

Dr. Philip Chen

This is the fifth interview in a series on the career of Dr. Philip Chen. It was conducted on March 22, 2001, in his office on the first floor of Building 1, National Institutes of Health, Bethesda, Maryland. The Interviewer is Dr. Buhm Soon Park.

Park: I'd like to start today's discussion from the early 1980s, when Dr. Weingarten [sp.] came as the president and the new deputy director, Dr. Ed Rawl [sp.], came to the position, and I want to ask you about whether the change of the leadership at NIH means a lot about the business of NIH.

Chen: I don't think there was really a tremendously dramatic change. Weingarten [sp.] and Frederickson [sp.], of course, had been co-authors on a book, *The Metabolic Basis of Inherited Disease*, I think it was called, Weingarten [sp.], Frederickson [sp.], and Stanbury [sp.], and they had been clinical associates, I think, at about the same time. Weingarten [sp.], of course, had been a former postdoc under Dr. Stetten because he was hired by Dr. Weingarten [sp.] even before the Clinical Center opened, and there was no space at that time, so he assigned these young, new clinical associates to work with prominent researchers off campus, and Weingarten [sp.] was sent to work at the Public Health Research Institute in New York with Stetten. Later, he joined the Stetten group in Bethesda. Of course, Ed Rawl [sp.], I guess, was an old colleague of both Stetten and Weingarten [sp.]. Well, Stetten hired Rawl [sp.] from Sloan Kettering, and Ed Rawl

[sp.] was here. He was a contemporary of Frederickson [sp.] and Weingarten [sp.].

Ed Rawl [sp.] had been appointed acting deputy director for science by Dr. Frederickson [sp.], so Weingarten [sp.] inherited him and kept him on as acting deputy director for science, which he served as for a period of time, and then, because Weingarten [sp.] did not appoint him permanently, he went back to his job as scientific director of NIDDK, and during that period of time--I guess you can look up how long it was--I was the acting deputy director of science. But then, finally, Dr. Weingarten [sp.] made the decision to appoint Dr. Rawl [sp.] as permanent deputy director of science, and he came back.

Park: Was there a reason for the hesitation to give a permanent position?

Chen: I'm not sure what it was. I really don't know. But, in any case, it wasn't a quick decision, and that's what prompted Rawl [sp.] to leave and then, when he was given that permanent job, he did come back.

Park: Dr. Weingarten [sp.] was the President's appointee?

Chen: Yeah. By that time, the directorship of NIH was a Presidential appointee with Senate confirmation. There are two such jobs at the NIH. One is the director of the National Cancer Institute and the other is the director of NIH.

Park: And so President Reagan chose him?

Chen: Was that...

Park: Eighty-one.

Chen: Eighty-one. I guess it must have been Reagan.

Park: Dr. Robert Goldberger [sp.] resigned in 1981 or '80, '81. He relatively served short term. Was there any particular reason for his departure or...

Chen: Well, I think it was because he had this very attractive offer from Columbia University to be vice president for health sciences and provost for health sciences. He knew that he wanted someday to go into academia, but I think it was accelerated by the fact that he also noticed that he had a physical ailment that was starting to come on, and one of his legs was kind of dragging, and it turned out later that he had, he became an invalid, had to be in a wheelchair up in Columbia, because although it was not diagnosed at the time, it later turned out to be some special kind of MS. I think initially it was felt to be an AV malformation or some other neurological problem. But feeling that this was coming on, that kind of accelerated his decision to leave. But Columbia did make him quite an attractive offer.

Interestingly, because of the personnel system that he had been in, he left without any retirement benefits from the government. He hadn't worked long enough in any one system. He switched. He came in as a commissioned officer, switched to a civilian, and switched back, and sometimes that's not advantageous.

Park: I read an article of Dr. Stetten's article on science, that the research had no economic growth, how to manage the excellence. That was an article written in the late 1970s, and there Dr. Stetten mentioned that in the past, which means '50s and '60s, the biomedical research benefitted a lot from the economic growth and no problem in expanding in number and size.

And in this particularly difficult time of the '70s, he said that we should maintain our excellence. Probably we can do that by an ingenious way of doing research, something like that. That article reflected the difficult times of the '70s. I wonder whether the situation changed a little bit in the early '80s. From one memo, I saw that the early '80s, the NIH maintained the growth of, the rate of growth about 11 percent per year. So, how was the situation at NIH in the early '80s?

