

NIHAA Update

NIHAA at a Crossroads

The NIH Alumni Association is in a financial bind. The Foundation for Advanced Education in the Sciences, Inc., (FAES), will no longer cover NIHAA's operating expenses and at their suggestion we must achieve independence and long-term financial stability.

The NIHAA board met in special session on Mar. 2, 2005, to review financial plans made by the finance committee.

The NIHAA development committee plans to raise money from outside sources, but this effort is just getting started, and may not help the association meet its current operating costs.

Members received a renewal notice in March and were asked to pay dues promptly and consider contributing an extra \$100 (tax-deductible) to NIHAA, a 501(c)3 organization. Life Members were also asked to contribute. The response so far of renewals and contributions has been encouraging.

Current measures will take the NIHAA through the next year. To plan for the long-term financial stability of the NIHAA, a joint NIHAA/FAES committee, chaired by John Sherman, and Cal Baldwin, both longtime NIHAA members, has been formed. It also includes Henry Metzger and Dinah Singer of the FAES.

This committee's first goal is to acquire the visible support of NIH. In January, the NIH scientific directors agreed that an active alumni office is extremely useful to NIH.

A subcommittee of the scientific directors will draft a proposal that aims for wide NIH support. NIHAA will survive this crisis, but may end having a different look in the future.

Your support now is needed.
Thank you,

Paul Van Nevel,
President, NIHAA

The 'House of Hope' Opens Hatfield Dedicates New Hospital in September 2004, Urges Major New National Initiative

By Rich McManus

Nearly 7 years after he visited NIH to break ground for a new hospital to be named after him, former Sen. Mark O. Hatfield (R-OR) returned on Sept. 22, 2004, for the dedication of the Clinical Research Center, which he called a "human mosaic" embodying the vision, skills and perseverance of many, resulting in a "new community of hope." He also called for a major new



Former Sen. Mark O. Hatfield

national initiative on genes, environment and health, which would enroll up to 1 million Americans from all population groups and all parts of the country, for the benefit of future generations.

"There is no medicine like hope," he told a crowd of hundreds who had assembled in the CRC's towering atrium for a ceremony that featured senators, congressmen, Secretary Tommy Thompson and a host of other dignitaries. (See *CRC Dedication*, p. 16)

Some May Happen, Some May Not Master Plan Update Envisions Well-Built Campus

By Rich McManus

There is always just a hint of Shangri La when perusing NIH master planning documents, which the agency prepares roughly every 5 years in order to ensure the orderly development of the campus in coming decades.

The maps that accompany the thick planning books are clutter-free, symmetrical and idyllic, with none of the dirt, dust and disruption that accompany real-world construction. They paint inviting portraits into which one would readily hasten.

We're at one of those junctures now, as the Office of Research Facilities Development and Operations prepares the 2003 update to the Bethesda campus master plan. The draft—more a vision of what the future campus might be than a blueprint of exactly how and when the campus will grow—is currently out for public review and com-

ment, said NIH Master Planner Ron Wilson, who presented it at an Oct. 21, 2004, meeting of the Community Liaison Committee.

(See *Master Plan*, p. 12)

In This Issue

	Page
Public access and ethics at ACD meeting	2
Gottesman honored at RF 2004	3
Calendar of exhibits and events	5
News from and about NIHAA members	6
NIH hits prime-time TV	14
Nabel named NHLBI director	19
FYI	20
NIH notes	22
Mail-in ballot for NIHAA board	29
NIH retrospectives	31

Public Access, Ethics are Main ACD Issues

By Rich McManus

NIH's proposal to offer public access to archives of scientific literature supported by NIH (read taxpayer) money was presented in detail at the 89th meeting of the advisory committee to the NIH director on Dec. 2-3, 2004. Also outlined were plans to tighten conflict of interest rules at NIH; approval to institute a 1-year moratorium on honoraria and outside consulting with the pharma/biotech industry is being sought from the Office of Government Ethics and HHS.

With regard to public access, NIH director Dr. Elias Zerhouni said, "We believe it is important for NIH to create a stable archive of peer-reviewed research," and touted its attributes—it would be a permanent record, publicly available, searchable online, a veritable one-stop-shopping compendium of the fruits of NIH investment that would also "allow us to monitor and manage the scientific enterprise." Zerhouni said it would represent "a significant increment to the world of archives, which would augment, not detract from" scientific publishing.

