn't sure what nursing research did—what research there was. And it turns out that there are probably two kinds. There is research done by nurses, which can be biologically science oriented, but perhaps indirectly leading to changes in nursing techniques and so forth. And then there is research related directly to the nursing profession. And that was what I had to struggle with in order to help with the training program. I worked with Doris primarily and then with Ada Sue, and the program has turned out to be pretty good. Now the expansion took place under Ada Sue, very considerably, and then when she left after many years—by that time I was working as the deputy director of NIH—she left a flourishing organization, which I think when she left was an institute. Yes, I'm sure it was.

PC: Yes. It had just become an institute.

RK: Yes. And NIH did not have anybody who could fill in for her who was a nurse, and we underwent a search for someone, and I was chair of the search committee that picked the next director. Meanwhile for the year that it took, we appointed a woman named Sue Hurd, who had a Ph.D. and who was a very good administrator and did an excellent job of holding the unit together and even moving it forward. And that's what I know, the sum and substance of it.

PC: Okay. If I may go back and just ask a few other questions.

RK: Sure.

PC: Just to clarify here, you came to nursing research rather late, let's say 1983 or '84. You had just been elected to the Institute of Medicine of the National Academy of Sciences.

RK: Yes.

PC: And at the same time, the Institute of Medicine was doing a report on nursing research. Were you in any way involved in that?

RK: No.

PC: Not at all.

RK: No.

PC: Knew it was going on or not?

RK: Probably not. I was really very, very busy with the National Institute of General Medical Sciences, which was about as far away from nursing research as one could get because it was primarily the institute for basic sciences—biochemistry, the new molecular biology, the whole activity related to recombinant DNA was set up by NIGMS. So I really wasn't thinking about it much at all.

PC: But as a director were you also aware of the task force in 1984 that really—these were the two reports in that period that pushed this into—

RK: I was not particularly aware of them, no.

PC: Okay. When Doris Merritt became the head of the—national center director, I guess, or it was the National Center for Nursing Research or Center for Nursing Research, had you known her before you went to work with her to help set up that program?

RK: Yes, when Doris Merritt came to NIH the second time. She and her husband had been here previously. Her husband had been a postdoctoral fellow with Don Fredrickson when

Don was working in the laboratory of the heart institute, and he came to work at the National Library of Medicine, and Doris, whom Don knew very well, came to work as a special assistant—I don't remember her exact title—for Don Fredrickson. Doris was appointed along with me to co-chair a committee set up by the department—well actually set up by the assistant secretary of health, Ed Brandt, on research on women's health. We wrote a report, and that led to the establishment of an Office of Women's Health and to an NIH Office of Research on Women's Health. And I actually became the first acting director of that office. As that happened, I began to realize that there were nursing research activities, and I worked at helping it. Sue Hurd used to come and talk to me, and Ada Sue did, too, because I'd been around NIH for a long time. But it was not something I followed in any detail.

PC: You said that Sue Hinshaw was a neighbor of yours.

RK: Ada Sue Hinshaw, yes.

PC: I'm sorry, Ada Sue Hinshaw. This was in Bethesda?

RK: We both lived in the housing provided for rent, obviously, by NIH on the campus.

PC: Oh, okay. Is that still there?

RK: Oh yes, and I still live in it.

PC: This is on the northwest side of the campus?

RK: It's on the north between Old Georgetown and Wisconsin Avenue, abutting Cedar Lane.

PC: Okay.

RK: Across from The Children's Inn.

PC: By The Children's Inn, yes. Did her husband also work—

RK: Ada Sue?

PC: Yes.

RK: No. She was divorced. She brought her son with her.

PC: And this was normal for people to live on campus?

RK: No, only certain people live there. It depended on what you did. Many directors live there, and my husband had responsibilities in the hospital and needed to live there so he could get to the hospital on a short notice.

PC: Was he with NCI then as well?

RK: Yes.

PC: Were you on the Public Health Service Task Force on Women's Health Issues in '83-'84?

RK: Yes. I was the chair.

PC: That's the one you chaired with Doris. Okay. And that was set up by whom?

RK: It was Ed Brandt, the assistant secretary of health.

PC: Okay. And what was the impetus for that? Did that come from Congress as well?

RK: No. That was something that Ed thought was important, to some extent goaded by his staff.

PC: Who on the staff was the chief goad?

RK: I can't remember her name.

PC: As you became more interested, did you also lobby for these kinds of things?

RK: No.

PC: When I say lobby, advocate within NIH?

RK: No. Not at all.

PC: Were directors predisposed to this after a while or was this because of the congressional . . . ?