Chen: Well, as I remember it, there was some belt-tightening, but it was not as bad as some people feared. Of course, Dr. Stetten was feeling that maybe the NIH really was leveling out in its resources for the intramural program, and in order to maintain excellence, we did have to tighten our belts, and we couldn't do everything that one wanted to do. Of course, to diversify, to offer equal opportunity for a wide population of younger scientists, it's a noble thing to try to do, but if your resources are limited, you might not be able to be as all-encompassing as you'd like to be and you might have to emphasize quality over quantity, and I think that's what Stetten was getting at.

I remember when Weingarten [sp.] came, there were some of these thoughts, and, in fact, one of the things that I had discussed with him when I became acting deputy director for science is the question of how much continued expansion there could be of the intramural program. Of course, in today's climate, we see that we have fairly good growth again, and we're able to do more things and offer more opportunities for minorities and for

disparate groups, women and other groups, to try to attract them into biomedical research. But I think there was this period back in the early '80s where things were a little tighter than they are now.

Park: And there was also a discussion about the disparity of the salary between NIH scientists and especially medical doctors and outside people. So your efforts to minimize that disparity, was that... I wonder whether the salary disparity exists actually are from all the NIH time, but I'm wondering whether that gap was _____ at the time or...

Chen: Oh, yeah. The gap was much worse back then, and it actually lasted for many years. When I first came back to NIH around 1967, as I recall, there was kind of a cap of \$36,000 a year on all government employees at the NIH, and maybe throughout the government, which meant that... And that cap held for a number of years. So I remember one thing that struck me was that some of the long-time employees of NIH who retired at 80 percent of their high three, which is \$36,000 back then, they were getting annual increases in their retirement pay, and some of them, after some years, were getting more in retirement than the people that continued working for \$36,000, a completely unfair type of situation. But then, gradually, the \$36,000 cap was removed and people started increasing the salaries again.

Back then, the thing we used to say is that the government paid intermediate between industry and academia. That is, the lowest pay was in the universities and colleges, government paid somewhat better, and industry paid better than that. Well, the medical schools have always paid

more than the liberal arts colleges, so over a period of time, medical school salaries became actually fairly good in many respects. In some areas, someone can make more as a faculty member at a medical school than they can in private practice. So we sort of looked to the medical school faculty as our benchmark. We would like to be somewhere around what they pay.

And the other thing that has happened over the years is that the commissioned officer pay, which was normally lower than the civil service pay, became higher for physicians because of special pays. The military special pay for physicians was given to the Public Health Service officers, and that pay kind of jumped in increments over a period. And physicians that were in the commissioned corps used to switch from the commissioned corps to GS in order to get more money. Well, then it was discovered after a few years that it was just the other way around, so some people switched from the GS back into the commissioned corps, so then this back-and-forth movement of physicians especially.

And then some of the committees that I worked on, you know, on the scientific faculty and on the senior biomedical research service, have come to the point today where the pay at NIH is not really too bad compared to many outside organizations. It's better than some, it's maybe not as high in some of the clinical specialties or surgical specialties, but we're able now to attract many people to come to the NIH and also to retain a lot of people at the NIH.

Park: When you were considering this kind of issue, were you concerned about

also the scientists' outside income, like income by giving consultation to a company or patenting or other activities?

Chen: Yeah. All these things are sort of part of the equation. We have always allowed some outside work by our scientists, usually under more restrictive conditions because they're government employees than is typical at a university. Usually at a university, a faculty member can consult or give lectures for pay without taking too much annual leave or maybe not taking annual leave at all. And the patenting income, of course, became a big thing when the Bayh-Dole Act was passed, but we developed our own formulas when the Federal Technology Transfer Act of 1986 was passed. So we have maintained some relationship to university policies, but they're not identical. So, because we're part of the government, we're subject to some special constraints, and I would say that our scientists really can't become entrepreneurs like some university faculty can, so there's not quite as much opportunity to have equity in companies and to benefit, although some universities restrict the percentage of equity that... Harvard, I think, only allows up to 5 percent ownership of a company, and there's various restrictions that the universities have had to develop themselves because of problems that have arisen when all these opportunities for biotech entrepreneurship had arisen.

Park: So, I was just wondering whether it is just a coincidence that the biotechnology industry took off in the early '80s and the salary problem became serious at NIH. Was it just a coincidence, or is it just two different

things and just related.