"NIH is not intending to publish," he emphasized, "but to preserve an active archive." He assured NIH's proposal "will preserve the critical role of journals in editing and presenting peer-reviewed research."

On the conflict issue, Zerhouni said the proposed moratorium would be a "time-out period to truly scrub our portfolio of consulting activities." Dr. Raynard Kington, NIH deputy director, told the ACD that the Office of Management is investigating every case that has come to light of inappropriate outside activities at NIH and that "fairly soon, we'll enter the penalty phase of these investigations. In a small minority, there's evidence that's

troubling some employees have substantially violated rules and regulations." He and Dr. Michael Gottesman, NIH deputy director for intramural research, acknowledged that NIH could have done a better job of including intramural scientists in their deliberations on ethics; a cadre of intramural investigators had complained to Zerhouni in the days prior to the meeting their concerns were not represented in NIH policymaking on this issue.

The ACD also deliberated about ways to improve the NIH Director's Pioneer Awards so that they represent a more diverse population yet still preserve novel ideas as the most important criteria.

A work group report on basic behavioral and social sciences research, delivered by Dr. Linda Waite of the University of Chicago, suggested promoting the field from its current office status at NIH to a grantmaking body with a stable home in an institute such as NIGMS, NICHD or NIA. The ACD listened with interest and asked for a deep look at the issues raised in the report, but appeared lukewarm about any major new effort, especially in an era of flat-tening research budgets.

The meeting ended with a tour of the new Mark O. Hatfield Clinical Research Center, which Zerhouni called "the most significant addition to the NIH campus in more than 50 years."

For latest updates on the above topics, visit www.nih.gov/about/ethics_COI.htm; www.nih.gov/about/publicaccess/index/.htm; or <http://nihroadmap.nih.gov/pioneer/faq.aspx>. For *NIH Catalyst* special edition on COI - see www.nih.gov/catalyst/2005/index.html. For two *NIH Record* stories (Mar. 1, 2005) [www/nih/nihrecord/](http://www.nih.gov/nihrecord/)

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; email address: nihalumni@yahoo.com; website: www.fnih.org/nihaa/nihaa.html.

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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THE NIH ALUMNI ASSOCIATION THANKS THE FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES, INC., MERCK, AND WYETH FOR THEIR HELP IN THE PRODUCTION AND PUBLISHING NIHAA UPDATE AND SUPPORTING OUR EDUCATIONAL ACTIVITIES. WE ALSO THANK THE NIH FEDERAL CREDIT UNION. WE EXTEND APPRECIATION TO NIHAA MEMBERS WHO MAKE DONATIONS BEYOND THEIR DUES.

We Haven't Lost Our Pizzazz

Gottesman Honored at 2004 Research Festival

By Rich McManus

Apparently, the intelligent, witty and humane manner that characterizes most of NIH deputy director for intramural research Dr. Michael Gottesman's personal interactions is something that other people have noticed—he was the surprised recipient of an engraved crystal memento Sept. 28, 2004, just moments after he had delivered the 18th annual NIH Research Festival's keynote address.

Gottesman had chosen as his topic "A Creative Culture and Its Spectacular Science," focusing on the rich tradition and future prospects of the NIH intramural programs. Little did he suspect that many of his colleagues think that he embodies most of the virtues his talk touted.

Deciding to honor Gottesman was really kind of a no-brainer for this year's organizing committee, led by scientific directors Dr. Marvin Gershengorn of NIDDK and Dr. Eric Green of NHGRI. "We all thought that having Michael Gottesman as the keynote speaker was the best idea we could come up with," said Gershengorn.

Gottesman set out to review those elements of NIH culture that have contributed to its success, show how current trends reflect the best aspects of that culture ("We haven't lost our pizzazz," he stated at the outset. "We're still doing very well.") and describe the essential elements of success that NIH must retain into the future.

Creative people are at the heart of NIH's preeminence, he said. Borrowing from the thesis of an urban planning book, Gottesman said "three T's" contribute to NIH's success: technology, talent and tolerance.

Using slides, Gottesman embarked on a tour of NIH history from 1887 to the



Dr. Michael Gottesman

present, pausing to note that NIH scientists and grantees "have won more Laskers than any other research institution...and there have been more than 90 members of the National Academy of Sciences at NIH—most are still working." He admonished young people in the audience, "You're walking in the shadows of greatness here."