RK: This is because of congressional—what? Women's health or the nursing? Which are you talking about? They are two very different things.

PC: I understand that, but they also can get easily lumped together.

RK: No, they were never lumped together, nobody ever considered them lumped together, and people understood clearly that they were very separate. Nursing research is research on

nursing whether the nurses are taking care of patients who are men, boys, children. It has nothing to do with women's health.

PC: Okay. When you discussed this with Ada Sue and you said you were skeptical about these kind of—

RK: I never told her I was skeptical. I said I was skeptical when it was established. By the time it was established, and I had worked closely with Doris, I wasn't really skeptical after that.

PC: In the search for, while Suzanne Hurd—

RK: There was no search for Suzanne Hurd.

PC: No. While she was acting, there was a search that continued.

RK: Yes.

PC: How did that search committee operate?

RK: Like all search committees. We put out an announcement requesting applications, we called people that we thought or we were told were very good and might apply, we

advertised, we got applications. The personnel people screened the applications and chose the ones that seemed to qualify. We then narrowed that down to, at this point I can't remember how many, six or something like that. Now this is not for Ada Sue. I had absolutely nothing to do with choosing Ada Sue. It was the next one. And then we interviewed. The search committee made recommendations for a small group, sent the list to the director of NIH, and it was at that point Harold Varmus, and he, in turn, reviewed the applications of the names we recommended to him. He chose a certain number to interview, and he interviewed them and then chose.

PC: Is there any political aspect to this?

RK: No.

PC: So it was based solely on what the search committee and he believed were the central qualifications of the individual.

RK: Right.

PC: And that's when they came up with Patricia Grady.

RK: Right.

PC: And she's been there long enough to—it must have been a decent choice.

RK: Right.

PC: You have always been interested in the clinical training of health care professionals?

RK: No. I'm interested in the training of all professionals, including nurses and physicians and Ph.D.'s in training to specifically do biomedical research. I'm not interested—well, of course I'm interested, but I had no activities related to the training of health care professionals to do research on health care delivery.

PC: Okay. Important difference. You also, as I understand, have a reputation for facilitating, collaboration, coordination with other NIH components and outside NIH. Have you done this with NINR?

RK: No.

PC: So basically the focus through the years has been really through the personal connections with Dr. Merritt and Ada Sue Hinshaw.

RK: Yes.

PC: Did you know Hurd as well or just after she came?

RK: No, I knew her. She was here already at NIH. I knew her quite well.

PC: And NINR then adapted, adopted I guess is the correct word, the same kind of peer review policies and procedures that the other institutes did in peer reviewing the proposals. Did they also form areas in which they hoped to receive proposals?

RK: I'm sure they did. I didn't follow things in very great detail.

PC: It was just sort of the personal connection kind of—

RK: Well, I knew Pat because we had both been at NIH for a while, and Pat came to the nursing institute from having been the deputy director of the neurology institute, and I got to know her quite well. We talked often. We used to have lunch together.

PC: Is this on campus?

RK: Yes. People knew that I used to bring my lunch, and they would drop in and talk with me over lunch.

PC: Is this in your office?

RK: Yes.

PC: This was the best time to get you?

RK: Absolutely.

PC: And this was how you got the reputation for all roads at NIH lead to you?

RK: That reputation what?

PC: The reputation that all roads at NIH lead to Ruth Kirschstein?

RK: No, no, no.

PC: [Laughs] How did that reputation arrive?

RK: I'm not sure it does. I'm not going to talk about that.

PC: Okay. Well, is there anything else you think I should know about the relationship with NINR or generally the growth and importance of the institute in the—

RK: No, because I'm not sure I can evaluate that very well. I think the place to get that kind of information is from some of the directors who are more intimately involved in the disease-oriented entities—such as the arthritis institute, diabetes, digestive diseases and kidney institute, the heart institute, the cancer institute. The directors of those institutes or their staff would know more about that than I do.

PC: Okay. I'm sorry. Heart, diabetes, cancer

RK: Arthritis, neurology, because those people know Pat very well. And that's really where you get that kind of information.

PC: Okay. That's very helpful. Thank you. Anything else you would like to add?

RK: No.

PC: Well, I appreciate taking the time this morning very much. We'll have this transcribed and I will send it to you. May I have your address? Or do you want it e-mailed? However you'd like me to send this.

RK: You can e-mail it to me. rk25n@nih.gov.

PC: That's rk25n@nih.gov.

RK: Right.

PC: Okay. We will do that. Thank you very much. I've enjoyed speaking with you.

RK: Okay. Goodbye.

PC: Bye.

[End of Interview]