Chen: I think they may be partially related. Things are never in complete synchronization, and so there's many factors that influence income and benefits. For example, when I finished my Ph.D., it was not typical for someone to spend more than a year or two as a postdoctoral fellow. Now, it's harder to get a job, tenure track or permanent job, and so people tend to spend four, five, six years as postdocs before they get their first real job. And during the postdoctoral years, the pay, I think, is artificially low in biomedical fields compared with maybe computer science or engineering or some other areas. Maybe, hopefully, this will change for the better in the future, but I think that the income of researchers in biomedical science--it's not a really lucrative kind of profession to be in. On the other hand, I think it's better now than it used to be.

Park: Yes, it's much better.

Chen: And, of course, if one is a physician, one usually earns more simply because, for physicians on the outside, their incomes tend to be higher than Ph.D.s.

Park: Let me talk about the _____ outside reviewers, review system, the Board of Scientific Counselors _____. And I read a memo back in 1975 or '76. I don't know whether you are familiar with that NIAID scientific director, Dr. _____.

Chen: Kensell [sp.].

Park: Kensell [sp.] raised the question that we have to listen to the BSC reports

and the Cancer Institute scientific director replied back that NIH has its own unique system and why we do not trust our own inside review system. So, it went back to the mid-'70s , but it occurred again and again in the '80s. In all the '80s, there were some serious consideration and debates about that. Could you say a little bit about the background and kind of the differences between the institutes at NIH about their merit?

Chen:

Well, as long as I can remember, there have been outside reviews of intramural scientists. I think when I worked in the laboratory between 1956 and 1959, I remember presenting to some committee. I didn't know what it was called back then, and I don't think I ever saw a written report of what they wrote, but it must have been some kind of a BSC-type committee.

You know, the quality of these reviews did vary, and what the scientific directors of an institute would do with the reports varied, so it was not consistently rigorous and it wasn't consistently influential on what happened to the future of that scientist. And many of the scientists, as we know, became tenured or permanent simply by virtue of being around here long enough. They just hung around and eventually got a permanent job and they just stayed on and on and on. So it was recognized by a number of individuals that the reviews could be strengthened better, that the programs would be improved if the recommendations were seriously followed, and that things happened as a result of the reviews. So the process of strengthening the BSC process, making it a rigorous and influential part of our management of intramural research, has been an evolving thing. So,

over the years, several of the deputy directors have instituted studies of how the SDs did the BSC reviews. You know, we had surveys and we asked each scientific director to describe their process and what happened and so on. And so, I think each deputy director for science or for intramural research, has looked into the process, has made certain improvements, but the major change really occurred with the Marx-Cassell committee report and the implementation of that, you know, the red book.

Park: Uh-huh, in 1992.

Chen: Yeah. And... Well, I guess it's a little later than that, but _____ '94. It's been since Varmus and Gottesman [sp.]. It's really become quite a powerful set of actions.

And then, in addition to the BSC reviews of the scientists themselves, the independent investigators, tenure track and tenured, there are the periodic reviews of the scientific directors by another group that may contain some BSC members or chairs, but it's a committee that's appointed by the director of the institute. And then, there are also the periodic blue-ribbon committee reviews of the whole intramural program of an institute. So, these three different types of reviews have done quite a bit to improve the quality of the intramural program.

Park: Oh, I see. So, the BSC members are appointed by the institute director.

Chen: Yeah. They're approved by the deputy director for intramural research, but they're nominated by the... Well, they may be nominated by the scientific director.

Park: Yeah, nominated by the scientific director and approved by the institute director.

Chen: Yeah.

Park: And, still, the report like this in 1988 points out that while the outside review has been strengthened, but still there is some loophole that is, the BSC members are nominated and then appointed by the institute people and that there is some kind of problem of accountability. Beyond the BSC committee, there is no way to examine the intramural program, and so because the BSC member appointed by the institute director still can be seen as an inside affair. But, as you said, Marx-Cassell [sp.] committee changed that. I'm curious how that happened, I mean, how, besides that the nomination process or how... What was the major changes before?

Chen: The major changes with Marx-Cassell [sp.]?

Park: Mm-hmm.

Chen: Well, I think it's to get members of the BSC that were not so beholden to the institute so that there are more disinterested, more objective, and maybe somewhat higher quality types of individuals. So I think the nominations are less pro forma and they look at each one more carefully. So I think it's a more rigorous selection process for the members of the BSCs than the ad hoc members.

Park: How was the response from the intramural scientists?

Chen: I think most intramural scientists welcomed these changes, because I think a number of them had recognized the fact that things were not done in the

most rigorous fashion previously. I mean, I think some of the poorer scientists were probably disappointed at what happened because they got squeezed down or squeezed out, but the vast majority welcomed these changes.

