

NIHAA Update

Lively Debate Warms ACD Meeting

By Rich McManus

Last December's meeting of the advisory committee to the NIH director was a lot like the unusual weather the week it was conducted—a tad hotter than anyone expected. While it included, early in the agenda, a winning synopsis of progress in the Human Genome Project delivered by NHGRI director Dr. Francis Collins, who reviewed the ambitious scope of the institute's new 5-year plan, the next two topics—plans for an "NIH Academy," including a degree-granting graduate school, and a revisiting of last summer's Institute of Medicine report on priority-setting at NIH—provoked passions around the table. Deliberations were further enlivened Dec. 3 by the presence of special invitees including Katherine Graham, chair of the *Washington Post* executive committee.

The meeting always starts with a State of the NIH overview by the director, which ranges from personnel announcements to front-burner policy issues; Dr. Harold Varmus cautioned at the outset that there were "quite a few diverse and controversial topics" on the agenda. Having testified the day before at a Senate hearing on research involving embryonic stem cells, Varmus first had to endure some good-natured ribbing from colleagues who had seen news coverage describing the "eloquence" of the testimony at the hearing.

Among highlights from the year-in-review was news that Varmus is "negotiating with what I hope will be the final candidate" to head the new Vaccine Research Center at NIH.

(See *Meeting* p. 12)

Award, Meeting, Lecture

Morella, Henney, Choppin Slated for NIHAA Events

In 1999, the NIH Alumni Association will host two important events. First, Rep. Constance A. Morella (R-Md.) will be honored with the 1999 NIHAA Public Service Award at the NIHAA annual meeting that will be held on June 12. In addition, Dr. Jane E. Henney, the new FDA



Rep. Constance A. Morella (R-Md.)

commissioner, will be the featured speaker. Then in the fall, Dr. Purnell W. Choppin, president of the Howard Hughes Medical Institute, will deliver the third James A. Shannon Lecture on Wednesday, Nov. 17, at 3 p.m. in Masur Auditorium. Rep. Morella was reelected in 1998 to

(see *Events*, p. 2)

Generous '99 Budget; Small 2000 Projection

By Rich McManus

While there have been larger percentage increases in NIH's budget in decades past—mostly during the Shannon era in the early sixties, when new institutes began proliferating—the \$2.03 billion addition to the FY 1998 level signed by President Clinton on Oct. 21 is by far the largest dollar increase in agency history. The 14.9 percent bump-up brings the FY 1999 appropriation to \$15.652 billion, a figure hailed jubilantly in all corners of the agency.

"This degree of confidence in NIH by the Congress, the administration and the American people brings with it a special responsibility to continue the high quality research traditions at NIH laboratories and among our grantees, and to ensure the highest quality of administration of these funds," said Tony Itteilg, NIH deputy director for management.

Enacted in Public Law 105-277, the budget also brings new entities and names to the campus, including new

(See *Budgets*, p. 14)

In This Issue	Page
<i>Research Festival '98</i>	3
<i>Calendar</i>	4
<i>News from and about NIHAA members</i>	5
<i>Rosenberg delivers Shannon Lecture</i>	10
<i>Science Research Updates</i>	16
<i>R&W timeline</i>	18
<i>Framingham study anniversary</i>	19
<i>FYI</i>	20
<i>NIH Notes</i>	22
Mail-in ballot for board	29
<i>NIH Retrospectives</i>	31

Events (continued from p. 1)

a seventh term for the 8th Congressional district, an area that includes the NIH campus.

Her selection as this year's awardee was based on her continuing, comprehensive and strong support for NIH and her prompt and unfailing responsiveness to contacts on behalf of the institution. Maintaining her well-established reputation for independent thought and action as a member of Congress, her support for NIH is tempered by her sense of public responsibility in probing for the justification and authenticity of any request for assistance.

Further, her committee assignments on Government Reform and Oversight and on Science have provided a basis for deep understanding of the role of a federal agency in the nation's scientific aspirations and policies.

As part of the annual meeting program, NIHAA members will meet and hear from Dr. Jane Henney, the

first woman to be appointed as FDA commissioner. Henney was deputy director of NCI (1980-1985) and also a medical oncologist at the institute (1975-1985). She was the deputy commissioner for operations (1992-1994) under former FDA commissioner, Dr. David Kessler.

Henney left that position to become vice president of the University of New Mexico Health Sciences Center, where she supervised the medical school, the college of pharmacy and several teaching hospitals.

The NIHAA annual meeting will also include a short business meeting and an announcement of new officers and newly elected members of the board.

Details about the Shannon lecture will be in the summer issue of the *NIHAA Update*.

Invitations to both events will be mailed to members in the spring and fall.

Two Upcoming NIHAA Events

<p><i>Annual Meeting and Public Service Award Saturday, June 12 10 a.m. - noon The Mary Woodard Lasker Center (Bldg. 60) on the NIH Campus</i></p> <p><i>Light Refreshments</i></p>	<p><i>James A. Shannon Lecture Wednesday, Nov. 17, 1999 3 p.m. Masur Auditorium Bldg. 10</i></p> <p><i>Reception Following</i></p>
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NIHAA Update

The NIHAA Update is the newsletter of the NIH Alumni Association. The NIHAA office is at 9101 Old Georgetown Rd., Bethesda, MD 20814-1616, 301-530-0567.

Editor's Note

The NIHAA Update welcomes letters and news from its readers. We wish to provide news about NIH to its alumni and to report alumni concerns and information—appointments, honors, publications and other interesting developments—to their colleagues. If you have news about yourself or other alumni or comments/suggestions for the NIHAA Update, please drop a note to the editor. We reserve the right to edit materials.

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Research Festival '98 a Big Draw

It was as if some giant had grabbed the NIH campus by the corner up near the firehouse on Old Georgetown Rd. and tilted it so that everything slid helplessly toward the Natcher Bldg. Oct. 6-9 as the 12th Research Festival drew many hundreds of NIH'ers to a ravishing feast of intramural science.

For 3 days, Natcher and its environs were to science what Bethesda is to restaurants—a teeming smorgasbord of tasty possibilities.

It became almost comical, after a day or two, to see hundreds of pre-, post- and postpostdocs fleeing the crowded morning plenary sessions for one of dozens of workshops held in various nooks and warrens within the sprawling Natcher complex.

All adopted postures of predicament as they scanned the glossy 83-page menu of choices, brows knit in concentration. What if, by chance, you were interested in both "Characterization of Biologic Mediators by Spectroscopic Methods" and "Gene Regulatory Proteins," both fighting for your attention from 10:30 a.m. to half past noon on the festival's last day?

The lead topics themselves could produce anxiety. The plenary sessions kicked off Wednesday, Oct. 6 with speculations on cosmology and the origins of life, introduced by NASA Administrator Daniel Goldin.

The final plenary session Friday was on apoptosis—programmed cell death—and included detailed description of molecular "death domains." Concluding a discussion of ALPS—autoimmune lymphoproliferative syndrome—NIAID's Dr. Stephen Straus quoted Ecclesiastes: "For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die."

But that sentiment, combined with leaden skies for two of the festival's three days, did nothing to dampen the enthusiasm of attendees, one of whom, NIH director Dr. Harold Varmus, exited the apoptosis session beaming and waving, invigorated, not bedimmed, by his encounter with the biological enforcers of cells' demise.

Teetering, perhaps unironically, between the opening session on life's cosmic origins and the final, apoptotic (if not apocalyptic) session, was "Insight from the Bedside," which offered hope for the still-living, including insights into AIDS pathogenesis and description of a new vaccine to prevent severe diarrhea in infants and youngsters.

For those addled by the possibilities, there were massive tents outside the Natcher center offering diversions of a sort: on the southeast side were two tents housing the Technical Sales Association's annual exhibit of scientific equipment, and to the northwest sat a picnic tent, including a stage where some intramural performers entertained.

The TSA tents were a swarming bazaar of scientific supplies presented by a slew of manufacturers, each offering such freebies as dishes full of hard candy, pens, coffee, mousepads, drink cups, and raffle chances on items ranging from cell phones to Polartec fleece outerwear. Almost everyone trekking back to their labs on campus after a trip to Research Festival bore a plastic shopping bag stuffed with giveaways.

Organizers called the 12th festival a success and are already critiquing their efforts in preparation for lucky 13, a 3-day swath in October 1999.

— Rich McManus

Calendar of Upcoming Exhibits and Events

Exhibits

National Library of Medicine

A National Library of Medicine exhibit entitled, "'That Girl There is Doctor in Medicine': Elizabeth Blackwell, America's First Woman M.D.," is on view until **June 30, 1999** at the entrance just off the NLM lobby (Bldg. 38, 8600 Rockville Pike).

The exhibit, curated by Carol Clausen of NLM's History of Medicine Division, contains items illustrating Blackwell's admission to medical school, her experiences as a medical student, her graduation and her subsequent medical career. For more information call 301-435-4993.

Another exhibit, "Breath of Life" that examines the history of asthma, the experiences of people with asthma and contemporary efforts to understand the disease is on view in the NLM Rotunda until **June 30, 2000**. This show celebrates the tenth anniversary of the National Asthma Education and Prevention Program. For more information, call 301-594-7170.

DeWitt Stetten, Jr., Museum

For up-to-date information about exhibits around the campus mounted by the DeWitt Stetten, Jr., Museum of Medical Research, contact the NIH Historical Office at 301-496-6610.

NIH Events

The NIH Director's Wednesday Afternoon Lectures are held at 3 p.m. in Masur Auditorium, Bldg. 10. For more information about the spring schedule call Hilda Madine at



Dr. Elizabeth Blackwell at age 38 in a drawing by Comtesse de Charnacee.

301-594-5595. Following is a sample of events in the series:

April 28—Rollo E. Dyer Lecture - Dr. Charles Dinarello - "Anti-Cytokine Therapies for Inflammatory Diseases."

May 5—Robert S. Gordon, Jr. Lecture—Dr. Walter Willett - "Diet and Coronary Heart Disease: Have we misled the Nation?"

June 9, 2-4 p.m.—General Motors Cancer Research Foundation Annual Scientific Conference - Introduction by Dr. Samuel A. Wells, Jr. Laureates lectures by winners of General Motors Prizes for Cancer Research.

Frederick Event

On Thursday, **May 13** and Friday, **May 14**, the third annual Fort Detrick-FCRDC Spring Research Festival will

be held in Frederick, Md. Events of interest to both scientists and the general public are planned from 11 a.m. to 5 p.m. each day. For information contact Dr. Howard Young at youngh@nciferf.gov.

USPHS Luncheon

On Thursday, **May 6**, the annual reception/luncheon for the U.S. Public Health Service retirees will be held at the Officer's Club of the Naval Medical Hospital in Bethesda. The reception, with an open bar, will begin at 11 a.m. Lunch will be served at 12:30 p.m. Cost of the luncheon is \$15. Reservation with check should be sent Peter J. Bersano, 6043 No. 5th Rd., Arlington, VA 22203-1054. Deadline is **Apr. 25**.

NIHAA Events

The **Annual Meeting and Public Service Award** will be held on Saturday, **June 12** at the Mary Woodard Lasker Center (the Cloister), Bldg. 60, 10 a.m.-noon, on the grounds of the NIH campus. Invitations with details will be mailed to NIHAA members in May.

Coming Up in the Fall

Research Festival '99

Oct. 5-8 - Job Fair, Symposia, Posters, Workshops, Technical Sales Association Scientific Equipment Show—All in or about the William H. Natcher Conference Center.

The third **James A. Shannon Lecture** will be delivered by Dr. Purnell W. Choppin on Wednesday, **Nov. 17**, at 3 p.m. in Masur Auditorium, Bldg. 10.

For more information about NIH events call 301-496-1767. For more information about NIHAA events call 301-530-0567.

News From and About NIHAA Members

Dr. John J. Bartko, statistician, who served NIMH (1962–1995) as a commissioned officer in the PHS, has been a professor of statistics at the Maryland Psychiatric Research Center, School of Medicine, University of Maryland since his retirement in 1995. He writes that he “continues his research in statistical methods, reliability and multivariate analysis with data from patients suffering from schizophrenia.” He also serves as a private consultant.

Dr. Robert L. Berger, who retired from NHLBI after 34 years of service, was the recent recipient of the 1998 Eberly College of Science Alumni Society Distinguished Service Award, the society’s highest honor. It recognizes individuals who have made exceptional service and leadership contributions to Penn State University or its alumni society. He has worked to increase the visibility of the university and Eberly College by helping students from the college acquire cooperative education positions at NHLBI and the Walter Reed Army Institute of Research. Berger volunteers at Walter Reed, where he continues his instrument development and hemoglobin research.

Dr. Baruch S. Blumberg, a 1976 Nobel laureate who was in the geographic medicine and genetics sections of NIAID (1957–1974), is now a Distinguished Scientist at Fox Chase Cancer Center. He recently received the John Scott Award for outstanding contributions to the advancement of science and medicine. The award includes a medal, and a \$10,000 prize is given by the Philadelphia Board of Directors of City Trusts.

Dr. Edward N. Brandt, Jr., who was assistant secretary of health (1981–1984), is now Regents professor and director of the Center for Health Policy Research and Development at the University of Oklahoma. He writes, “I have been awarded the honor of being named the National Scholar of the triennium 1998–2001 by the Phi Kappa Phi National Academic Honor Society. I have also served on the advisory committee of the Office of Research on Women’s Health.”

Vincent Cairoli, who, after 22 years of federal service, retired as chief of the Cancer Training Branch at NCI, was honored by the American Association for Cancer Education at its annual meeting last November in Portland, Ore. He received recognition for “many years of dedicated service on behalf of cancer education activities in the U.S.” He is now living in Ft. Lauderdale.