So how did we attract such excellent people? Again, virtues came in threes—NIH built an impressive intramural enterprise ("If you build it, they will come," quipped Gottesman), has been able to gain stable resources over the years and has relied on special recruitment programs targeting select audiences.

These include married couples (there had been anti-nepotism rules in academia that thwarted husband-wife scientific teams—Gottesman called Dr. Alan Rabson and Dr. Ruth Kirschstein "the quintessence of this kind of recruiting" but could as easily have mentioned his own wife, Susan, who is an NCI scientist), young men who desired an alternative to military service during both the Korean and Vietnam wars (the so-called "Yellow Berets" were men who took advantage of the Clinical Associate Program in lieu of boot camp, and include in their ranks Clinical Center director Dr. John Gallin, NIAID di-

rector Dr. Anthony Fauci, NIDDK director Dr. Allen Spiegel and Gottesman himself, among others) and even bright neighborhood kids who chose careers down the Pike at NIH (Drs. Malcolm Martin of NIAID, Warren Leonard of NHLBI and Steve Katz, NIAMS director, are all local products; Katz is a BCC High School grad).

Apologizing in advance for having to leave so many worthy people out, Gottesman offered brief biographical sketches of some of the intramural programs' most successful current scientists, including Dr. Neal Young and Dr. Mark Gladwin of NHLBI, NIA's Dr. John Hardy, NHGRI's Dr. Robert Nussbaum, NICHD's Dr. Juan Bonifacino and Dr. Jennifer Lippincott-Schwartz and Dr. Alan Koretsky of NINDS. Virtually all testified that their jobs are immensely rewarding and that they feel "like kids in a candy store."

They touted projects large and small, relish the freedom of following their instincts and love a campus where ego, title and past distinctions take second place to science. As Nussbaum said in a brief film clip, "I really like the lack of intellectual pretension on this campus—science is the coin of the realm here."



Festival attendees lunch outside the Natcher Bldg., enjoying one another's company and listening to live jazz by a high school trio from neighboring Walter Johnson. The next Research Festival is scheduled for Oct. 18-21, 2005.

Gottesman predicted more high-risk, high-impact research in intramural laboratories, owing to a profusion of "toys" (new infrastructure), technical support and new lab buildings, not to mention a raft of at least 9 training programs targeting minorities, women, married couples, foreign scientists, early-career investigators (both tenure-track and trainee) and others who are committed to doing the best science, often in teams, regardless of its commercial potential. "We have a far more diverse group of scientists than ever before at NIH," he said.

He touted the opening of the new Clinical Research Center among a host of new research facilities on campus, all of which have been designed to encourage interactions among different scientific groups. The Vaccine Research Center holds much promise, he said, as does the half-completed Neuroscience Center, which opened in July to 49 scientists from seven institutes. Bldg. 33, a biodefense facility, is rapidly rising into the air, an NIH Chemical Genomics Center is on the way, and, in the future, in the area on the south side of campus where old one-story



At first day's session, Dr. Elias Zerhouni, NIH director, is flanked by Research Festival co-chairs: Drs. Marvin Gershengorn (l), and Eric Green (r).

buildings currently house animals, a new Center for the Biology of Disease will be built, emphasizing animal studies.

In conclusion, Gottesman said that intellectual freedom, a critical mass of talent,

stable resources and funding, and leadership that recognizes NIH's unique features and preserves them combine to predict a glorious future for intramural NIH. "And the last 'T' is thanks," he said.

Before Gottesman could leave the podium, and before the audience could light out for the traditionally rich menu of Research Festival symposia and workshops, Eric Green lauded him for 11 years of strong, decisive leadership as NIH deputy director for intramural research. Green called Gottesman a "champion" and "the epitome of an NIH patriot. He is extremely good at tough decisions...he has a fair, compassionate style and outstanding judgment. He is remarkably well-liked by his colleagues, and is simply amazing in the job that he does. He's always calm and has a knack for really knowing the right issues to address, with the right timing. He has a sharp sense of humor, and is really our hero."

With that, he and Gershengorn presented Gottesman with a handsome etched crystal including an image of Bldg. 1., "for exemplary leadership of the intramural research programs on behalf of all the scientific directors.

"I'm speechless," said Gottesman. "This is a total surprise to me. There's no greater praise than that of one's colleagues. I'll do all I can to make sure the promise of NIH is kept."