Park: Was there any differences between the institutes, like, for example, NCI insists that their own system?

Chen: No, I don't think so. I think they all pretty much agreed to what came out of this.

Park: Was there any other major issues in the 1980s?

Chen: Well, of course, tech transfer came along towards the latter half of the '80s, you know, 1986 and on. That's what I spent a lot of my energies on back then.

For myself, I started getting more involved in Asian relationships more, since 1985 was the first time I'd ever been to Asia, and I was happily invited to visit China by the then-president of the Chinese Academy of Sciences, Lu Jao Chi [sp.], and he made a trip to this country. I met him here and he invited me to come. So my wife and I went, spent three weeks in China visiting many different research institutes and lectured at some of them. And this, to me, was a great eye-opener because I'd really never been to Asia before, even though my parents came from there.

And then, in 1986, the next year, I was invited to spend three weeks in Taiwan as an Eisenhower Fellows, Association of the Republic of China Fellow.

Park: _____ fellow.

Chen: The fellows of the Eisenhower Fellows Association, they raised money themselves to bring people from the United States to spend time to learn about Taiwan, so I learned a lot about the Taiwanese scientific situation the next year. And so, ever since then, I've been connected with China or Taiwan or Japan. I've been to Japan several times. So I've maintained kind of good working relationships. And one of the things that our office helped to do and that I helped to do is to increase the number of Chinese fellows.

Park: Postdoctoral fellows.

Chen: Postdoctoral fellows primarily, because, as you may know, prior to the opening of diplomatic relations by President Nixon, we had no Chinese, essentially no Peoples Republic of China fellows. Once that door opened, some of them started trickling in. But because of the cultural revolution, the ones that had become young scientists during that period did not have doctorate degrees, and our visiting fellowships required a doctoral degree. So what were we to do? Well, we developed a special China policy which said, if you came up during the cultural revolution, we would allow you to be a visiting fellow without a doctoral degree. For a period of time, we did that. So then we started getting many Chinese.

Pretty soon, the Chinese started giving doctoral degrees, so now, today, we require a doctoral degree. But there was a period of time where we said, okay, you don't have to have a doctoral degree, and then another

period of time where we said we'll allow you to come if the Chinese Academy of Sciences recommends you. So they would say, okay, this person is worthy of becoming a visiting fellow.

So now it turns out we have more people from China than from any other country. For many years, it was Japan was number one. Now it's China a little bit more than Japan. China, Japan, India, Italy, Korea. Some of these countries have quite a few visiting fellows.

Park: These days, there are a lot of foreign postdoctoral fellows in any building, especially, I videotaped Building 3 and I met a lot of Korean fellows and another Indian and Japanese.

Chen: Well, they're not evenly distributed, though. There are certain parts of the world where we don't get many fellows from, and the Fogarty International Center is trying now to take positive steps to get more from, let's say, the lower-income countries, South America, Central America, Africa, and certain of the Asian countries where not too many come from. So we're top-heavy from certain countries and we're low from other countries.

Park: How do you think about NIH's role in forging the leadership in the biomedical research by running that kind of fellowship program, you know, at a certain period of time, hiring many Chinese people and then Indian people or then African people? It's kind of the whole government policy reflects the direction or the NIH people themselves decided that at this point we'd better go this way or that way?

Chen: Well, biomedical research has always been international, and back in the

'20s and '30s, many Americans would travel to Germany. Stetten himself went to Germany to study because that's where--organic chemistry was really strong in Germany. People would go there to study. After the Second World War, many people started coming to the United States to study because we had an increasingly prestigious educational system. And, in fact, now we've come to depend on many foreign trainees because we can't--there aren't enough American postdocs going into biomedical research. So even if we completely limited it to American postdocs, we wouldn't have the numbers that we need to keep the system going. And we know that the H1B visa cap has been greatly increased because the computer industry says, you know, we can't survive without foreign workers in our computer industry, and many of the top computer programmers are trained in countries that you wouldn't expect, like Russia, India, and China. They apparently get very good computer software training, but there may not be the jobs there, and so the United States wants to attract these workers. I think we've become dependent on such foreign researchers and trainees.

Park: That's not _____ you're NIH trained.

Chen: No.

Park: I mean, it's just that...

Chen: It's in all different fields, many different fields, not all.

Park: Right. But academia and industry and NIH are sort of dependent upon the postdoctoral workforce from other countries. That's the general trend.

What I'm interested in is that, besides that general trend, whether there was some kind of NIH policy in sort of boosting the relationship with one particular country or the reason, just like boosting the minorities.