At a well-attended meeting on Friday, Nov. 13, 1998, Dr. Ruth L. Kirschstein, NIH deputy director, presents to Dr. Robert N. Butler, first director of the National Institute on Aging, the 1998 NIHAA Public Service Award, an etched desk plaque depicting the Shannon building. The accompanying citation states in part, “In recognition of: his leadership in the establishment of geriatrics as a recognized academic discipline, his ability to educate the public and their political representatives about the nature of the aging process and the opportunities for prolonging independent living in later years, and his broadening of the array of disciplines contributing to advances in the field of gerontology.” In accepting the award, Butler told of his continuing activities related to the significance of aging in the realms of medicine and society. He spoke with warmth of his affection and respect for NIH and of his optimism for its future.

Dr. Deborah J. Cotton, who was at NIH (1978–1984), is now assistant provost and director of Office of Clinical Research, Boston University, Medical Campus; professor of medicine, Boston University School of Medicine; and professor of epidemiology and biological statistics, Boston University School of Public Health. She is also the editor of *AIDS Clinical Care*, a monthly newsletter on the latest developments in the diagnosis and treatment of HIV-related diseases.

Dr. Raphael "Ray" Dolin, who was at NIAID (1974–1978) in various positions, was appointed faculty dean for clinical programs by Harvard Medical School in September. He was the chair of medicine at the University of Rochester and physician-in-chief at Strong Memorial Hospital. He has had extensive research and clinical experience working with gastrointestinal, influenza and herpes viruses.

Dr. R. Gordon Douglas, Jr., who was a clinical associate and clinical investigator at NIAID in the Laboratory of Clinical Investigation, (1963–1966), is now president of Merck Vaccines. He participated in NIAID's 50th anniversary celebration held last Nov. 19. The overall theme of the scientific symposium was "Advancing Knowledge and Improving Health." Douglas spoke on "The Future of Vaccines: Science, Public Health and Medicine."

Vernice Ferguson was chief of the nursing department at the CC (1973–1980) and then became director of nursing at the VA and assistant chief medical director in 1992. She then went to work at the School of Nursing, University of Pennsylvania. Recently she was one of three "Living Legends" and exemplary role models honored by the American Academy of Nursing at a

meeting in Acapulco, Mexico. She was recognized for her contributions to the profession and to society and the ongoing impact of these contributions to the provision of health care services in the U.S. and in all regions of the world.

Dr. Robert Gallo, who was at NCI for over 30 years, is now director of the University of Maryland's Institute of Human Virology in Baltimore. He presented a personal perspective on HIV/AIDS research at NIAID's 50th anniversary scientific symposium held last Nov. 19.

Dr. Vay Liang W. Go, who was with NIDDK as director of the Division of Digestive Diseases and Nutrition (1985–1988), is now at the Center for Human Nutrition, University of California, Los Angeles. He was one of three senior editors of the second edition of *Nutritional Oncology*.

Dr. Heskell M. Haddad, who was at NHLBI (1958–1960) as a clinical associate, writes that he "chaired a symposium on metabolic cataracts at the International Congress of Ophthalmology in Amsterdam, Holland, June 28, 1998, and presented 'Diet Management of Metabolic Cataracts.'"



Dr. Jane E. Henney (r) stands next to **Dr. Edward N. Brandt, Jr., (l)** at the reception following her being sworn in as FDA commissioner by Vice President Al Gore on Dec. 15. Henney said she was "committed to assuring that the FDA was a science-based public service organization." She is the first woman to serve as FDA commissioner and is an alumna of NIH (1975–1985), serving in the NCI as an oncologist and as deputy director. On June 12, she will be the speaker at NIHAA's annual meeting.

Dr. Arthur S. Levine recently left NIH (1967–1998) to become senior vice chancellor for the health sciences and dean of the School of Medicine at the University of Pittsburgh. He will have ultimate authority in every facet of health science-related education, research and patient care. Levine joined NIH as a clinical associate at NCI and later served as an NCI branch chief. From 1982–1998 he was scientific director of NICHHD.

Dr. Marc Lippman, who was at NCI (1970–1988), is now director of the Lombardi Comprehensive Cancer Center at Georgetown University. He

was recently named chairman of the Bentley Health Care oncology scientific advisory Board.

Dr. Michael T. Lotze, who was with NCI (1975–1990), is now at the University of Pittsburgh Cancer Institute where he is professor of surgery, molecular genetics and biochemistry. He is also chief of the division of surgical oncology and co-director of the program in biological therapeutics.

Dr. David Madden, who was in the Veterinary Resources Program, NCCR (1963–1997), is now teaching pathol-

ogy at Ross University School of Veterinary Medicine in Basseterre, St. Kitts, West Indies.

Dr. Doris Merritt was at NIH first as a study section executive secretary (1957–1961), and then 18 years later as a special assistant to the NIH director (1978–1986), and also as NIH research training and research resources officer (1980–1986). In 1986, she was named acting director of the Center for Nursing Research, leaving in 1987 to become acting vice chancellor, research and graduate education, at Indiana University/Purdue University at Indianapolis. She is now professor emerita.

Dr. Jesse Roth, who was at NIDDK for 27 years before retiring in 1991, has left his professorship at Johns Hopkins to become president and chief executive officer of the Picower Institute for Medical Research in Manhasset, N.Y. He is also professor at the Picower graduate school of molecular medicine.

Dr. William Sanslone, a resident of Rockville, Md., who served as a health scientist administrator with NIDR, DRG, NCI, NHLBI and NIAMS (1971–1996), reports that he “launched a writing career since leaving NIH. His most recent publications include a 20-page booklet chronicling the 75-year history of St. Mary’s Church in Malaga, N.J., the rural community in which he grew up, and a biographical article about Cornell biochemist Harold H. Williams (1907–1991), which appeared in the March issue of the *Journal of Nutrition*.”



Two NIHAA members: Fogarty International Center advisory board member Dr. Thomas Malone (l) presents Dr. Philip Schambra with a crystal globe in appreciation of Schambra’s 10-year tenure as FIC director. At the Sept. 28, 1998, advisory board meeting, Schambra’s last as director, members praised him for his vision and commitment and for his role in establishing FIC as a leader in the promotion of global health.

Dr. Paul J. Schmidt, who was chief of the CC Blood Bank (now the transfusion medicine department) from 1954 to 1974, reports that he "recently opened the First Gulf Cooperative Countries Blood Transfusion Conference in Abu Dhabi (the largest sheikdom) in the United Arab Emirates. This was a first conference intended for unifying transfusion medicine in the Gulf States: Saudi Arabia, Kuwait, Qatar, Oman, Bahrain and the Emirates." At the conference, he made a presentation on proposed international cooperative standards for blood collection and transfusion, based on the U.S. model. Schmidt is professor of pathology at the University of South Florida and a former president of the American Association of Blood Banks.

Dr. Sheldon L. Spector, who was research investigator in the Laboratory of Virology and Rickettsiology (1966–1968), DBS, writes from Los Angeles that he "recently assumed the position as president of the California Allergy Society." He is former chairman of the task force for practice parameters, and continues to hold an active position on the task force. He is also involved in writing guidelines for allergy and immunology. As director of the Allergy Research Foundation, he continues to do clinical research in the field of asthma, allergy and skin diseases. He can be contacted at 310-312-5050, fax: 310-828-9673.

Dr. James H. Steele, who with Dr. Charles Armstrong worked on brucellosis and infectious diseases (1945–1947) at NIH, is professor emeritus at the University of Texas School of Public Health. Recently he was honored by the Harvard School of Public Health (he received an M.P.H. '43) with the Alumni Award of Merit. He has been called "the founding father of public health veterinary science." His 60-year career has been marked by several firsts: He started the first U.S. veterinary public health program. He also initiated the first formal rabies control program in the US and a variety of other programs. He was active in international veterinary public health programs.



Two and a half years after his death, Dr. Robert L. Bowman, former chief of the NHLBI Laboratory of Technical Development and an NIHAA member, was honored for his influential invention, the Aminco-Bowman spectrophotofluorometer (SPF) that popularized UV visible fluorometry. A day-long symposium focused on how the SPF was invented and the instrument's modern research legacy that has led to innumerable contributions in protein and DNA research. Attending the ribbon-cutting ceremony on June 19, 1998, for the Aminco-Bowman Spectrophotofluorometer exhibit outside Lipsett Amphitheater in Bldg. 10 are (from l) Alice Bowman, widow of Dr. Robert L. Bowman; Dr. Robert Berliner, former NIH deputy director for science; Dr. Edward Korn, director of the NHLBI Division of Intramural Research; Dr. John Watson, NHLBI deputy director; Dr. Victoria Harden, NIH historian and director of the DeWitt Stetten, Jr. Museum of Medical Research, and Dr. Jay Knutson and Dr. Robert Berger (retired), NHLBI scientists and two of the event coordinators.

Dr. Craig L. Tendler, who was with the NCI Metabolism Branch (1988–1991) writes “I am currently the Director of Oncology Research at the Schering-Plough Research Institute, responsible for the worldwide development of novel agents for the treatment of breast cancer. We have just hired two NIH alumni to work in our group: **Sara Zaknoen** and **Scott Freeman**. Sara is a medical oncologist who completed her NCI fellowship in 1992, and Scott is a pathologist who played a key role in the first gene therapy program at NIH in the early 1990’s. Both Sara and Scott, with their expertise in clinical research trials and gene therapy protocols, respectively, are already making major contributions to our oncology research division.”

Dr. Bruce Waller, who was at NHLBI (1978–1982) is with Nasser, Smith and Pinkerton Cardiology Inc., in Indianapolis. They merged with Northside Cardiology and Storer Schmidt & Associates, effective Jan. 1, 1999. This merger forms The Care Group, LLC, to be one of the largest non-academic cardiology practices in the U.S., with a total of 32 cardiology and primary care offices throughout Indiana. The group will have 87 cardiologists and 52 primary care physicians.

Dr. Gary Williams, at NCI in the Etiology Division (1969–1971) and now director of the Naylor-Dana Institute, American Health Foundation, Valhalla, N.Y., has forwarded information about the 7th International Course on the Safety Assessment of Medicines. The course will be held May 16–21, 1999 in San Francisco. Please contact Ms. Nancy Rivera at the American Health Foundation, 1 Dana Road, Valhalla, N.Y. 10595-1599; telephone: 914-789-7144; fax: 914-592-6317; email: Nrivera2@ix.netcom.com.

Dr. Myron Winick, who was a visiting scientist at NCI (1987–1990), reports that he is now the medical director of Weight Watchers International and recently received an award from the Society of Nutrition Oncology Adjuvant Therapy for research on nutrition and cancer.

Dr. James B. Wyngaarden, former NIH director (1982–1989), has been named chairman of a scientific advisory council that will oversee a 12 million dollar program funded by the Doris Duke Charitable Foundation. The foundation has established a Distinguished Clinical Scientist Award Program to fund the research teams of four leading scientists studying cancer and other diseases. Senior clinical scientists at the 25 medical schools receiving the greatest amount of support from NIH may apply. The award recipients will be named in late 1999.

Dr. John L. Ziegler, formerly NCI branch chief (Pediatric Oncology) and associate director (Clinical Oncology) (1966–1981) and editor-in-chief of the *Journal of the National Cancer Institute*, writes: “I have been at UCSF since leaving NCI, although I spent 6 years abroad (3 in Uganda and 3 in the U.K.) in the 1990’s. Now back at UCSF at the Cancer Center’s Cancer Risk Program, putting my new M.Sc. in epidemiology (Univ. of London) to good use. I can be reached at email: Ziegler@itsa.ucsf.edu.”

Continuing Education, Inc., University at Sea is sponsoring, in conjunction with Holland America, a series of medical meetings. Interested NIHAA members, please call 800-926-3775 or email: contactus@continuingeducation.net

What’s Your News?

The NIHAA wants to hear from its members. Please type or print your note (include photographs, if you have them) and mail it to Update at 9101 Old Georgetown Rd., Bethesda, Md. 20814-1616.

Name:

Home Phone:

News: (Include NIH affiliation)

Rosenberg Decries Decline of Physician/Scientist

By Rich McManus

When Dr. Leon Rosenberg came to NIH in 1959 to begin a 6-year stint at the National Cancer Institute's metabolism service, he was a newly minted M.D. who was arriving at the Mecca of his profession: a burgeoning pinnacle of biomedical research crafted largely by the influence of then NIH director Dr. James A. Shannon, a physician/scientist whose "intelligence, vision...and political acumen...produced a powerful magnetism" that attracted Rosenberg, and many others among the best and brightest in medicine in that era, to NIH. "We were all eager to prove we had the right stuff," he recalls.

Clinical research at NIH was the thing to do for an ambitious young physician in those days, reflected Rosenberg, who delivered the second Shannon Lecture, sponsored by the NIH Alumni Association and NIH's Office of the Director, on Oct. 26 in Masur Auditorium. He went on to lament, "Why is it so clearly *not* the thing to do today?"

Rosenberg, now a professor of molecular biology at Princeton, lecturer in the university's Woodrow Wilson School of Public and International Affairs, and president and chief executive officer of Funding First, built a carefully documented analysis of the demise of the M.D. who also does research; whereas this creature once predominated, he now finds himself extinguished by a variety of factors including powerful messages from the public about the M.D.'s social (versus intellectual) responsibilities, economic disincentives, inadequate postdoctoral training, unstable NIH funding, and the explosive growth of managed care. These factors "are

toxic to spawning young [M.D.] investigators," he argued. "The students hear nothing but how hard it is to get research money and the time to do research."

Rosenberg admitted that his own start as a young doc at NIH, even in a halcyon era, was bumpy. "Things began badly," he confided. "I didn't get along with my supervisor. I didn't want to work on the project to which I was assigned."

