

This is a telephone interview with Dr. Harry R. Kimball M.D. of the American Board of Internal Medicine in Philadelphia, Pennsylvania, on July 16, 1997. Dr. Kimball was a participant in the Clinical Associates Program at the National Institutes of Health [NIH]. The subject of this interview is Dr. Kimball's reflections on the NIH Clinical Associates Program. The interviewer is Melissa K. Klein.

Klein: First of all I would like to thank you for speaking with me today. And secondly I'd like to let you know that I will be recording this interview. Is that all right with you?

Kimball: Sure.

Klein: I thought we would start with maybe a brief background of your childhood, where you attended college and what made you decide to pursue a career in medicine.

Kimball: I was born in Los Angeles, grew up in Hollywood, attended public schools, undergraduate education at Stanford University, medical school Washington University in St. Louis, training, post graduate training in Internal Medicine at the University of Washington in Seattle and I think that's it, that's correct, that's it.

Klein: When did you apply to be a Clinical Associate [CA] at the NIH?

Kimball: I think I must have applied in 1963 because I went there in 1964.

Klein: How did you learn about the program?

Kimball: I learned about that through my chief of medicine who was Dr. Robert G. Petersdorf.

Klein: What attracted you to the program? Why did you choose to the NIH as opposed to somewhere else?

Kimball: At the time physicians were subject to military service under the Berry plan or the draft. I had an interest in biomedical research, and my chief of medicine Bob Petersdorf who was from Hopkins but had moved to Seattle, Washington, thought that I should either go to the CDC [Centers for Disease Control] as an EIS [Epidemiological Intelligence Service] fellow or possibly to the NIH. He knew Vernon Knight who was the chief of the NIAID [National Institute of Allergy and Infectious Diseases] Laboratory of Clinical Investigations [LCI], so he called him and talked to him and thought I should apply there. There were six Clinical Associates accepted from various places around the country with a predominance towards Boston. I think there must of been hundreds of applications. I know there were because subsequently, I was deputy director of LCI and I used to interview almost all those people through the sixties. There were literally hundreds of applications. It was quite competitive.

Klein: I found an article in the May/June 1964 edition of the *House Physician Reporter* that said that these positions were highly prized because you got out of the military service obligation. Did this in any way influence your decision to apply?

Kimball: Oh certainly. Sure, we all knew that we were going to serve in the military one way or the other unless you were 4F. 4F deferments for doctors, were really difficult to obtain. You had to be really disabled to receive a 4F. So it

was just a matter of trying to arrange the best possible experience during your military time. The choices were one of the standard services, the Medical Corps, or the Public Health Service. And within the Public Health Service the two most prized I believe, were, first, the NIH and second, the CDC. If you had an interest in infectious disease, the CDC made sense because of its focus. Yes indeed, the fact that there was a doctors draft made the NIH the premiere place that trainees were anxious to catch on to.

Klein: Now why exactly did you want to fulfill your military service obligation as CA rather than in Vietnam?

Kimball: This is the question! I had no interest in going to Vietnam. I was interested in research and I was interested in furthering my career. I could certainly do that better at the NIH than I could as a general medical officer in the service.

Klein: And do you think the CA program would have been as popular if it did not satisfy the trainee's military service obligation.

Kimball: No, I'm sure the CA program wouldn't have been as popular had it not been for the draft. I should say though that because there was a draft and because the NIH offered this opportunity to do first class and world class research, that tended to feed on itself. Therefore, the very best people and trainees in the country came to the NIH and that of course led to an atmosphere and an environment which was truly remarkable. It was filled with the most highly qualified people in the whole of training and people who were of course, interested in biomedical research. The arrival of eager and talented researchers made the NIH's research environment even better. I mean they

already had very good full time research people at the NIH, just as they do now. But CA program brought into that environment all these young, eager, and enthusiastic trainees who were going to be there for various periods of time, a minimum of two years. In our institute people stayed for three years.

Klein: I've done some research into how the environment changed at NIH during the Vietnam War. And I found an article in *Science* magazine in 1967 which I got a quote from which said, "the NIH is different, ... it really isn't like a government research establishment." However, I found another article only two years later in *Science* that said "For better or worse, federal policy making on health matters and therefore on biomedical research is being politicized. And this, as well as the Vietnam War budget squeeze, has abruptly brought to an end the decade of remarkable growth in biomedical research which is already being remembered with nostalgia as the good old days at NIH." What do you think caused this shift in opinion?