Chen: No, I don't think there's any specific policy. I think what happens is that, if certain postdocs come to study at the NIH and then go home again, they will then have this connection with their mentor and they will send their students over, so there develops this kind of street that runs between a lab in Europe or in Japan or China, and so there tends to be a flow among colleagues.

Now, we know that, for example, Finland had early trained a number of its people here, and I've been trying to locate this book. There's a book that describes the Finnish scientists that have gone back to become leaders in Finland, and they credit the NIH. They praise the NIH for sort of building up the biomedical research infrastructure in Finland. And I'd like to get a hold of that book because it's a wonderful testimony to what we did for a small country.

Park: Oh, yes. I'd like to see that.

Chen: I don't know where we can get it. It may be in the Stone House somewhere. That's where I saw it originally.

So that's an example of how we benefitted a country.

Park: So it's rather a kind of an individual contacts and informal communication rather than policy setting or...

Chen: Yeah. I don't think there's any policy to do something for this country or

for that country.

But the other thing that helped us for many years was the fact that we had the authority to bring foreign scientists to the NIH at a time when we could not bring U.S. postdoctorals in the same number. So we had visiting fellows, but we didn't have URDAs [sp.]. And once Congress gave us the authority to have URDAs [sp.], then we had an equivalent postdoctoral training program for U.S. and permanent residents and for foreigners. And Dr. Weingarten [sp.] was the director at the time and he said, okay, I'd like to see this large number of foreigners, few Americans, I'd like to see sort of a balance, maybe 50-50. And so we aspire to do this. Well, it worked for a while, but now it's gone like this again, so we still have more foreigners than U.S.

Park: What's Dr. Weingarten's [sp.] way of balancing it?

Chen: Well, to attract more, to appoint more URDAs [sp.] who are visiting fellows until they came into balance. His goal was kind of like a 50-50, 500 of each, you see. Of course, now we're a lot more than 1,000 total. But what's happened is the system was like this, and we were going to try to make it like this, but now it's just gone up like this. Those whole numbers have gone up, but the proportion is also still higher, and it's simply because the application pressure that comes from people who want to come here, and there's so many foreigners who want to come here and not so many U.S. And we would like to especially attract U.S. underrepresented minorities. Women is not quite so bad. We're getting more women now

than we used to, so they're coming into balance faster than the underrepresented minorities.

Park: So, Hispanic minorities or...

Chen: African American and Native American. The Asian Americans are pretty highly represented, so although they are considered a minority in this country, for biomedical research purposes, they're not considered an underrepresented minority.

Park: Do you have any culture that certain numbers should go there rather... What is your tactical strategy to attracting more minorities?

Chen: Well, we try to go out and make recruiting visits to schools, historically black colleges and universities and Hispanic-type institutions. They go to Puerto Rico, visit with the Association of American Indian Physicians. So there's efforts made to develop linkages, attract applications from these sectors, to advertise in journals that will go to these young people.

Park: What's the biggest hurdle to attract those kinds of people to the biomedical research and the profession like the doctors or physician?

Chen: Well, we also have some loan-repayment programs that help. You know, if someone finishes with a doctorate and doesn't earn enough to pay off student loans, they're not going to want to go into research. They're going to tend to go into a specialty where they make so much money that they can pay the loans off. So we have some loan-repayment programs that are making it quite attractive, so that's one of the major ways of trying to attract them.

The other is to support them well enough when they're in school that they don't need loans. If they can support themselves by or can be supported by us while they're going to graduate school, that will attract some people also. Of course, a major way is to get them excited about this kind of work, and so we have...

Park: Inviting them to internship or...

Chen: Yeah. We've started something called the NIH Academy to attract individuals interested in addressing health disparities, and many of these individuals are minorities themselves. So, by supporting them well for an intern year or two, they might be attracted then to go into this kind of a field.

Park: You say there's still a clinical associate program?

Chen: We don't call it that anymore. I think they call it medical staff fellows. We don't have the same ability to attract top candidates because there's lots of opportunities for these young people, the young physicians. They're not subject to the doctor draft anymore. At the time when there was the doctor draft, they could come as a commissioned officer in the Public Health Service for two years and they wouldn't have to go to Vietnam or somewhere. That's gone.

Park: So, when did the draft requirement was gone? Was that just right after the Vietnam War?