He was rescued by Dr. Nathaniel Berlin, who gave him the time and freedom to get his bearings—a period lasting almost a year. During that

haven. "He was an ideal mentor for me. He was nurturing, tireless, inventive." Rosenberg said the "sense of well-being and exuberance were so intense" following his first NIH experiment that he made a lifelong commitment to clinical research, a marriage that lasted through a variety of administrative and academic posts at Yale University (where he was dean of the medical school) and at Bristol-Myers Squibb, where he has been president of the Pharmaceutical Research Institute and senior vice president of scientific affairs. "My research lab has always been my port



Dr. Leon Rosenberg (c), who gave the second annual James A. Shannon Lecture, is flanked by hosts Dr. William Jordan (l), president of the NIH Alumni Association, and NIDDK's Dr. Alan Schechter. Jordan drew laughs when he observed, in introductory remarks about Shannon, that "Bldg. 1 (the Shannon Bldg.), as far as I can tell, is the only building on campus named after a scientist."

time, Rosenberg became responsible for the care of an 8-year-old patient named Steven, a boy who died 2 years later, just as his older brothers had, due to an inborn metabolic error.

"I read up on medical genetics and amino acid metabolism," Rosenberg recalled, and an NIAMD investigator named Stanton Segal gave him a

in the storm, my sturdy anchor. I always thought of myself as a clinical investigator, though some would have described me as a basic scientist. I didn't care how it was qualified, as long as it involved doing the best possible research."

The Shannon legacy from which Rosenberg benefitted so greatly—"the

accomplishments of the Shannon years were so prodigious they cannot be overstated," he declared—is now imperiled, he argued. It was during Shannon's 13-year directorship that "the proverbial bridge between the [laboratory] bench and bedside was built and buttressed," but that edifice is in danger, Rosenberg warned. "Are we doing enough to sustain and strengthen the medical research enterprise? The defect must be addressed soon, and well."

The steady decline in the number of physician/scientists is not new, he admitted; former NIH director Dr. James Wyngaarden called attention to it in a 1979 address entitled, "The Clinical Investigator as Endangered Species."

"I simply couldn't believe the threat was real," said Rosenberg, who in 1979 was happily running his own lab. He now concedes he was blinded by denial, "which is mediated by a most potent neurotransmitter. I didn't want to believe that it was a dinosaur I was facing each morning when I looked into the mirror."

Today, however, "the entire species of physician/scientists is at risk and in serious jeopardy of vanishing. It endangers everyone involved with medical research...This threat can only be averted by bold and concerted effort by all."

Slide after slide built the evidence: Ph.D.s are applying for research project grants in far larger numbers than M.D.s; physician/scientists are a progressively smaller minority seeking NIH support; the number of M.D. first-time applicants for grants and traineeships is plummeting. The number of graduating medical students indicating interest in research careers is dwindling (14 percent indicated

interest in a 1989 survey, 10 percent in 1996). "The human pipeline is emptying at the worst possible spot," Rosenberg observed.

Does it matter if the species evaporates? Rosenberg predicts that the

national database to track the restoration of the species.

"NIH training programs have not grown apace with budget increases," he charged. "It's time they did."

NIH can't rectify the problem alone.



Gathering before the Shannon Lecture, five NIHAA presidents meet with speaker Dr. Leon Rosenberg (second from r) They are (from l) Dr. John Sherman (acting 1992); Dr. William S. Jordan, Jr., (1997–1999); Dr. Thomas J. Kennedy, Jr., (1993–1995); and Dr. Gordon Wallace (1990–1991).

bench-bedside bridge "will weaken and perhaps even collapse" if it does. "The physician/scientist is the critical link in the medical research chain—we must not forget that. The public equates health with medicine, and medicine with physicians."

Rosenberg called for a comprehensive national effort to reestablish a supportive environment for physician/scientists in academia, create or expand attractive training programs, establish a national network of clinical research units by linking the Clinical Center to the various far-flung General Clinical Research Centers, increase the participation of foundations and industry (particularly pharmaceutical companies, the insurance industry, and biotechnology firms) in clinical research, and develop and maintain a

and no quick fix is on the horizon, he concluded. "It will be costly, and will take many years. But we must act now to change the climate in which today's physician/scientists work. Their attitudes will affect their students."

Rosenberg was at NIH again Dec. 3 (see ACD story, p. 1) to give a report to the NIH director's advisory committee about an Institute of Medicine panel he chaired; it issued a report last summer critical of the way NIH acquires public input in setting research priorities. Among the IOM report's outcomes has been the creation of a Council of Public Representatives—currently being established—to advise the NIH director on how best to allocate resources.

Meeting (continued from p. 1)

"The new VRC building is on a remarkably fast-paced schedule." He lauded NIH's appropriation for FY 1999 as a "really extraordinary increase," but cautioned that the spending plan "is a complex one, and not without controversy." He limned four deeper budget themes: harnessing genomics, reinvigorating clinical research, engaging other disciplines such as physics, mathematics, engineering, and bioinformatics (to handle the vast amounts of data accumulating, particularly from genome studies), and addressing health disparities both within the United States and internationally.

The average grant size will increase by 10 percent under the new budget, Varmus said, and the 9,200 or so new and competing research project grants to be funded represent "a very dramatic increase from just a few years ago, when the number fell to below 6,000." Regarding his 1 percent discretionary fund, Varmus said he is considering investments in synchrotron beam lines to boost structural biology studies, and increased spending on mouse genome research.

"As I learned when I came to NIH, we're always working on three budgets at any one time, maybe four," he said, noting that he is negotiating with HHS over the level of the President's budget request for 2000 and 2001. Two big themes for the FY 2000 budget, he predicted, will be health disparities and bioengineering.

Varmus described his Dec. 2 Senate hearing as "a tremendously upbeat conversation, with Senators (Tom) Harkin (D-Iowa) and (Arlen) Specter (R-Pa.) pitching in," and briefly outlined the history of the current federal ban on research involving human embryos. He looked back

"with unbelievable admiration" at the work of the Human Embryo Research Panel, which advised NIH in 1994 on this issue, but whose recommendations were preempted by Congress in appropriations language forbidding federal human embryo research. Varmus hoped the 106th Congress will take up the issue of whether NIH can fund research downstream of the recent work on pluripotent stem cells. "I'm strongly hopeful that we'll be able to determine (whether NIH can fund the sequelae to the stem cell work) quickly."

Varmus pointed out that NIH hasn't been congressionally reauthorized since 1993, and hoped the next Congress would get to that, as well as the issues of genetic discrimination, confidentiality of medical records, tobacco legislation, and proposals dealing with access to and reimbursement for clinical research.

There were short updates on two lingering issues—access to research tools (presented by Dr. Maria Freire, director of the Office of Technology Transfer) and computers in biomedicine (given by Dr. Larry Smarr, director, National Center for Supercomputing Applications, University of Illinois)—before Collins gave a lively report bookmarked by two quotes: the famous admonition to "make no little plans" by architect Daniel Burnham, and the pithy, "Low aim, not failure, is a crime." Collins says he sees his institute's work as a "feeder layer" for the rest of biomedical research and said NHGRI's goal is "sustained sequencing capacity." The genome project intends to finish the human genome sequence in 2003, coincidentally the 50th anniversary of the double helix discovery. Intermediate goals include finishing one-third of the human DNA sequence by 2001, which Collins said would likely yield

half of the human genome, and "achieving coverage of at least 90 percent of the genome in a working draft, based on mapped clones, by the end of 2001."

A discussion ensued about the dearth of people trained in both mathematics/statistical analysis and biomedicine—such folks are hotly pursued by private firms offering large salaries, but there is no defined academic track for training them, said MIT's Dr. Eric Lander; he suggested adding multidisciplinary genome career-track training to the next ACD agenda, and Varmus agreed.

Clearly impressed by Collins' presentation, meeting invitee Brad Margus, a Florida businessman who is also president and director of the A-T Children's Project (two of his sons have ataxia telangiectasia, a genetic ailment), noted, "It's great to have all this good news about the rate of data collection, but what about meeting the needs of patients now who have genetic diseases? Shouldn't there be a Human Protein Project as well?"

Maybe it was the coffee break that occurred at this point, but when the advisors returned, some were rather feisty. An overview of improvements to the intramural programs in the last 5 years given by NIH deputy director for intramural research Dr. Michael Gottesman included a proposal to craft an NIH Academy (see sidebar), which would include a small graduate program emphasizing clinical research and drawing from a diverse student pool, including underrepresented minorities.

"Does this country really need another Ph.D. program?" wondered Dr. Shirley Tilghman, professor of molecular biology at Princeton University. "Every graduate school in the U.S. is already straining to improve diversity already. I'm not

persuaded at all that there is a need." The Post's Graham asked if busy scientists would be willing to set aside research to spend time in the classroom.

Gottesman countered that NIH offers unique opportunities for clinical research, a field in which highly specialized training is much needed, and boasts "a fairly sizable number of minority role models." Tilghman suggested a training Request for Applications to accomplish NIH's goals, which she admitted were laudable. Varmus divulged that one model for an NIH Academy, of which the graduate program would be a small part, is the Meyerhoff scholars program at the University of Maryland, Baltimore County, which intensively trains undergraduate minority students. "(The Meyerhoff program) is the inspiration for this idea," he said. "It's something we're quite well positioned to try to do."

As others weighed in on the focus and size of the grad school, Varmus tabled the discussion until a specific proposal can be made at the next ACD meeting in June 1999.

Next, anticipating some rancor in the discussion of priority-setting, Varmus introduced the topic by noting that budget increases of 6, 7 and 15 percent in the past 3 years have brought heightened congressional and public interest. In 1997, Congress directed IOM to examine NIH's method of setting research priorities, and a 19-member panel led by Princeton's Dr. Leon Rosenberg spent 5 months last year drafting 12 recommendations to improve the process. "We believe there is room for more lay participation in every level of NIH's activities, and that NIH would be strengthened by so doing," said Rosenberg. Recommendations 7 and 9 form the heart of the critique, directing NIH to establish

a Council of Public Representatives (COPR) and offices of public liaison in each institute and center as well as the director's office. A COPR with some 20 members selected by Varmus is due to be named later this spring, said Anne Thomas, NIH associate director for communications.

"Of all the government institutions I know, NIH has the most extraordinarily rich interactions with the public," said Varmus, who envisions COPR collaboration on such occasions as his annual budget retreats, major policy discussions on topics such as embryo research, and in NIH's conformance with the Government Performance and Results Act (GPRA), passed by Congress to monitor the success of federal programs.

Varmus seemed upset that Rosenberg's panel did not evidently appreciate how thoroughly NIH understands the complicated factors influencing priority-setting, and the

two clashed briefly over how seriously NIH takes the issue of assessing the burden and cost of disease in allocating research dollars.

"There seem to be two extremes of conception about NIH priority-setting," Varmus explained. "There's the 'King and His Counting House' model, where I push piles of money in certain directions, and the Tolstoyan model, where there are many soldiers and many trenches, each ignorant of the other's battle." Neither extreme does credit to the actual effort NIH makes, he argued.

Varmus concluded, "(The IOM report) is not a blueprint for what NIH is going to do next." He said a letter-by-letter response to the recommendations is inappropriate.

The daylong meeting concluded with a discussion of issues involved in clinical trials, including the effort to assemble a one-stop clinical trials database, housed at NLM.

Plan Outlined for 'NIH Academy'

Some months ago, NIH director Dr. Harold Varmus asked Dr. Harold Slavkin, director of the National Institute for Dental and Craniofacial Research, to chair a committee for recruitment of a diverse workforce in medical research. The committee was asked to prepare recommendations addressing the underrepresentation of minorities in biomedical careers, and medically underserved populations within the U.S.

The Slavkin committee's first prescription is creation of an NIH Academy "to serve as a nexus for recruiting and training a diverse population of students to pursue careers in the health sciences. The Academy would operate as an intramural program on the NIH campus and as an extramural program within academic health sciences institutions throughout the United States. The recommendation will also require increased funding levels for training to realize the desired outcomes and increase the talent pool engaged in medical research."

A successful academy would depend on five "critical elements": a dedicated cadre of mentors fully supported by the institution; a residential facility to foster community and purpose; continuity of support to nurture trainees, potentially from high school through postdoctoral training; public and private funds to cover various financial needs as trainees make the transition to the extramural environment; and opportunities for work on research problems in communities close to various academy locations.

Budgets, (continued from p. 1)

status for the former Office of Alternative Medicine, which is now the National Center for Complementary and Alternative Medicine (with a \$50 million appropriation), and renaming of the National Institute of Dental Research, which has elongated to National Institute of Dental and Craniofacial Research (NIDCR).

The new Consolidated Laboratory Facility, now under construction as Bldg. 50, will be named in honor of Rep. Louis B. Stokes (D-Ohio), and the new Vaccine Research Center (Bldg. 40), on which work has already begun, will be called the Dale and Betty Bumpers Vaccine Research Facility. Off-campus construction also got a boost as \$30 million was provided for NCRP-sponsored extramural building projects.

The FY 1999 appropriation will enable NIH to fund more than 9,000 research project grants (RPGs) this year, and allow the agency to make significant progress in its goal of paying close to recommended levels for RPGs, noted Francine Little, director of the Office of Financial Management. The salary cap for researchers financed through grants and contracts also has been raised from \$125,000 to executive level III (currently \$125,900).

Clinical research, too, has been bolstered by creation of three new "K" award programs expected to increase significantly the number of clinical investigators. NIH is also going to be able to provide an across-the-board stipend increase of 25 percent for recipients of National Research Service Awards. Trainees, visiting fellows and volunteers will also gain transit subsidies as the law provides NIH permanent authority to offer Transhare to a wider pool than just

full-time employees.