Calendar of Upcoming Exhibits and Events

Exhibits

National Library of Medicine

From **Nov. 9, 2004 to May 31, 2005**, in the area outside the History of Medicine Division, there is a small exhibit on "Strange Hells Within the Minds War Made: War and Trauma in the 20th Century." For information, call 301-435-4993.

DeWitt Stetten, Jr., Museum

For information about Stetten Museum exhibits, call the Office of NIH History at 301-496-6610 or check out www.history.nih.gov.

Other Activities of Interest

NIH Events

The NIH Director's Wednesday Afternoon Lecture Series (WALS) is at 3 p.m. in Masur Auditorium, Bldg. 10. For more information, reasonable accommodation, and confirmation of the full schedule, call Hilda Madine, program director, at 301-594-5595 or check www.od.nih.gov/wals/schedule.htm.

May 4—NIH Director's Dyer Lecture: Dr. Jack E. Dixon, School of Medicine, UCSD, "Bacterial Pathogens: Hijacking Eukaryotic Signal Transduction Systems."

May 25—The 2005 Robert S. Gordon, Jr. Lecture in Epidemiology: Dr. JoAnn E. Manson, Harvard Medical School, "Postmenopausal Hormone Therapy: Can the Divergent Findings from Clinical Trials and Observational Studies be Reconciled?"

June 14-15—2005 General Motors Cancer Research Foundation Scientific Conference on Breast Cancer and Laureate Lectures in Masur Auditorium.

Share the Health 2005 on Sunday, May 15, at the newly renovated Westfield Shoppingtown Wheaton, 11 a.m. to 3 p.m. For information call 301-496-3931 or visit <http://sharethehealth.od.nih.gov>.

Frederick Event

On **Wednesday, May 18 and Thursday May 19**, the 9th Annual Fort-Detrick-FCRDC Spring Research Festival will be held in Frederick. Events are planned for scientists and the public from 10:30 a.m. to 3:30 p.m. Because of security concerns, please call 301-846-7388 to confirm before attending.

Other Events

USPHS Luncheon

On **Thursday May 5**, the luncheon for the USPHS retirees will be held at the Golden Bull, Gaithersburg. Cost is \$21. For more information call John P. Buckley at 301-340-0322.

On Thursday, Jan. 27, 2005, Dr. Herbert Pardes delivered the Shannon Lecture.

He drew upon his vast experience in administering three psychiatry departments, NIMH, a medical school and now two medical centers to comment on the current status of academic medicine. Several decades of spectacular advances in research and health care are now under stress due to limitations on health cost reimbursement and the likely levelling of the NIH budget; factors which are impinging most directly on major academic centers.

He spoke of the importance for NIH to further strengthen the connection between the medical centers, patient care and clinical research if the successes of the recent past are to continue in this new century. To see and hear the lecture please visit: <http://videocast.nih.gov/>

NIHAA Events

An Evening with the Baltimore Symphony on Wednesday, Apr. 27. Through arrangements made by R&W, NIH employees, alumni and their friends are invited to a performance by violinist Gidon Kremer with the Baltimore Symphony Orchestra at the new Music Center at Strathmore. Tickets may be purchased with a 15% discount for \$50). For reservations call Randy Schools at 301-402-6493.

NIHAA Annual Meeting is now scheduled for fall 2005. Details will be in Summer 2005 *NIHAA Update*.



Prior to the 8th annual James A. Shannon Lecture on Thursday, Jan. 27, 2005, Paul Van Nevel, NIHAA president (l), meets with the speaker, Dr. Herbert Pardes, president and CEO, New York-Presbyterian Hospital (c), holding a commemorative certificate that he receives from Dr. Elias Zerhouni, NIH director (r). The next Shannon lecture will be in 2006.

For more information about NIH events call 301-496-1766. For more information about NIHAA events call 301-530-0567.

News From and About NIHAA Members

James S. Alexander, who was most recently director of the Fellowship Training Program in the new Office of Intramural Training and Education, OD, retired last June after 30 years at NIH. He started in 1974 as EEO officer for the CC and, has spent his NIH career focusing on trainee programs for students and physicians,

Dr. David S. Alberts, who was at NIH as a clinical associate in medical oncology (1966-1968), and has been at the University of Arizona since 1975, has been named director of the Arizona Cancer Center in Tucson. He is also regents professor of medicine, nutritional science, pharmacology, and public health at the UA College of Medicine and director of the cancer center's Cancer Prevention and Control program. This past fall, he received the third annual American Association for Cancer Research/Cancer Research Award for Excellence in Cancer Prevention Research. His award lecture titled, "Cruising Down the Chemoprevention Superhighway with My Awesome Research Colleagues," was delivered in Seattle on Oct. 17, 2004.