Kimball: Well I'm not sure I would entirely agree with the characterization. Quite frankly, the NIH was not a very political place. At least it certainly wasn't at the level of Clinical Associates. I was there from 1964 to 1972, so I stayed on past my term as a CA. It was not a political place. It is true that during the Johnson Administration some of the character, or the focus of research, shifted to so called mission oriented research. Let me elaborate, say you have a war on cancer, researchers would focus on certain diseases and they would direct research at that subject. Mission oriented research is somewhat different than the sort of 'whatever your interested in' basic research that had

been done in years past. Basic research would focus on the interest of the investigator and not necessarily on a disease, or a mission or maybe something that Congress thought was important. Maybe that's what *Science* is referring to, the shift from basic to directed research.

Klein: Do you think that government interference or the Vietnam budget squeeze, in any way hindered your ability to conduct research?

Kimball: No, if there was any budget squeeze I didn't know anything about it. And I think I would have. While I was the lab chief, funds were pretty easily available.

Klein: What was the feeling on the NIH campus in regards to Johnson's Vietnam policies and his domestic policies?

Kimball: That's kind of hard to know. I did participate in a protest outside of Building 1. I think in the early sixties, most of the people who came to the NIH, to the extent that they had views about the war, tended to support early involvement. But that changed over time. Looking back on it, I know my views certainly changed about it. By 1967 and '68, it was pretty clear that Vietnam was not something we should be involved with. So I suspect if you look at it in that time, 67 and 68, the bulk of investigators at the NIH would not have favored Johnson's Vietnam policies.

Klein: Do you think that because in 1966, the political problems that were going on caused a shift in Congress and you had less Democrats and more hawkish Republicans who wanted things to get done, do you think that applied to the

NIH in terms of the war on Cancer? Did the war on Cancer have anything to do with the war in Vietnam?

Kimball: I don't know. Everybody wanted quick results on major diseases. I do believe that biomedical research became more, how do I want to say this, not necessarily more political, it may have been, but it certainly was more recognized by Congress as something important that they ought to be concerned about. I think medicine in general, the importance of it, and the missions of it, became more in the public's conscience than before that time.

Klein: After you finished your training as a CA, what types of activities did you participate in at the NIH?

Kimball: After I left the NIH?

Klein: No, after you finished your three years of training as a CA?

Kimball: I finished my three years of training and I was chief Clinical Associate. Then in '67 and '68, I left the NIH and was the chief resident at the University of Washington. After I completed my residency, I returned full time to the NIH staff, where I stayed for the next four years.

Klein: What was your position?

Kimball: I was deputy director of LCI, and I was head of the Inflammatory Disease Section.

Klein: When did you leave NIH?

Kimball: 1972.

Klein: Why did you decide to leave?

Kimball: I wanted to follow my clinical pursuits and so I left and was in practice.

Klein: What is your current position right now?

Kimball: I'm the president of the American Board of Internal Medicine.

Klein: How did participating in the Clinical Associates Program help your career?

Kimball: I would think that there are many critical steps along the way leading to where I am now. Subsequently after being in practice for 14 years I left and went to Boston to head a division of general medicine and then from there came to the Board in Philadelphia. I was in academia, I left, and came back to academia. The steps in that are the people who you work with through those years. While at the NIH, I was deeply influenced by Dr. Sheldon Wolfe who was the lab chief from '65-'75. He became a very close personal friend and mentor for me and influenced my career in a number of ways. I actually came back from practice to go to work for him at Tufts in Boston. So certainly that person had a great impact on my career. Also, my fellow Clinical Associates influenced me tremendously. I became very close with the people who worked in my lab and who worked across the hall and so on. Tony Fauci is a good friend who was a Clinical Associate at the NIH a couple of years after I participated in the program. We interacted all the time. A number of wonderful people who are now quite important figures in academic medicine were Clinical Associates and helped me get to where I am.

Klein: That actually leads up to my final question. Could you briefly evaluate the Clinical Associates program. What do you think the program has to offer to its participants, the NIH and the medical community?

Kimball: The greatest contribution of the CA program is to teach young physicians the scientific method. I learned everything I know about research methodology from that experience. It was a wonderful experience which allowed you to work with wonderful teachers. The program itself was totally devoted to one subject so you really could learn almost everything there was to know about a certain area of medicine. The spirit of inquiry, learning the scientific method and discovering what biomedical research is all about, is what the NIH CA Program does best.

Klein: Do you feel that you were forced because of the war in Vietnam to go this route?

Kimball: No.

Klein: Do you feel it was more your choice?

Kimball: I mean as much as you were in control of anything, you were in control of where you decided to work. I don't know if I would have gone to the NIH had there not been the draft. That's a complicated question. I would have gone wherever my mentors told me to go. I have had two mentors and one was my NIH chief and the other was my chief at the University of Washington. So if they told me that the NIH was the best path for me, in those days, people actually did what their mentors told them. There were fewer options in those days than exist today for folks. It's much harder now for medical students to figure it all out.