The omnibus measure also: continues the NIH director's authority to transfer funds between appropriations (limited to 1 percent of the budget); provides \$500,000 to the Foundation for the NIH (formerly the National Foundation for Biomedical Research, which is permitted to raise funds and donate them to NIH); offers \$90 million in FY 1999 plus advance funding of \$40 million—available Oct. 1, 1999—to complete the new Mark O. Hatfield Clinical Research Center; and allocates \$10 million for vaccine research and development activities in support of the President's bioterrorism initiative.

AIDS research is identified at \$1.799 billion. The bill continues the federal prohibition on human embryo research.

Other emphases within the budget law include establishing two to five "mind/body" centers, bolstering the number of African American investigators involved with HIV research (including prevention and risk-reduction), and helping the Institute of Medicine complete a study on cancer among minorities.

The President's 2000 Budget

President Clinton's FY 2000 budget provides \$15.9 billion for NIH, a \$320 million increase (2.1 percent) over the 1999 level. Foreseen in the investment is a continuation of advances in fundamental science, especially in genetics, structural biology, molecular and cell biology, neuroscience, computer science and imaging technologies.

These scientific efforts can be summarized as addressing four research themes: exploitation of genomic discoveries; interdisciplinary research; reinvigoration of clinical research; and elimination of health disparities.

Exploiting Genomic Discoveries

The Human Genome Project will be accelerated by increasing capacity at major sequencing centers. Due to a number of methodological advances and increased resources, the expected completion date is now 2003, 2 years earlier than originally projected.

In FY 1999, NIH began the Mouse Genomic and Genetics Project that will serve the research community by developing a laboratory tool for physiologists, developmental biologists, and neurobiologists to better understand mammalian biology. The research will be continued in FY 2000 to define the structure of the entire mouse genome and identify the function of mouse genes by studying gene mutations. Eventually the genomics of other organisms will be determined and used as model systems for learning about human genes and proteins and for testing new treatments.

Engaging Other Disciplines in Medical Research

Optimal use of the vast amount of data being generated from genomic research will require increasingly sophisticated bioinformatics systems requiring the collaboration of researchers from many disciplines, including physicists, mathematicians, chemists and bioengineers. Advances are foreseen in imaging technology, rational drug design and structural biology.

Reinvigorating Clinical Research

The emphasis will be increased support of General Clinical Research Centers, more clinical trials, new programs to develop clinical biomarkers in immune diseases, and expanded training of physician scientists (including new grant programs to support training and mentorship of young doctors aiming for careers in clinical research).

Eliminating Health Disparities

There will be a renewed emphasis on research to understand the causes of disease; to identify and increase knowledge of risk factors for disease; to determine reasons for health disparities that may be associated with race, ethnicity, gender or socioeconomic status; and to understand the role of personal behaviors and environmental factors in health disparities.

Mechanism Discussion

In FY 2000, NIH will support 7,617 competing research project grants. Support for RPGs, including Small Business Innovation Research and Small Business Technology Transfer awards will increase by nearly 3 percent over FY 1999. NIH will support nearly 15,700 pre- and postdoctoral trainees in full-time training positions, approximately the same number as in FY 1999. Stipends will remain at the FY 1999 levels.

NIH will participate in two Presidential initiatives: 1) Information Technology for the Twenty-First Century Initiative (IT2) primarily in three areas: software and algorithm research and development in support of genomics, clinical trials and bioinformatics; high-throughput, low-cost clusters of processors that can provide performance needed in laboratories for mid-range, high-performance computing; and training and grants to encourage physicists, engineers, mathematicians and computer scientists to advance computing in biomedical research. The FY 2000 request includes \$6 million for this initiative. 2) NIH will also continue to address bioterrorism activities with an emphasis on microbes such as smallpox and anthrax. This research is conducted in collaboration with the Department of Defense.

Update on Two Building Sites on Campus



Bldg. 50 rises at the corner of Center and South Drives. In the background is Stone House and the Natcher Center. A placard recently erected outside the site officially designates the structure as the Louis Stokes Laboratories, named after the retired congressman from Ohio who had been a longtime supporter of medical research.

The Vaccine Research Center site adjacent to Bldg. 37 takes shape as the fast-track project gets under way in earnest. The building is scheduled for completion in 2000.



Science Research Updates

Oral Complications of Cancer Treatment Targeted by NIDCR

Most cancer patients don't know that visiting a dentist can make a difference in their cancer treatment. A new health awareness campaign from the National Institute of Dental and Craniofacial Research explains how proper oral care can prevent or minimize painful complications in the mouth that affect up to one-third of patients undergoing treatment for cancer.

Of the 1.2 million Americans diagnosed with cancer each year, approximately 400,000 will develop oral complications from their treatments. Many patients, dentists, and oncologists, however, are unaware of the right steps to take to prevent or manage these potentially serious problems.

"Oral Health, Cancer Care and You: Fitting the Pieces Together" informs health care providers and patients about what they can do to reduce the risk and impact of oral complications. NIDCR is conducting the awareness campaign in partnership with NCI, NINR, CDC and the Friends of the NIDCR.

Oral complications can result from all forms of cancer treatment, including radiation to the head and neck, chemotherapy for any type of cancer, and bone marrow transplantation. Among the most common complications are painful, inflamed gums; mouth ulcers; bleeding; infection; and salivary gland dysfunction that leads to dry mouth and rampant tooth decay. Oral side effects may be acute, or they may last a lifetime.

Oral complications can affect cancer treatment as well. These conditions can be so debilitating that patients

may tolerate only lower, less effective doses of anticancer drugs, may postpone scheduled treatments, or discontinue treatment entirely. Oral side effects can also be the source of systemic infections that may interfere with cancer therapy and even threaten patient survival.

Promising New Malaria Vaccine

A team of researchers, including grantees of the National Institute of Allergy and Infectious Diseases, has reported positive results of research on a new, broad-based malaria vaccine. A paper describing their findings appears in the Feb. 16 issue of the *Proceedings of the National Academy of Sciences USA*.

Health officials have long sought a vaccine to prevent malaria, a disease that affects 300 to 500 million people and kills up to 3 million people worldwide each year. "Improving international health is a high priority of the NIAID, and malaria research is a major area of interest," comments Dr. Anthony S. Fauci, director of the institute. "Although these results are preliminary and the candidate vaccine has yet to be tested in people, its effectiveness in laboratory tests makes it an interesting candidate for further study."

The most severe form of malaria is caused by a microscopic parasite, *Plasmodium falciparum*, that is transmitted to humans by mosquitoes. The parasite has a complex life cycle. Following injection into the bloodstream, it rapidly travels to the liver where it multiplies. New forms of the parasite are then released into the bloodstream where they invade red blood cells, ultimately destroying them. In their recent paper, a research

team directed by Dr. Altaf A. Lal of the CDC describes a new candidate vaccine that targets the malaria parasite at several stages of its life cycle.

The scientists combined segments of 21 different *P. falciparum* proteins to form a single recombinant protein, which they used to immunize rabbits. Each of the 21 segments, or peptides, was selected because it was recognized by the immune systems of people with malaria, as shown in earlier studies. Furthermore, the peptides targeted different branches of the immune system: B cells, helper T cells and cytotoxic T lymphocytes.

Laboratory tests showed that the vaccine induced a high level of antibodies that recognized the parasite at different stages of development. The antibodies also blocked *P. falciparum* invasion into the rabbits' liver cells and inhibited growth of the organism in their blood. Although the researchers have not yet looked at the T-cell responses in vaccinated animals, these studies are under way.

"Multicomponent vaccines may offer an advantage over single-component vaccines because they may provide multiple levels of protection against different parasite stages," says Dr. Lee Hall program officer for parasite vaccine development at NIAID. "Such vaccines may also reduce the spread of vaccine-resistant strains, which can arise when a pathogen changes a surface protein to avoid detection by the immune system."

Transitional Care Improves Health of Elderly Patients

Older people with common medical and surgical problems, who were discharged from the hospital following treatment, realized a significant improvement in their health at reduced costs to the health care system, according to research published in the Feb. 17 issue of the *Journal of the American Medical Association*. The study, "Comprehensive Discharge Planning and Home Follow-up of Hospitalized Elders," tested a model of transitional care. It was led by Dr. Mary Naylor, of the University of Pennsylvania's School of Nursing and supported by the National Institute of Nursing Research.

"This research addresses an important area of compelling need for scientifically tested interventions," said Dr. Patricia A. Grady, director of NINR. "The study focuses on a high risk group of older Americans who are living with chronic illness. Since the elderly in our society are living longer and their numbers are expected to increase significantly, health care professionals need feasible strategies such as the transitional care model to help patients live healthy, independent lives for as long as possible," she said.

The model uses a multidisciplinary team and involves comprehensive discharge planning, including determination of patient care needs outside the hospital, and follow-up in the home by advanced practice nurses specializing in geriatrics. Findings revealed that six months after discharge, only 20 percent of the intervention group was rehospitalized, compared to 37 percent of controls; and only 6.2 percent had multiple hospital readmissions versus

14.5 percent for controls. Per-patient days in the hospital were fewer for the intervention group—1.53 versus 4.09 for controls, and the costs of post-discharge health services were about \$600,000 lower.

"Many patients in the study were coping with an average of five active physical and emotional problems," said Naylor. "When one considers the number of frail older people hospitalized each year with similar conditions, the potential benefits to the patient and savings to the health care system can be tremendous."

A randomized sample of 363 patients over 65 years of age were assigned to either the group receiving transitional care or a control group that received routine care. Patients in the transitional care group were visited by advanced practice nurses within 48 hours of hospital admission and received home visits up to four weeks post discharge. The same nurse who prepared the patient for discharge also provided the home follow-up. The nurses were available for daily consultation by telephone and coordinated care with other members of the health care team. Patients received comprehensive care that included clinical assessment, monitoring, management of symptoms, caregiver education and assistance, and information related to maintaining health.

According to Naylor, "The transitional care model is in sharp contrast with current practice, which leaves most patients, once discharged, on their own to obtain necessary follow-up care." In other NINR-supported studies, the model has been tested with highly favorable results in patient populations ranging from pregnant women with diabetes to women

undergoing hysterectomies.

Naylor is continuing her research on the transitional care model for patients with heart failure, who did not fare as well in her study. This group will be followed for one year after hospital discharge. Naylor explained that "It is difficult for patients and their caregivers to manage heart failure symptoms, and patients often have trouble changing certain risky behaviors that contribute to poor general health. The good news is that past studies indicate that between one-third and one-half of hospitalizations for heart failure are preventable."

Recruitment Information for Patients and Doctors

At the Patient Recruitment and Referral Center (PRCC), nurses are available to answer questions and send information about the NIH clinical research program, the more than 800 clinical research studies currently under way and the admission process.

Staff can also refer physicians to the appropriate NIH contact to get more details about the individual studies and the criteria for patient referral.

Contact the PRCC for more information about participating in NIH clinical research studies: 1-800-411-1222; email prcc@nih.gov.

R&W Timeline

The summer issue of the *NIHAA Update* contained a comprehensive list of the institutes, centers and divisions at NIH, which prompted **Randy Schools, R&W president**, to compose the list of important R&W milestones that is shown below.

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| <p>1945 Early stages: club system begins; early clubs include softball and bowling.</p> <p>1953 Clinical Center opens.</p> <p>1956-57 R&W Store opens in CC; Theater Club and NIH Orchestra perform for NIH community.</p> <p>1960's Bldg. 31 R&W Store opens.</p> <p>1968 Film desk, Westwood store.</p> <p>1969 Tennis courts opened.</p> <p>1970's Professional services offered.</p> <p>1972 Westwood store enlarged.</p> <p>1973 North Carolina store opened.</p> <p>1980 Adventure trips begin; group nights initiated (i.e., theater, Orioles base ball); NLM store moved to new site.</p> <p>1981 Vending machines lost (R&W loses over \$100,000 annual revenue to Blind Industries; EEO weeks observed (i.e., Black History, Hispanic weeks); Fitness Center opens; Bldg. 10 donates trailers with R&W assistance; Camp Fantastic begins.</p> | <p>1982 Loan program stopped.</p> <p>1983 Vendor program begins; Friends of the CC formed</p> <p>1983-84 R&W cited in talks to federal executive boards.</p> <p>1986 R&W given Best in Federal Government Reagan award for community service.</p> <p>1987 R&W earns Eastwood Award for best programs in the United States.</p> <p>1987-90 Planning for Children's Inn begins, and R&W runs business office.</p> <p>1987-88 Lifestyle activities begin.</p> <p>1988 Fitness Center opens in Bldg. 31 (includes martial arts).</p> <p>1989 Squash courts open.</p> <p>1990 R&W receives George Bush award; R&W assists with first Back to Bethesda event.</p> <p>1992 Bldg. 10 store remodeled; NOAA tie begins.</p> <p>1993 Trade shows begin; Connect 93-Vacations begins; Jeff Bostic Celebrity Golf Tournament held with GE Elfun; EPS store opened.</p> | <p>1994 R&W Foundation conducts community fundraisers.</p> <p>1994 Westwood store closes.</p> <p>1995 Rockledge fitness center and store opens; National Marine Sanctuary formed.</p> <p>1996 R&W mentioned in three employee service books.</p> <p>1997 Quality of Worklife Program planning begins; R&W assists in forming and fundraising with Soaring for Children; WGAY-FM begins NIH Charities Film Festival; first CFC Chili Cook-off, Small Business Conference.</p> <p>1998 R&W, with MCI Center and Feld Entertainment, sponsors premier evening of Ringling Bros. and Barnum & Bailey Circus—tickets given to more than 2,000 hospitalized children; R&W involved in planning for the NIH Guest House; R&W assists in health fair; at NOAA, begins relationship with National Severe Storm Center.</p> |
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Shows by the Hamsters, the NIH theatrical group, were among R&W's most popular early activities. Here, the entire cast of the 7th annual production (Dec. 1957) of *Life at NIH -- "Taken for Granted,"* assembles for deserved curtain calls.

