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CONFIDENTIAL to E. Hyde from C. Tobias, 3/5/75

SHOULD THE LABORATORY DIRECTOR BE A PHYSICIAN?

First preference should be an M.D./Ph.D. or an M.D. for the following reasons:

1. The Laboratory program at present has a strong orientation toward medical science applications, and the majority of the staff wishes to continue this trend. This orientation is best expressed by a director who has an M.D. degree himself.
2. Not all ERDA laboratories have the capability of performing and evaluating with authority research on human beings. An important ERDA mission is the evaluation of the effects of the energy environment on man. Physicians rather than nonphysicians by training generally are in a more competent position to perform this evaluation and to represent it to funding agencies, Congress and the public.
3. Independent of energy considerations, there has been national emphasis on health and disease problems. These will remain high-priority national problems for a long time, particularly with the rise of medical care for the aged and some form of socialized medicine. The Laboratory already has significant support from NIH. Progress of heavy-ion research applications will depend heavily on NIH funding, but so will other new Donner programs, including those forwarded by Nichols (heart disease), Gaffey (brain disease), Kelly (leukemia), Schooley (hemopoiesis), etc. Disease-oriented research at the level of Donner Laboratory is best represented to NIH by a medical leader.
4. Research physicians usually have greater financial independence and mobility than other scientists. We have already lost some of our best medical researchers, and there is danger of losing our entire medical staff. Our mandate to work on human disease problems will be further limited if

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the new director is uninterested, or perhaps inexperienced, in dealing with such problems. Again, those who have training as physicians will best relate to medical research groups.

Conversely, some of our staff have already established themselves as professors in Biophysics with tenure on campus. Their existence is not threatened by the presence of a physician-director.

5. Medical science research flourishes best in a milieu where good support is given to and emphasis is placed on the contributions of basic and applied science. In our milieu this is molecular and cellular biophysics, instrumentation, and quantitation. Thus a physician-director must have some knowledge and appreciation of these fields and be willing to give financial support to these. Usually physicians who also have a Ph.D. are best suited to lead such a laboratory. Intensive clinical orientation and background are not required.

CAN A PHD BE A GOOD DIRECTOR?-

None of the above points are exclusive. Therefore, a medical scientist who is not a physician cannot be ruled out. The following criteria may be helpful:

1. The director should have personal interest in disease problems, enough to commit a major part of laboratory support to medically-oriented research. Evidence of such interest is the naming of an Associate Director for the Laboratory who is a qualified research physician.
2. He should be prepared to spend a considerable portion of his own time on medically-oriented, high-level administrative problems: relationship to physician groups and hospitals; training, salaries and affiliation of medically-qualified staff; responsibilities related to "human use"; relationships with agencies (ERDA, NIH, NCI), etc.
3. A nonmedical director can be effective in dealing with medical agencies if he has an outstanding name and scientific reputation.

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