Chen: Well, I can't remember the year. You'd have to look this up. But the regular draft, which is the one that would have affected me, and that's the reason I came to NIH, that stopped before the doctor draft stopped, so the

regular draft stopped and then the doctor draft stopped a little bit later. During that period, we could attract what some people call the yellow berets. They came here. And, of course, people like Frederickson [sp.] and Weingarten [sp.], they came as commissioned officer clinical associates originally.

Park: I see.

Chen: Maybe Goldberger [sp.], too.

Park: So, definitely in the 1980s, the young doctors coming as clinical associates are not many, and that _____ in the '80s.

Chen: Yeah. As I say, I can't remember the year.

See, back when they had the doctor draft and we had lots and lots of applications, we had what we called the matching program. It was like the internship and residency matching, and so...

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Chen: ...it became tougher and tougher and then institutes would go out on their own and try to recruit without going through any match, and now I think everything is just free-floating. I think people just apply and they're accepted.

Park: NCI became the first bureau status among the NIH institutes, and after that, the Heart Institute got to bureau status, and Arthritis.

Chen: Well, we used to talk a lot about the differences between bureaus, and then they called them BIDs, bureaus, institutes, and divisions. I think that's sort of no longer a big talking point. They dropped the B's, so now they're all

just called institutes and centers, IC's. They used to call them ICDs, institutes, centers, and divisions. So bureaus, institutes, and divisions and then institutes, centers, and divisions, and now it's just institutes and centers. The terminology keeps changing, and I don't think there's really any...

Park: But certainly NCI...

Chen: When it was a bureau...

Park: ...think of themselves as more prestigious.

Chen: ...they thought of themselves as a little bit more equal than the others. And it's, I think, true that the director of a bureau had certain authorities that was higher than the director of an institute, because an institute--there's no such thing as an institute, really, in the government, so they were really divisions. So the director of a bureau had more clout than the director of a division.

Park: Was there any discussion about the role of the deputy director for science at NIH as a person who _____ intramural program or in dealing with outside pressure, or was there any discussion among the scientific directors of each institute in saying that, well, we need to strengthen the role or we need more autonomy?

Chen: Well, years ago, the deputy director for science was a more powerful figure than any other deputy director, so it was really the director of NIH and the deputy director for science that were the two most powerful people. And the scientific directors were fairly powerful within their institutes and maybe had as much clout as their institute director. But with time, that's

changed, and maybe it started changing with Weingarten [sp.], who started it, but then it's increased with every subsequent director. But the directors have said, okay, the guys in charge are the institute directors, so the scientific directors are subsidiary _____, and the deputy director for science and the deputy director for intramural research became one of several deputy directors, and maybe under a deputy director. So I think the power and the prestige has shifted so that the deputy director for intramural research is not as equal as he used to be. Scientific directors are not as equal as they used to be. So now the power flows more like director, institute directors, so that scientific directors have to come up through the institute directors.

Park: So kind of an assistant or helping the institute director rather than making their...

Chen: Yeah, rather than running their own show.

Park: Right.

Chen: So, it's a kind of an interesting trend, but it maybe was inevitable. Of course, hierarchically, it's correct; that is, the institute directors should be in charge of the scientific directors. But years ago, I think the scientific directors really called the shots quite a bit, and they were generally more prestigious people than the institute directors. Some of the early institute directors were not very...

Park: What's the relationship between the scientific directors and clinical directors?

Chen: Well, the clinical directors never had much clout. They were a subsidiary position responsible for, not so much for the quality of science as just for the clinical care aspects, so the clinical directors never were a very powerful entity.

Park: Clinical directors are usually in charge of the so-called branches.

Chen: No, not of the science in the branches. The scientific director really was in charge of allocating resources and governing the branches.

Park: Branches as well.

Chen: Yeah. The clinical director had some oversight over the quality of care...

Park: Patient care.

Chen: ...patient care put on by the branches, but they didn't really have a supervisory role.

Park: Oh, I see.

Chen: The clinical directors don't really control resources; they don't control money, space, positions.

Park: Still?

Chen: Still. And they've always felt that they've been second-class citizens, and they don't like it too well.

Park: That's interesting because the M.D.s here are the first-class citizens and the Ph.D.s are second-class citizens, but clinical director...

Chen: And they--as M.D.s, they might get paid well. Their salaries might be pretty good, but they don't have the same, they don't feel they have the same clout, you see, scientifically. And generally, the clinical directors are

not really top scientists themselves. They're not really honored researchers so much. They're not like a member of the National Academy or anything like that.

Park: Right, right.

Okay. Thank you very much for today.

Chen: Okay, good.

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