Framingham Heart Study Celebrates 50 Years

By Louise Williams

The autumn afternoon was stiflingly hot and the non-air-conditioned, stately Memorial Building in Framingham, Mass., was packed. But the thousands gathered there didn't mind. They'd come to celebrate an extraordinary anniversary—the 50th year of the Framingham Heart Study (FHS), the longest running epidemiological study in U.S. medicine.

The attendees—who included U.S. surgeon general Dr. David Satcher, NHLBI director Dr. Claude Lenfant, past FHS directors and the current director, congressmen, state representatives, TV journalist Dr. Timothy Johnson, and more than 1,500 FHS staff and participants—had a lot to celebrate. Since its start in 1948, the FHS has saved and improved countless lives in the U.S. and worldwide.

The town of Framingham is 18 miles west of Boston. The study, part of NHLBI, began with 5,209 healthy Framingham residents, ages 30-60—about 20 percent of the town's population—and grew to include 5,124 of their children (and their spouses) in an Offspring Study. Recently, 500 Framingham minority residents were recruited to form the Omni Study.

FHS's many achievements include discoveries about the relations between risk factors and cardiovascular disease (CVD). The FHS helped make Americans aware of the health dangers of high cholesterol, high blood pressure, physical inactivity and smoking. It also has published findings on such topics as psychosocial factors and heart disease, diabetes, obesity and dementia.

As Rep. Edward J. Markey (D-Mass.) told the crowd, "The thousand scientific papers produced by Framingham have become the holy book" of medicine. The findings have "moved

America toward prevention," he added, "giving the message that people can control their own destiny."

Lenfant thanked participants for their "dedication and enormous contributions to the study and to medical knowledge. The study could not have succeeded without the commitment of the people of Framingham."

His thanks were echoed throughout the afternoon. Dr. Aram Chobanian, dean of Boston University's School of Medicine, who has used Framingham data in his research, said, "Thank you for all you have done for cardiology, medicine, and all the people in the United States."

Satcher, who gave the afternoon's keynote address, also thanked the Framingham participants for their "commitment, dedication, and perseverance." He said he'd asked himself what makes FHS so special and came up with six key factors: The study is scientifically rigorous, longitudinal, community- and family-based, and has always involved men and women, and most of all has mutual trust between participants and staff. "The issue of trust and its development is a real challenge," he said. "And that's true whether about a study or any kind of medical care in the United States."

He said Framingham changed how people look at health and disease. "Before, a lot of people, especially when it came to cardiovascular diseases, thought it was a matter of luck or fortune. Framingham shows that it's not just that but how people behave," including the dangers posed by risk factors.

He added that "Framingham shows us that just as we use the public health approach in infectious diseases, we also can intervene with chronic

diseases." He stressed that prevention through public education has to become a way of life in America. "Too few physicians are putting prevention into practice," he said and called for a worldwide effort to promote healthy lifestyles.

Current FHS director Dr. Daniel Levy called his staff the "unsung heroes" of the Framingham story. "You and the ordinary citizens of Framingham have advanced our understanding of coronary heart disease."

He also pledged that the Framingham story had only begun. "Today and in future years, Framingham will continue to have a great impact on many lives. We and you are not done yet."

He said studies under way cover such topics as early identification of CVD in those still free of symptoms, investigations of the genetic causes of CVD, arthritis, and osteoporosis, and more research on racial and ethnic differences in risk factor development.

The afternoon also brought congratulations from President Clinton. But mostly, it was a demonstration of the bond that exists between FHS's participants and staff, who took time before and after the formal presentations to warmly thank each other.

Participant spokesperson Jay Lander, a member of the Offspring Study, described how many felt about being part of FHS. "We go through life, most of us," he said, "knowing only the effect we have on the people around us...Only a small percentage of people get to make a permanent contribution to humanity."

He added, "But this study has given each of us in Framingham some small role in producing a lasting achievement," and "as long as the planet is inhabited, the contribution of Framingham to the quality of that life will be remembered."

For Your Information

Former First Lady Carter Visits

Gathered Feb. 1 at NIH for "An Evening with Rosalynn Carter" (second from r) are (from l) Maryland First Lady Frances Glendening, NIH deputy director Dr. Ruth Kirschstein and Janyce Hedetniemi, director of NIH's Office of Community Liaison. Former U.S. first lady Carter spoke about her efforts on behalf of mental health. The event was cosponsored by OCL and NIMH.



South Entrance to Clinical Center Debuts



On hand to cut the ribbon officially opening the CC's new South Entry on Jan. 11 are (from l) CC deputy director for clinical care Dr. David Henderson, NIH deputy director Dr. Ruth Kirschstein, NIH deputy director for intramural research Dr. Michael Gottesman, NIH director Dr. Harold Varmus and NIH Associate Director for Research Services Steve Ficca. The airy and spacious new South Entry to the CC is two stories tall and a combination of glass and honey-tinted maple veneer. Prominently displayed on the wall facing entrants, are the original metal letters spelling out Warren Grant Magnuson Clinical Center and a bold PHS shield. These accoutrements once graced the north front of what was once known as the Ambulatory Care Research Facility, or ACRF, built onto the face of old Bldg. 10 in 1982.

NIAID Dedicates a Room at CC in Memory of Dr. Sheldon M. Wolff

By Karen Leighty

On Dec. 11, 1998, NIAID paid tribute to the memory of Dr. Sheldon M. Wolff, who profoundly influenced immunology and infectious diseases research and served as mentor to an extraordinary number of individuals who went on to distinguished careers in biomedical research.

Under the sponsorship of NIAID director Dr. Anthony Fauci, a state-of-the-art conference room in Bldg. 10's 11th floor solarium was dedicated in a ceremony that included Wolff's widow, family and a corps of friends and former colleagues.

"Shelly Wolff was my professional father, my mentor, my closest friend," said Fauci. "He continues to be revered at NIH and throughout the extramural community. His vision, remarkable work ethic, and keen attention to the development of the careers of younger physician-scientists left an extraordinary legacy."

Wolff began his NIH career in 1960, when he joined NIAID's Laboratory of Clinical Investigation (LCI) following his medical residency. Within a short time, his strengths as an investigator, clinician, teacher and administrator had infused the lab with new vigor. He subsequently became NIAID clinical director and chief of LCI. Under his leadership, LCI became one of the most productive and respected clinical research teams in the country.

The thread that tied Wolff's bench science to his work with patients was his dedication to the study of fever. His early investigations stemmed from the fundamental question: Why does the body produce heat in response to an invasion of microorganisms? In pursuing this question, he made major contributions in elucidating the causes of fever, the effects of fever on the host,

and the role of fever in infectious, inflammatory and immunologic disorders.

Fevers of unknown origin also attracted his attention. He not only identified the immunologic defects that caused many such illnesses, but also found effective, often lifesaving treatments for those conditions.

Fauci and Wolff collaborated in dramatically successful protocols with immunosuppressive drugs for treating Wegener's granulomatosis, polyarteritis nodosa, and other systemic necrotizing vasculitic disorders.

Together with another colleague, Dr. Charles Dinarello, Wolff also made important contributions to understand-

ing human leukocytic pyrogen (now called interleukin-1), a powerful component of the immune system.

Wolff left NIH in 1977 to become professor and chairman of the department of medicine at Tufts University School of Medicine. He also accepted the position of physician-in-chief at Boston's New England Medical Center Hospital. He maintained a close association with NIAID, however, including service on numerous advisory committees.

Wolff died of complications after a long illness in 1994. His contributions to biomedical research serve as a symbol of both the achievements and the goals of NIAID.

Glenn and the 'Discovery' Crew Visit NIH, Recount Space Journey



NIA director Dr. Richard Hodes (l) welcomes Sen. John Glenn to NIH. A workshop held by NIA and NASA on Jan. 8 filled Masur Auditorium (and several overflow rooms) to capacity to hear Glenn and the rest of the crew of Space Shuttle Discovery Mission STS-95. After a thundering standing ovation, the 7-member crew guided the audience—via a 20-minute film and slide show—through the mission's 9 days in space. At the end of the visit, Glenn paid the following tribute: "That's why I was particularly glad to come out here today—to say thank you to all of you folks here who, through Secretary Shalala, Dr. Varmus, Dr. Hodes and others, make NIH programs work. It means so much, and not just to us here. We have such an increasing life expectancy for our own people and for people around the world, and much of the credit goes to you right here at NIH. So thanks to all of you."

NIH Notes — September 1998 to February 1999

Appointments and Personnel Changes

Dr. Ronald Abeles recently joined NIH's Office of Behavioral and Social Science Research, where he will collaborate with its director, Dr. Norman Anderson, and other OBSSR colleagues on several trans-NIH initiatives in the behavioral and social sciences ... **Dr. Grace Ault** has been named scientific review administrator in the Office of Review, NCRP, where she will manage Research Centers in Minority Institutions and help with General Centers Research Centers and the special emphasis panels for the Science Education Partnership Award ... **Dr. Faye Austin**, director of NCI's Division of Cancer Biology, has joined the Dana-Farber Cancer Institute as director of research. She has been on the NCI staff since 1976, in a variety of research, administrative and policy-making positions ... **Maj. Robert Beck** was appointed NIH deputy chief of police. He retired in February 1997 as chief of the Anne Arundel county police department ... **David Carter** has joined the CSR as chief of the Technology Services Branch in the Division of Management Services. The branch is responsible for the CSR LAN and its connection to the NIH/CIT operating environment, manages all information technology and resources for CSR and operates a customer support facility ... **John Czajkowski** has been named chief financial officer for the newly formed CIT. He previously served as budget officer and deputy executive officer in OD ... **Chris Denney** recently was named chief of the OD budget office. He and his staff of six oversee the entire OD budget—its formulation, presentation, justification and execution ... **Dr. Thomas Fleisher**, who served as acting chief of the clinical pathology department since July 1997, has been named the department's chief ... **Dr. Joanne Fujii** recently joined CSR as scientific review administrator of the MCDN-7 study section in the molecular, cellular and developmental neuroscience initial review group ... **Arturo Giron** of the ORS for the past 10 years, left NIH last summer to become director of the Peace Corps mission in the South Pacific Kingdom of Tonga ... **Dr. Rebecca H. Hackett** recently joined NIGMS as

scientific review administrator in the Office of Scientific Review. She comes from the FDA and is a biochemist whose research has been in cytokine and growth factor signaling ... **William Hall**, communications director of the Office of Medical Applications of Research, Office of Disease Prevention, has left for a newly created position as deputy director of the news division in the Office of the Assistant Secretary for Public Affairs, HHS ... **Joellen Harper** recently became NCRP's new chief grants management officer and director of the Office of Grants Management ... **Dr. Margaret I. "Peggy" Johnston** has returned to NIH to resume two key posts at NIAID. In the newly created position of assistant director for HIV/AIDS vaccines, she will serve as a liaison between the extramural and intramural research communities to assure a well-coordinated program. She will also serve as associate director of the Vaccine and Prevention Research Program in the Division of AIDS ... **Dr. Wayne B. Jonas**, who served a 3 1/2-year detail as director of the Office of Alternative Medicine, left NIH Dec. 31 to resume his research and teaching career as a medical officer with the U.S. Army ... **Dr. Paul Kimmel** has joined NIDDK to head the Diabetic Nephropathy Program. He is on leave from George Washington University Medical Center where he is professor of medicine in the division of renal disease and hypertension ... **Dr. Rochelle M. Long** was recently named chief of the Pharmacological and Physiological Sciences Branch of NIGMS's Division of Pharmacology, and Biological Chemistry ... **Dr. J. Ricardo Martinez**, a physician with dual research interests in salivary gland function and minority access to health care, has been named director of the Division of Extramural Research, NIDCR. He comes to NIH from a post as deputy chairman for research and professor of pediatrics, physiology, and cellular and structural biology at the University of Texas Health Sciences Center in San Antonio ... **Dr. Suzanne A. Medgyesi-Mitschang** recently joined NIAAA to coordinate the institute's AIDS research activities. At NIH since 1988, she was most recently chief, Office of Science Policy and Information, NINR ... **Dr. John Meyer** has been named scientific review administrator, NCRP, to manage special

emphasis panels for biomedical technology and assist with reviews of the General Clinical Research Centers ... **Dr. David M. Monsees** has joined CSR as a scientific review administrator in the health promotion and disease prevention initial review group, with responsibility for reviewing epidemiological applications ... **Dr. Teresa Nesbitt** is the new scientific review administrator of the surgery and bioengineering study section, CSR ... **Dr. Alexander Politis** recently joined CSR as scientific review administrator of the immunological sciences study section ... **Dr. Arnold Revzin** has recently become a scientific review administrator for CSR. He is in the biophysical and chemical sciences initial review group, and will be involved with reviewing program projects, research resources, and instrumentation applications,

Dr. Gerald T. Keusch (pronounced Kersh) has been named new associate director of NIH for international research and director of the Fogarty International Center. He succeeds Dr. Philip Schambra, who retired from NIH after more than 30 years; the last 10 as FIC director.



Keusch, who began here last Oct. 1, was most recently professor of medicine and chief of the division of geographic medicine and infectious diseases at Tufts University School of Medicine and New England Medical Center, where he established a major research and training program in infectious diseases and international health. He also served as scientific director of the health group at Harvard Institute for International Development, where he oversaw long-term projects to increase research capacity in developing countries.