Klein: It seems today that the number of applications has dropped dramatically, and I wondered why that is the case being that the types of people who have come

out of this program, like you said Dr. Fauci, are holding great positions at the NIH.

Kimball: Well, make no mistake the draft concentrated a number of brilliant minds at one institution. That's what it did. Otherwise people may not have been so happy to leave the Brigham; they would have done their research there. I may have stayed in Seattle, who knows. But the draft forced everybody into one place at a world class research institution which only became better, in a time in which grant moneys and research was easy, much easier than it is now. So it was a truly unique time in history. Ironically, CAs had almost no contact with the military despite the fact that we were Commissioned Officers. I ran a chest clinic in the Bethesda Naval Medical Center. Once a week, I would go across the street and do rounds because the Naval Medical Center didn't have an infectious disease service. Doing rounds at the Naval Hospital was basically our only contact with the military. Most of the clinical associates never had uniforms. I never had a uniform. However, we did have a rank. It was a navy rank-Lieutenant Commanders, LCDRs. We also had these identification cards which identified us as having that rank. So to the degree that we had a rank, that was it. We were attached to the navy. The only time that I can recall that we ever had any real contact through channels for military reasons was during the Cuban Missile Crisis. We were told to stay close to a phone for 48 hours. We knew something important was happening but that's all we knew. Other than during the Cuban Missile Crisis, our rank in the military was never in our consciousness. We had all the rights and

privileges of regular service people. We'd go to commissaries, but we didn't salute or anything.

Klein: Do you think that other military personnel were resentful?

Kimball: Yes.

Klein: How so?

Kimball: I think we were doing our service obligation in way which also was maximally enhancing our own careers. Why wouldn't they resent us? We were treated differently, we were treated very well.

Klein: I mentioned earlier the "yellow berets", were you familiar with that term?

Kimball: Oh sure.

Klein: Do you by any chance know how it originated?

Kimball: No.

Klein: Was it a joke among the associates?

Kimball: Yes, sort of. I mean I think that's what we called ourselves because we realized we weren't in Vietnam. We were doing something that actually enhanced our careers with our military service. It wasn't that we just maintained our current job or that we had to take, like most people, time out and stop our careers while we served our country. We didn't just proceed along the track, we actually enhanced our careers and that is really quite remarkable.

Klein: I also think you made an excellent point about how everyone was located in one place at the NIH. I think it also enhanced biomedical research in general just to have all these great minds at one place conducting research.

Kimball: We were all very interested in conducting biomedical research and it was a wonderful environment to do so. I feel so fortunate to have been able to be part of it. It was great, but I don't think that will repeat. The standing among Clinical Associates was quite high. First of all we were getting paid. In fact, most of us were getting paid for the first time. Secondly, the wage was not bad for those days. I think we made 8000 dollars a year, maybe it was only 7000, but it was a lot more than what we had been making. It's a lot more than a hundred dollars a month.

Klein: Thank you very much for speaking with me.

Kimball: Well let me give you some names of people who were CAs: Tony Fauci is one; Richard Root, the Chairman of Medicine at the University of Washington; Robert Clark the Chairman of Medicine at San Antonio; John Sheagren the Chairman of Medicine at Illinois Masonic Hospital in Chicago. You know the people in your own institute. I'm glad that you are doing this. Everybody who you will run in contact with will tell you the same thing; it was a remarkable time and a remarkable experience. Bob Gallo was a CA. Bill Kelley the CEO at Penn was one as well.

Klein: When you hear where they've gone...

Kimball: Former Clinical Associates are all over the place. Many of the people who are running things now had the CA program in their history. If you wanted to really get ahead in academic medicine, being a participant in the CA program was a very good thing to have on your CP.

Klein: Well when I was going through the application cards it tells you where they received their undergraduate and graduate degrees. I can tell just by looking at the applications that this was a highly competitive program.

Kimball: I used to be involved with Shelly in picking the new Clinical Associates and it was up to the two of us. It was truly astonishing how qualified these people were and the kind of close decisions you had to make as to who to offer a spot in the program. In those days, everybody wanted to come to the NIH. You literally had your pick and the quality of the applicant pool was just astonishing. It's breathtaking how good these people were.

Klein: I was actually surprised that there wasn't more published about the program. It was not highly advertised and that was the other amazing thing.

Kimball: It was all by word of mouth. The academic centers would send their best people to the NIH, people who they thought would be competitive in that research environment. I think it was quite institute specific. It involved a few places in Boston, and Hopkins. It was a small club. If you were from New Mexico you might have a hard time finding your way into the program. Academia was a much smaller place in those days. People knew each other, that is the way it worked.

Klein: Thank you for speaking with me.

Kimball: It was nice speaking with you.

*End of Interview*