As director of FIC, he will oversee an annual budget of approximately \$30 million that supports research and training grants and fellowships with more than 80 nations.

along with small business innovation research grant proposals ... **Dr. Kalman E. Salata** recently joined CSR as an assistant chief of referral, to help assign applications for scientific review and funding consideration. He comes from Walter Reed Army Medical Center where he was acting chief of the research operations service ... **Christine Steyer** recently joined NIAMS as its personnel officer. She had been acting personnel officer at NINDS since 1997, and a personnel management specialist there since 1987 ... **Dr. Richard M. Suzman** recently became head of NIA's behavioral and social research program. He has been at NIA since 1985 and has overseen many of the institute's health, demographic and statistical studies related to aspects of aging ... **Dr. Kathleen Sybert** has been named chief of NCI's Technology Development and Commercialization Branch, which manages intellectual property for NCI and NCI's industrial and academic partnerships ... **Dr. Derrick C. Tabor** has joined NIGMS as a special expert in the Division of Minority Opportunities in Research (MORE). He is currently on a leave of absence from Johnson C. Smith University in Charlotte, N.C., where he is an associate professor of chemistry and chair of the department of natural sciences ... **Vincent A. Thomas, Jr.**, head of the Management Services Branch, NIAID, has been named assistant director for small business innovation research programs and for division operations within the Division of Extramural Activities, NIAID ... **Brenda J. Velez** has been named chief of NIAID's Contract Management Branch. She is responsible for oversight of the institute's research contract activities ... **Dr. Eugene Vigil** recently joined CSR as a scientific review administrator in the cell development and function initial review group. Previously, Vigil was at NIGMS, where he was program director of the Minority Biological Research Support Program ... **Sandra Z. Walter** recently joined NINDS as director of human resources. She brings to the job more than 20 years of experience in the human resources field at several government agencies ... **Charly Wells** recently joined the Office of Equal Opportunity as a diversity program manager. A federal employee for 26 years, he has been EEO manager in other areas

and agencies ... **Dr. Karen Williams** will head the new CC department of anesthesiology and surgical services. She had directed anesthesia and surgical services at the CC through a contract with Georgetown University since 1993 ... **Dr. Stuart H. Yuspa**, chief of NCI's Laboratory of Cellular Carcinogenesis and Tumor Promotion since 1981 and on the NCI staff since 1972, has been named deputy director of the Division of Basic Sciences ... **Dr. Sam Zakhari** has been named director of the Division of Basic Research, NIAAA. He will be responsible for the research portfolios of the Biomedical Research Branch and the Neuroscience Branch.

Honors and Awards

Dr. Terry Burke, a research scientist and principal investigator in NCI's Laboratory of Medicinal Chemistry, was presented the Sato International Award by the Pharmaceutical Society of Japan ... **Dr. John Daly**, NIDDK scientist, was honored at a symposium celebrating the "Roots of Chemistry at NIH" in relationship to his 40-year career and research ... **Dr. Maria Y. Giovanni**, director of NEI's Fundamental Retinal Processing Program, received the 1998 Distinguished Federal Employee's Award from the Blue Cross/Blue Shield Federal Employee Program for organizing an annual Science Day at Rosemary Hills Elementary School ... **Dr. Peter Greenwald**, director, Division of Cancer Prevention, NCI, received the 1998 Aesculapius Award for Cancer Research from several scientific organizations in Italy. He received the award in recognition of "his outstanding contributions in cancer epidemiology and in appreciation of his unique role in promoting cancer research" ... **Dr. Victoria Harden**, NIH historian, has been elected president (1998-1999) of the Society for History in the Federal Government ... **Dr. Florence P. Haseltine**, director of the Center for Population Research, NICHD, received three awards last fall. She received the 1998 Kilby Foundation award for "changing the course of medical history through her dynamic influence on public policy and the funding of medical research to include women in critical clinical trials, saving countless lives in the

process." She was also honored by the Mayo Foundation in a permanent "Women in Medicine" exhibit housed in Rochester, Minn. She was also named a Women's Health Hero by *American Health for Women* magazine for her "groundbreaking efforts to thrust women's wellness into the national spotlight, and for helping to ensure that women receive the specialized medical attention they deserve" ... **Marian Johnson-Thompson**, director of education and biomedical research development at NIEHS, has been elected a fellow of the American Academy of Microbiology. For the past 6 years, she has been the lead person at NIEHS for establishing programs that address the environmental health research and training needs of underserved populations ... **Dr. Albert Kapikian**, head of the epidemiology section in NIAID's Laboratory of Infectious Diseases, received along with two other scientists, the 1998 Children's Vaccine Initiative Pasteur Award for Recent Contributions to Vaccine Development. The three were cited collectively for their "outstanding work contributing to development of rotavirus

NIDDK Scientists Honored

Three NIDDK scientists received the Endocrine Society's 1998 Sidney H. Ingbard Distinguished Service Award recently in New Orleans. **Drs. Phillip Gorden, Philip Smith, and Ronald Margolis** were cited for their career achievements in basic and clinical endocrinology. The award recognizes Gorden, director of NIDDK, for his pioneering studies of growth hormone and acromegaly and his research on the mechanism of insulin action through the insulin receptor. Margolis was recognized for his work to promote further understanding of steroid hormones and their roles in regulation of gene expression, and his emphasis on programs that elucidate the hormonal regulation of bone in health and disease, including osteoporosis. Smith was cited for his efforts to make the National Hormone and Pituitary Program more responsive to the needs of endocrine researchers, for his creation and management of the Neuroendocrine and Pituitary Research Program, and his leadership of the Growth Factors Program.

NIH Funds Support Nobel Laureates

The three 1998 Nobel laureates in physiology or medicine—**Drs. Robert Furchgott, Louis Ignarro and Ferid Murad**—all enjoyed, like many of their predecessors, years of NIH grant support for their prizewinning investigations.

The trio were recognized for basic discoveries about nitric oxide, a gas the body uses in many physiological functions ranging from dilating blood vessels (its actions led to the creation of Viagra to treat impotence), regulating blood pressure, to sending signals to the nervous system.

In addition to their funding connection to NIH, two of the laureates served on study sections: Ignarro was a member of the pharmacology study section during 1982-1985 and Murad served the same section from 1984 to 1987.

Of the 75 American Nobel laureates in physiology or medicine since 1945, 56, or more than two-thirds, either had worked at or were supported by NIH before winning the prize. Since World War II, 118 scientists worldwide have been awarded the Nobel prize in physiology or medicine. More than half of them (66) had prior support from, or worked at NIH before the honor.

vaccines and their future utilization" ... **Dr. Stephen I. Katz**, NIAMS director, recently received the Scleroderma Foundation's Message of Hope Award for 1998 for his involvement in convening the NIAMS workshop, "Emerging Opportunities in Scleroderma Research" and for bringing focus to scleroderma research ... **Dr. Leonard David Kohn**, a scientist with NIDDK's Metabolic Diseases Branch, received an honorary degree in medicine and surgery from the University d'Annunzio in Chieti, Italy. He has pioneered the study of the regulation, growth and function of the thyroid cell and has also worked extensively on the role of the TSH receptor in autoimmune diseases ... **Dr. Mark Lane**, an NIA investigator in the Gerontology Research Center, received the 1998 Nathan G. Shock New Investigator Award for his research on intervention strategies using both primate and rodent model systems, and for development and evaluation of biomarkers of aging ... **Dr. Claude Lenfant**, NHLBI director, recently received the Nathan Davis Award of the American Medical Association. He was cited for his "oversight of groundbreaking research and clinical trials that have revolutionized the prevention and treatment of heart disease, stroke and other pulmonary and blood disorders." He also received from the American Society for Blood and Marrow Transplantation its first Public Service Award for "contributions to medical research and public health policy that have benefitted bone marrow transplant patients

and their families" ... **Dr. Alan Leshner**, NIDA director, was elected to membership in the Institute of Medicine of the National Academy of Sciences ... **Dr. Yoshitsugu Miyazaki**, a Fogarty visiting fellow in NIAID's Laboratory of Clinical Investigation in the clinical mycology section, was recently honored as one of two recipients of the Merck Irving S. Sigal Memorial Award. The award, presented for the first time, recognizes young investigators who have performed significant research in microbiology and infectious disease and reside outside North America ... **Eleanor Nealon**, director of NCI's Office of Liaison Activities, received an award from the Cancer Research Foundation of America "for helping others to have access to the best cancer information" ... **Dr. Robert Nussenblatt**, NEI scientific director, has been elected 71st president of the Association for Research in Vision and Ophthalmology, a nonprofit, scientific organization of over 9,000 eye and vision researchers throughout the world ... **Dr. Kenner C. Rice**, chief of NIDDK's Laboratory of Medicinal Chemistry, received the 1998 Research Achievement Award in Medicinal and Natural Products Chemistry from the American Association of Pharmaceutical Scientists. The award recognizes his research in the mechanism of action of abused drugs and in the treatment and prevention of drug abuse ... **Dr. Joseph Schech**, a clinical laboratory animal veterinarian at NICHD, recently received the Henry and Lois Foster Award of the

American College of Laboratory Animal Medicine at the college's 1998 forum in St. Charles, Ill. The award was given to Schech for scoring highest on a certifying exam given by the college; he had the top score on both the 1997 written and practical examinations ... **Dr. William S. Stokes**, associate director for animal and alternative resources, NIEHS, has received a certificate of recognition from the Humane Society of the United States under its Russell and Burch Awards program for outstanding contributions toward the advancement of alternative methods of toxicity testing ... **Dr. Harold Varmus**, NIH director, recently delivered at NIEHS the 14th Hans L. Falk Memorial Lecture on "Making a Mouse Model for Glioma," which presented work in his NCI lab ... **Dr. John T. Watson**, acting deputy director, NHLBI, has become the first scientist from NIH to be elected to the National Academy of Engineering. He was selected for his work "enabling human mechanical artificial heart research and developing the related NIH program, including industrial implementation" ... **Dr. Scott Whitcup**, NEI clinical director, has received the first Uveitis Study Group Prize for his research on ocular inflammatory diseases ... **Dr. Peggy Zelenka**, chief of the section on cellular differentiation in the Laboratory of Molecular and Developmental Biology, NEI, received the Alcon Research Institute Award for her outstanding contributions to vision research. The award recognized her recent work on the process of cell differentiation in the ocular lens.

Retirements

John H. Jones, deputy executive officer at NINDS, recently retired after 34 years of government service. He began at NIH in the NINDS Electroencephalography Branch, but switched in 1971 to an administrative position and continued on that career path. In 1990, he became deputy executive officer, the position he held at the time of his retirement. With the exception of a brief detail assignment from 1996 to 1997 as acting executive officer for DRG, Jones served his entire NIH career at NINDS. His retirement plans include visits to see siblings, working on home improvement projects and gardening ... **Rev. Eugene Linehan, S.J.**, Catholic chaplain in the CC spiritual ministry department,

Eleven Named AAAS Fellows

Eleven NIH'ers are among the 283 scientists recently elected by their peers to the rank of fellow in the American Association for the Advancement of Science. They received a certificate and rosette pin at the AAAS annual meeting in Anaheim, Jan. 23, 1999.

The new AAAS fellows from NIH are: **Drs. George W.A. Milne, Ira Pastan and Stephen J. O'Brien** of NCI; **Dr. Bernard Moss**, NIAID; **Dr. Anil B. Mukherjee**, NICHD; **Drs. Martin F. Gellert and David R. Davies**, NIDDK; **Dr. Story C. Landis**, NINDS; **Dr. Enoch Gordis**, NIAAA; **Dr. Lawrence E. Shulman**, NIH/OD; and **Dr. Alexa T. McCray**, NLM.

The AAAS, founded in 1848, is the world's largest federation of scientific and engineering societies, with over 282 affiliated societies and 144,000 members.

recently retired. In 1972, he joined the chaplain staff at the CC planning to stay for a short time, but he stayed for 26 years of service that turned into a "wonderful experience that words can't explain" ... **Dr. Bruce Maurer** has retired from government service after 20 years at NIH, the last 15 of which were with DRG (now CSR). He started out in 1978 through the Grants Associates Program and then worked at NIA and NCI until joining DRG in 1983. His retirement plans are flexible. He may buy, sell and appraise antiques, one of his many interests ... **Dr. Gilbert W. Meier** has retired after 11 years as a scientific review administrator with CSR. He was a "developmental psychobiologist" who managed the visual sciences 2-A study section and then moved to a study section in the AIDS and related research group. His retirement plans include a move to Austin, Tex., to be near his son and daughter-in-law and grandchildren ... **Sarah P. Payne** recently retired after 35 years of government service. She began her career in April 1963 at GSA, but spent the last 19 at NIH as a contract specialist, first in the Division of Procurement and then at NCI. Her career has been highlighted by many awards and commendations. For example, she received a substantial cash award for using

her procurement knowledge in the purchase of two mass spectrometers for the Division of Basic Sciences, NCI, resulting in considerable savings. Payne plans to enjoy her retirement by traveling and taking several cruises ... **Dr. Clarice Reid**, director of the Division of Blood Diseases and Resources, recently retired from NHLBI after 26 years of federal service. She first joined NHLBI on a detail in 1975, and later became national coordinator of its sickle cell disease program and chief of its Sickle Cell Disease Branch. She became DBDR director in 1994. Once retired she hopes to spend more time enjoying her family and playing duplicate bridge with her husband. The two play in tournaments locally and around the country ... **Dr. Edward M. Schmidt** recently retired from his position as a senior investigator in the Laboratory of Neural Control (LNLC), NINDS, after 26 years of service. He joined LNLC in 1966 and continued to work in the field of neuroprosthetics, pioneering methods and techniques. He made important contributions to knowledge about low individual nerve cells in the motor cortex of the monkey brain are used during voluntary movements. He used his research to work on a "visual prosthesis" system that has the potential to provide visual perception in blind people. Schmidt and his wife have moved to Easton, Md., and hope to use their boat as much as possible ... **Nancy Crawford Walther** recently retired from NIAMS where she was a computer specialist. She is looking forward to being active in retirement. She and her husband will enjoy camping, traveling and taking up golf again. She also wants to do some teaching and volunteer work for her church.

Deaths

Dr. Francis R. Abinanti, 82, a veterinarian who worked at NIAID, died July 12 in La Jolla, Calif. He was in the PHS and did research on diseases transmissible from animals to man. In 1970, he was appointed associate director for the extramural program, NIAID. After NIH, he worked at the Washington State University College of Veterinary Medicine and later joined the Scripps Research Clinic in La Jolla ... **Dr. Robert Aldrich**, 80, first director of NICHD (1963-1964) died of complications from diabetes on Sept. 16 in Seattle. Prior to becoming NICHD director, he was

professor and chairman, department of pediatrics, University of Washington School of Medicine. In 1962, Aldrich was asked by the Kennedy administration to help found, staff and chart the future course for NICHD. After he left NICHD, he returned to the University of Washington Medical School to head the division of health resources and serve as president of the university's faculty senate. In 1970, he became vice president for health affairs at the University of Colorado, then returned to the University of Washington in 1980 to work in the Graduate School of Public Affairs ... **Dr. David Wheelock Alling**, 80, a physician and research mathematical statistician who had worked at NIH for 40 years, died of respiratory failure Jan. 20 at Shady Grove Adventist Hospital. He came to NIH in 1959 on a postdoctoral fellowship at NHI. He also served as medical officer at NCI. In 1960, he became a medical officer at NIAID. In 1964, he became a research mathematical statistician. From 1996 until his death, he was a special assistant for biostatistics in the office of the director at the Clinical Center ... **Louise C. Anderson**, chief of the CC Nursing Department (1964-1972), died on Sept. 24 at a nursing home in Mars, Penn. She had Alzheimer's disease. In 1955, she came to the CC as assistant chief of the Nursing Department. During her tenure, the department established a number of developments including the position of clinical nurse expert—employees in this capacity are consultants in specialized areas who work with nurses. She also initiated the Nursing Care Conference monograph series. After leaving the CC, Anderson became head of a newly formed Health Manpower Development Branch in the Division of Commissioned Personnel, Office of Personnel and Training, HEW ... **Roscoe R. "Reds" Auvil**, 87, of Redland, Md., died Aug. 12 at Shady Grove Adventist Hospital. He had worked as a gardener for NIH at both Bethesda and Poolesville before retiring in 1972 after many years of service. Once retired, he ran a fruit and vegetable stand outside his home in Redland ... **Eunice Helen Balaguer**, 95, died Sept. 17 at Britthaven of the Onslow Nursing Home in Jacksonville, N.C. A former Bethesda resident, she worked as a medical secretary in the Laboratory of Clinical Pathology, CC in the 1950's and 1960's ... **Malvina Schweizer Balogh**, 92, a retired NIH scientist, died of a stroke Nov.

29 at Collington Episcopal Life Care Community in Mitchellville, Md. Her NIH career began in 1960 and she worked as a health science administrator helping to organize the Timberline conference on psychophysiological aspects of cardiovascular diseases. She retired in 1989 ... **William H. Briner**, 72, a retired PHS captain, died Nov. 6 in Norristown, Pa. after a heart attack. At NIH (1955-1970), he worked at the CC practicing pharmacy and participated in research involving radioactive drugs. He established the nation's second radiopharmaceutical service. In August 1970, Briner joined the faculty of Duke University as an assistant professor of radiology and director of radiopharmacy. He was later promoted to associate professor and continued in that capacity until his retirement in August 1998 with emeritus status ... **Elizabeth M. "Betty" Carl**, 79, died Sept. 18 of ovarian cancer at her home in Garrett Park. She had worked at NIH as a registered nurse for 30 years until retiring in 1983 ... **Dr. George Victor Coelho**, 80, a retired senior psychologist who worked at NIMH for 30 years, died of cardiovascular disease Jan. 30 at his home in Bethesda. At NIMH, he worked on cross-cultural migration problems and assimilation. In the 1980's, he was in the office of the administrator of substance abuse and mental health services. He retired in 1996. Following his retirement, he worked on conferences about the historical connections between Portugal and his native Goa, India. He was interested in Goan literature and worked on an anthology of 20th-century Goan poets ... **Dr. Cipriano Cueto, Jr.**, 75, a toxicologist and chemist who retired as chief of the toxicology branch of NCI's carcinogenesis testing program, died Nov. 7 at his home in Rockville after a stroke. He had retired from the federal government in 1979 after 30 years of service. For 10 years he was at NCI, where he studied possible cancer-causing effects of more than 200 chemicals ... **Mildred Catherine Parker Dougherty**, 88, died of cancer Aug. 10 at her home in Washington. She had worked at NIH for 31 years before retiring in 1978 as chief of the employee relations branch ... **Dr. Carl Dean Douglass**, 73, former director of the Division of Research Grants, died of cancer Sept. 23 at Suburban Hospital. He had retired from NIH in 1985, after 24 years of distinguished service, including 8 years as DRG director. He had joined NIH in 1961

and was appointed nutrition program officer, NIAMD. After 1964, he held a series of key NLM appointments. In 1967 he was appointed associate director for program development, and 3 years later was named associate director of that division. He came to DRG as associate director for statistics, analysis, and research evaluation in 1970. He became deputy director of the division in 1972, was named acting director in August 1976 and appointed director in April 1977 ... **Goldie M. Donaldson**, 73, a retired NIH secretary, died Aug. 14 at Shady Grove Adventist Hospital. She had joined NIH in 1944 and retired in 1980 after 36 years ... **Sarah Fenner Dunbar**, 60, died of cancer Aug. 30 at her home in Salinas, Calif. She was a nurse who during a 35-year career, worked as a grants administrator, research analyst and health specialist at NIMH, DHHS and then as a consumer safety officer at FDA's Center for Drugs and Biologics. From 1988 to 1993, she was a clinical trials specialist in the AIDS division at NIAID until retiring in 1996 ... **Dr. Helen Dyer**, 103, a chemist who retired in 1965 after 23 years with NCI, died of pneumonia Sept. 20 at her home in Washington. In 1920, she became a scientific assistant at the hygienic laboratory of the PHS's Department of Chemotherapy. During her long career at NIH, she compiled a comprehensive index of tumor chemotherapy and published more than 60 articles and monographs ... **Dr. Jacob R. Fishman**, 68, a Washington-based psychiatrist who was active in establishing substance-abuse treatment programs, died Dec. 2 at Johns Hopkins Hospital after a heart attack. In 1960 and 1961 he was a research psychiatrist and clinical associate at NIMH. When he died, he was president of American Healthcare Management of Washington, and a consultant at Riverside Hospital in Washington, the Maryland Treatment Centers in Baltimore and the Chesapeake Treatment Centers in Cambridge. He was also a director of Potomac Healthcare Foundation ... **Dr. Karl Flora**, 49, an FDA research scientist, died of non-Hodgkin's lymphoma Aug. 31 at Inova Fairfax Hospital. Before joining FDA, where he was director of the division of product quality research in the center for drug evaluation and research, Flora had worked at NCI. For 16 years he was in NCI's Pharmaceutical Research Branch, where he served as coordinator of pharmaceutical and chemical development of anti-AIDS drugs

... **Earl Willard Fuller**, 78, of Rock Hall, Md., and formerly of Princeton, W. Va., died Oct. 2 in Princeton. He had retired from NIH ... **Donald F. Godwin**, 65, a retired public health official who had worked at NIAAAA, died of cancer Oct. 11 at his home in Laurel. From 1968 to 1990, he worked for NIAAAA, becoming its occupation program director ... **Frank Mathias Holz**, 85, died Sept. 7 at Pentagon City Hospital of complications related to a stroke. He had retired in 1985 after working 20 years at NIH, where he specialized in medical and dental research ... **Dr. Robert J. Huebner**, 84, died Aug. 26 of pneumonia at the VA Medical Center in Coatesville, Pa. He had suffered from Alzheimer's disease for 16 years. During his career at NIH (1944-1982), Huebner was one of NIH's leading investigators, making major research contributions in virology, rickettsiology, epidemiology and oncology. Huebner was given many honors including the Ricketts Award, a Rockefeller Public Service Award, several honorary degrees, the Pasteur Medal, and the Presidential National Medal of Science. In 1961, he was elected to the National Academy of Sciences. He had worked at NIAID as chief of the Laboratory of Infectious Diseases. In 1968, he became chief of NCI's Laboratory of Viral Carcinogenesis, a position he held until he retired in 1982 ... **Emily Johnson**, 77, a secretary who retired in 1986 after 23 years at NIH, primarily with NIGMS, died of chronic pulmonary obstructive disease Jan. 1 at Suburban Hospital. She was a grants and administrator and secretary to the director of NIGMS ... **Marion Anderson Jordan**, 77, a retired legal secretary who was active in the League of Women Voters, died of lung cancer Nov. 21 at Suburban Hospital. She was the wife of NIHAA president Dr. William S. Jordan, Jr. After she retired, she had worked as a volunteer at NLM in the History of Medicine Division with the photography collection ... **Mary Grant Keffer**, 74, a secretary who retired from NIH 10 years ago, died Jan. 11 at her home in Beltsville of cancer. She had worked as a secretary at various agencies within DHHS before joining NIH in 1982 ... **Jennifer Alona Key-Russell**, 52, an NIH personnel specialist, died of cancer Aug. 18 at her home in Forestville. She had worked at NIH for 19 years before taking a leave of absence in 1996 ... **Marian Joan Kirley**, 79, an administrative secretary who worked

at NIH in the 1970's, died of cancer at her home in Leisure World in Silver Spring ... **Dr. Sarah H. Knutti**, 85, who worked for NIH for 10 years before retiring in 1974 as assistant program planning and evaluation director at NICHHD, died of congestive heart failure Nov. 29 at her home in Kennett Square, Pa. Her husband, Dr. Ralph Knutti, a former director of the NHI, died in 1994 ... **Dr. Morton Kramer**, 84, a retired biostatistician at NIMH, died Aug. 17 at Sinai Hospital in Baltimore of complications related to a stroke. He joined NIMH in 1949 and was chief of its biometrics branch (1949-1976) and then director of the division of biometry and epidemiology (1976). During this time, he established a voluntary national reporting system of mental health problems that is still used as a policy guide ... **Alice M. Laskey**, 92, a biochemist who retired in 1976 as chief of a special indexing unit at the medical library at NIH, died Nov. 22 at her home in Bethesda of complications related to diabetes ... **Dr. Gerald LaVeck**, 71, the second director of NICHHD (1988-1973), died Sept. 20 in Seattle after a brief illness. He had served as director of the NICHHD's Mental Retardation Program, (1963-1966) and in May 1966 he was named acting scientific director, serving until he was named director. During his tenure, the institute reorganized, separating intramural and extramural research. The NICHHD Gerontology Research in Baltimore and the Center for Population Research were established during this period. After he left NIH he served as clinical professor, department of pediatrics at the School of Medicine at University of Washington until he retired in 1985. He died just 4 days after the death of NICHHD's first director, Robert Aldrich, his mentor who was influential in bringing him to NIH ... **Margaret "Peg" Haller Little**, 89, head of preadmissions at the CC, died Nov. 1, at the Wilson Health Care Center at Asbury Methodist Village in Gaithersburg. She joined NIH in 1958 as secretary to Dr. Roderick Murray, and after being a secretary for Drs. Harold Dorn, Norman Topping, James A. Shannon, she returned as Murray's secretary. She retired in 1970 ... **Dr. G. David Marsden**, 60, a British neurologist who was a specialist on movement disorders, died Sept. 29 of a heart attack. He had just begun a one-year sabbatical at NIH. He was a professor of neurology at the National Hospital for Neurology and Neurosurgery in London and

dean of the Institute of Neurology in London ... **Ann Carter Garnett Marston**, 72, died July 13. She had Alzheimer's disease. She was the wife of Dr. Robert Marston, NIH director (1968-1973) and in that position served as a gracious hostess to many guests and visitors to NIH. She was interested in the arts and in education and was recognized with many honors and awards ... **Mary Maze**, 69, died Dec. 23 at Suburban Hospital. She had asthma. She joined NIH in 1985 as an employee development specialist and retired in 1992 as a physician liaison in the CC. Once retired, she continued to volunteer at the CC in the Blood Bank and at the Red Cross desk ... **Elvira M. May**, 89, a secretary who retired in the early 1970's from the Medical Library at the CC, died Sept. 14 of congestive heart failure at Carroll County General Hospital ... **Evelyn Foster Miller**, 74, a retired NIH employee, died Oct. 27 of a cerebral aneurysm in Raleigh, N.C. She had worked at NIH for many years and was the secretary to the director of the CC. She retired in 1984. After she left NIH, she worked as an executive secretary with the American College of Cardiology until retiring in 1994 ... **Barbara Rice Murray**, 82, a systems analyst who retired in 1988 as chief of the systems planning branch, NCI, died Jan. 10 at Chestnut Hill Hospital (Pa.) after a stroke. She joined NIH in 1968 and was on the staff for 20 years. She was the widow of Dr. Roderick Murray, director of the Division of Biologics Control, who died in 1980 ... **Linden E. Neff**, 74, a grants management officer with NIH, died Aug. 26 of injuries suffered in an auto accident in Mission Viejo, Calif. He worked at NIH for 34 years, retiring in 1980 ... **H. Rita Orr**, 76, a personnel management specialist who worked at NLM for 11 years until her retirement in 1978, died Dec. 20 at Sacred Heart Nursing Home in Hyattsville of complications related to multiple sclerosis ... **Dr. Robert Parke, Jr.**, 71, a demographer who retired from NCI in 1991, died Nov. 5 at his home in Alexandria. He had mantle cell lymphoma, a form of non-Hodgkin's lymphoma. After working in the Washington area, he joined the NCI staff, where he surveyed measures of community cancer prevention activities. He was also a peer review administrator ... **George L. Payne**, 83, a retired NIH liaison officer, died Aug. 17 of lung cancer at his home in Garrett Park. After working at the British Embassy (1938-1955), Payne began his

NIH career in 1959. He was appointed special assistant in the OD. He later became assistant to the deputy director and then congressional liaison for NIH budget affairs. He retired in 1979. Payne was also active in community affairs in Garrett Park and served as mayor and council member ... **Bruce Phillips**, 84, a research biologist who retired from NIH in 1976 after 36 years with NIAID and its predecessor, died of renal failure Dec. 1 at Suburban Hospital. He did research on the intestinal amoebic diseases in the Laboratory of Parasitic Diseases. He also worked on the development of germ-free animals for use in scientific experiments ... **Dr. Marvin J. Podgor**, 47, an NEI employee for 25 years, died Oct. 24 at his home in Potomac. He had kidney cancer. In 1973, he joined NEI's Division of Biometry and Epidemiology as a statistician. In 1995, he was named chief of NEI's statistical methods and analysis section. He was involved in many of the institute's studies and developed novel approaches to solving difficult statistical problems ... **Anna V. Polissar**, 58, a geriatric social worker, died of ovarian cancer Sept. 19 at the Hospice of Washington. Early in her career, she had worked in the developmental psychology laboratory at NIMH. She also directed a geriatric support group ... **Sallie Brubeck Riley**, 91, a retired Montgomery County public school teacher, who worked at the CC as a Red Cross volunteer, died of cancer Nov. 10. ... **Ellen Jane Ring**, who retired at the end of August 1998 as chief of the Technology Services Branch, CSR, died of cancer on Oct. 17. She began her career with the government as a GS-2 inventory clerk and advanced to GM-15 supervisory computer specialist ... **Dr. Martin Rodbell**, 73, who received the Nobel Prize for medicine or physiology in 1994, for discovering a key secret of the communications system that regulates the human body's cellular activities, died Dec. 7 in Chapel Hill, N.C., where he was being treated for cardiovascular problems. Despite heart surgery a decade ago, Rodbell had continued to work on cell signal transmission, completing 42 years at NIEHS and other components of NIH. He had started at NHI, made his key discovery at the NIAMD, and then left the Bethesda campus to continue work on transduction as scientific director of NIEHS from 1985 to 1989, and thereafter as scientist emeritus ... **Dr. Arthur Saz**, a microbiologist and professor who was a

leader in the field of antibiotic resistance research, died of a heart attack Nov. 17 at Georgetown University Hospital. In 1948, he joined the staff at NIH and became chief of the section of medical and physiological bacteriology in the Laboratory of Infectious Diseases. He left NIH in 1964 to become chairman of the microbiology department at Georgetown University medical and dental school. He retired from that position in 1984 and joined the department of immunology where he continued his research until suffering a debilitating stroke in 1995 ... **Dr. William Schatten**, a concert pianist and world-renowned Atlanta plastic surgeon, died of cancer Oct. 23 at his home. Early in his career, he was in the surgery branch at the CC (1956-1957) ... **Ellen Hickey Schildkamp**, 58, a former teacher who was an administrative assistant (1987-1997) in the Office of the Director, died of melanoma Jan. 8 at Suburban Hospital ... **Dr. Sam Silbergeld**, 80, a psychiatrist and biochemist, died of renal failure Jan. 3 at a nursing home in Seattle. He first joined NIH in the Division of Biological Standards. He was a research grants specialist who then completed a psychiatry residency at Stanford University and returned to NIMH as a research psychiatrist. He was chief of the biopsychosocial clinical research section, which included biochemical correlates of stress. When he retired from the PHS in 1987 he was administrator of the geriatric program at St. Elizabeths Hospital. After he retired, he was a psychiatrist at Sheppard Pratt Institute in Baltimore and taught at the University of Maryland and the Uniformed Services University ... **Dr. Neilson F. Smith**, 68, a social worker who retired in 1993 as chief of the social work training branch at NIMH, died of sepsis and renal failure Sept. 9 at a hospital in Pittsburgh. In 1996, he had received a lung transplant at the University of Pittsburgh Medical Center and he was being treated for a bacterial infection when he died. He began working at NIMH in 1968 as a social work program specialist in the education branch and became chief of that branch and also served as a liaison between schools of social work and federal training programs ... **Peter James Stathis**, 76, a property utilization specialist at NIH (1963-1993), died of liver failure Oct. 18 at Holy Cross Hospital. He also had a heart ailment and

diabetes ... **Rachel Stewart**, 27, died suddenly on Nov. 1 from an allergic reaction to food, several weeks before her 28th birthday and in the midst of planning for her wedding. She came to CSR in August 1997, and was a grants technical assistant for the integrative, functional, and cognitive neuroscience initial review group in the Division of Physiological Systems... **Dr. Frederick L. Stone**, 83, died of heart ailments on Oct. 19 in an Alabama hospital. He served as NIGMS' second director (1964-1970). He first came to NIH in 1948 as chief of the Research Fellowships Branch at DRG. Before joining NIGMS, Stone also served in various other capacities at NIH, including chief of extramural programs at the NINDB and assistant to the associate director of NIH. He left NIH in 1970 to become president of New York Medical College. In 1978 he became consultant to the University of Alabama at Birmingham ... **Dr. Robert Church Stroud**, 80, a physiologist and retired NIH administrator, died of cardiac arrest Aug. 13 at the Carriage Hill Nursing Home. He came to NIH in 1984 and worked as a training grants and awards branch chief and health sciences administrator for NHLBI's extramural affairs division before retiring in the late 1980's. His research specialty was safe working conditions in deep waters. He was working on a manuscript related to the concept of time ... **George W. Summers**, 78, a former administrative and contract specialist at NHI, CC and NCI (1955-1985) died Sept. 26 at his home in Kensington, Md ... **Dr. Norman Tamarkin**, 60, a psychiatrist in the Washington area, died of respiratory distress syndrome Jan. 7 at a hospital in Philadelphia. He had been injured in a swimming pool accident in June and was hospitalized since the accident. Before setting up his own practice, he did research at NIMH in the mid-1960's ... **Dr. William H. Tullner** died on Nov. 20 in Beesleys Point, N.J. In 1946, he joined NIH and retired in 1973. He was chief of the section on Endocrinology, Reproduction Research Branch, NICHD. He retired to Beesleys Point in 1979 where he was able to continue his love of the outdoors through birding and other naturalist activities ... **Ervin E. Uttermann**, 78, a retired NIH employee who worked at NIH (1965-1983), died Aug. 22. He worked as a budget analyst in the Division of Financial Management, OD ... **Carol Joan Vucci**, 65, died of cancer Sept. 30 at Anne

Arundel Medical Center in Annapolis. As a young woman, she was a receptionist and secretary at NIH, then she joined the Central Intelligence Agency where she worked for 30 years before retiring ... **Dr. Edwin A. Weinstein**, 89, a neuropsychiatrist and author who worked on the interrelationship of brain function, culture and experience, died Sept. 7 at home in Bethesda of complications from a stroke. He had been a guest researcher at NIA ... **Lawrence D. Willhite**, 55, an NCI facilities manager, died Dec. 7 of a heart attack at his home in Kensington. He had worked 26 years in the Office of the Director of DCBD/DBS ... **Lois P. Whitley**, 68, a retired clinical research associate at NIH, died Sept. 12 at Holy Cross Hospital. She had a liver ailment. She worked at NINDS (1967-1995) in the Division of Convulsive, Developmental, & Neuromuscular Disorders in the Epilepsy Branch ... **Dr. Charles Gordon Zubrod**, 84, a retired NCI physician who was a pioneer in the use of chemotherapy, died of respiratory failure Jan. 19 at Sibley Memorial Hospital. He had spinal meningitis and pneumonia. In 1954, he moved to the Washington area and began his NIH career. From 1954 to 1961, he was clinical director of NCI and from 1961 to 1974, he was scientific director of NCI. At NCI, he began using drugs to treat cancer, starting with acute leukemia in children. The treatment was successful and it led to establishment of chemotherapy as a standard treatment for cancer. In 1972, he received the Lasker Award for his work. He left NIH in 1974 to become director of the Florida Comprehensive Cancer Treatment Center in Miami. In 1990, he retired and returned to the Washington area.

The NIHAA received a contribution from Mrs. Mary Calley Hartman in memory of **Louise Anderson, Capt. William Briner, Mildred Dougherty, Margaret Haller Little, Ann Marston, and Evelyn Miller.**

S P R I N G 1 9 9 9

BALLOT

NATIONAL INSTITUTES OF HEALTH ALUMNI ASSOCIATION

PLEASE TEAR OUT AND RETURN WITH YOUR VOTE

In accordance with the bylaws of the NIHAA, alumni members of the association are to elect one-third of the board of the association. The nominating committee, appointed by President William S. Jordan, Jr., has nominated the alumni members listed below, each of whom has agreed to serve on the board of directors if elected, or to occupy positions on the board left open by expiring terms of office of present members. Each alumnus(a) member may vote for four (4) of these nominees. Please note that associate members (current NIH employees) are not eligible to vote in this election.

NOMINEES FOR BOARD OF DIRECTORS

Please vote for up to four (4) and return your ballot to the NIHAA office by **MAY 1**.

<u>Nominees</u>	<u>Former NIH Affiliation</u>
<input type="checkbox"/> Mr. Alexander Adler	DRG, NIH <i>Record</i> founding editor
<input type="checkbox"/> Dr. Artrice Bader	NCI, NIGMS scientist
<input type="checkbox"/> Dr. John T. Bartko	NIMH statistician
<input type="checkbox"/> Dr. Edwin Becker	NIDDK scientist
<input type="checkbox"/> Dr. Robert Berger	NHLBI scientist
<input type="checkbox"/> Dr. William Blot	NCI epidemiologist
<input type="checkbox"/> Dr. Cyrus R. Creveling	NIDDK scientist
<input type="checkbox"/> Dr. Vic M. Exposito	DBS scientist
<input type="checkbox"/> Dr. Joseph Handler	NHLBI scientist
<input type="checkbox"/> Dr. Samuel S. Herman	NEI, NCI, NIEHS scientist/administrator
<input type="checkbox"/> Ms. Jane Sundelof Jones	OD personnel
<input type="checkbox"/> Dr. Lloyd Law*	NCI scientist
<input type="checkbox"/> Dr. Carl Leventhal	NINDB, NCI, NIAMD, NIDDK, OD scientist/administrator
<input type="checkbox"/> Dr. Lois Lipsett*	NIDDK administrator
<input type="checkbox"/> Dr. Kathleen McCormick	NIA scientist
<input type="checkbox"/> Dr. Gregory O'Connor	NCI scientist
<input type="checkbox"/> Dr. Morris Parloff	NIMH scientist
<input type="checkbox"/> Dr. Karl Piez	NIDR scientist

* CURRENT BOARD MEMBERS WHO ARE ELIGIBLE FOR A SECOND TERM.

NIH Retrospectives



FEDERAL SECURITY AGENCY IN October 1949 PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

Spring 1959

The *NIH Record* has changed its format: more news, a special science section, larger size, bigger type and a new masthead. The first issue of the *Record* came off the press on May 20, 1949. [Happy 50th Anniversary. In 1949, the employee population of NIH was 2,200. In 1959, the number of increased to 7,600. Now there are over 17,000 employees at NIH] ... NIH has selected a 513-acre site for a permanent animal farm. It is 25 miles from Bethesda, three miles southwest of Poolesville, Md.



U.S. DEPARTMENT OF PUBLIC HEALTH AND SERVICES September 19 NATIONAL INSTITUTES OF HEALTH

Spring 1969

Dr. Jack Masur, director of the Clinical Center, died suddenly of a heart attack on Mar. 8. He had been closely associated with the CC since its beginning; he also served as NIH associate director for clinical care administration and held the rank of assistant surgeon general in the PHS. Dr. Robert M. Farrier has been appointed acting director ... King Baudouin and Queen Fabiola of Belgium visited NIH and toured the campus and CC facilities ... The first National Advisory Eye Council of the newly established National Eye Institute has been announced by Dr. Robert Q. Marston, NIH director.



Spring 1979

Rising gasoline prices and the initiation of parking fees at NIH have spurred NIH employees to find alternative ways of getting to work. Employees have turned to the bicycle as a way to beat the additional expense to save on energy, and to improve their health. Recently NIH director Dr. Donald Fredrickson, Montgomery County transportation officials and representatives of the Maryland-National Park

Commission spoke to NIH employees on the development of a bikeway system for NIH and the surrounding area.

The NIH Record

U.S. Department of Public Health and Services September 19 National Institutes of Health

Spring 1989

Construction on the 32,000-square-foot Children's Inn is slated for completion. The inn is a home away from home for pediatric patients ... Dr. James B. Wyngaarden, NIH director since 1982, announced his resignation on Apr. 20.



Dr. Donald Fredrickson starts out for his noon-hour ride after taking his bicycle from the bike rack near his office (Dr. Varmus is not the first NIH director to use his bike as a mode of transportation.)