Dr. Artrice V. Bader, former research scientist and health science administrator at NIH (1957-1990), was recently honored by her *alma mater*, Georgetown University during the Patrick Healey Dinner, which honored black women of Georgetown. It also celebrated the creation of the Patrick Healey Endowed Scholarship Fund. Healey was president of GU (1873-1881) and the first African-American president of a predominantly white university. Bader received a standing ovation as she was honored for being among the first black women to graduate from the Graduate School at GU. She received her Ph.D. from the biology department in 1966, becoming the first

Ph.D. recipient from the department. She has been a member of NIHAA since 1991, on the board since 1999, and has served on several committees.

Dr. Eric Bailey, (1994 to 2004), writes the following from Los Angeles where he recently moved: "I am a medical anthropologist, author, associate professor, and program director for the masters of public health program in Urban Public Health at Charles R. Drew University of Medicine and Science. I am currently developing and organizing this program ... Before I was a health scientist administrator/program director at the National Center on Minority Health and Health Disparities (NIH). I administered, organized and coordinated the major Minority-Serving Institution Annual and Performance Reports to the White House for the Center. Before this, I was a program director for the Comprehensive Minority Biomedical Branch at NCI."

Dr. Carl G. Baker, who was at NCI (1949-1972) and its director (1970-1972), has written an unpublished manuscript that can be found on the website of the Office of NIH History (<http://history.nih.gov/01/Docs/historical/2015.htm>). Titled "An Administrative History of the National Cancer Institute's Viruses and Cancer Programs, 1950-1972", it describes the background, philosophy, implementation, and outputs of these programs and concludes with plans for the New Cancer Act.

Steven J. Berkowitz, recently retired after 28 years of federal service, lastly as the NIH associate director for CFO and Central Services Operations. He is now with BearingPoint, an international systems integration, business consulting, and managed services consulting firm, working on several NIH DHHS en-

agements. He began his federal career with the U.S. General Accounting Office, and in 1981 came to the NIH as a supervisory accountant. He has held several positions within the NIH OD and the NIAID. During his career with NIH, he received several NIH Director's Awards, twelve NIH Merits Awards, and two DHHS Secretary's Distinguished Service Awards. He recently received the Association of Government Accountant's Distinguished Leadership Award. He is on the NIH FCU's board of directors and the Cold War Museum board of directors.

Dr. Edward N. Brandt Jr., who was assistant secretary of health (1981-1984), recently retired from the University of Oklahoma Health Sciences Center where he was a member of the faculty and chair of the department of health administration and policy in the College of Public Health. He was honored with a symposium on Nov. 12, 2004. Brandt is now professor emeritus and will continue to be active and teach at the Health Sciences Center. On Feb. 24 in the Oklahoma Memorial Union, he spoke on "A Look at the Healthcare System in Oklahoma."

Dr. Paul Bunn, at NCI as a section head in the Division of Cancer Treatment (1974-1984), is the Grohe/Stapp Chair in Cancer Research and director of the University of Colorado Cancer Center. He was awarded the Outstanding Leadership Award at the 12th Annual Specialized Programs of Research Excellence Workshop held in Baltimore last July. The award is given to SPORE investigators who demonstrate strong leadership in pursuit of collaborative translational studies. Bunn is the PI of the lung SPORE at UCCC. His award was specifically given for his work on the Lung Cancer Biomarkers and Chemoprevention Consortium.

Dr. Francis Chisari, who was at the Division of Biologics Standards (1970-1972), and is now professor at Scripps Research Institute, gave the Joseph J. Kinyoun lecture in Masur on Oct. 14, 2004. He is well-known for his discovery that the immune system's so-called killer T cells also have a kinder, gentler side. His lecture was titled "The Host-Virus Standoff during Persistent Viral Infections." He will also be speaking again at NIH on June 22, 2005, at 3 p.m. in Masur Auditorium in a talk hosted by the Immunology Interest Group.

In October 2004, two NIHAA members were elected to membership in the Institute of Medicine of the National Academies: **Dr. Mark M. Davis**, who was a staff fellow in the Laboratory of Immunology, NIAID (1980-1984) and is now Howard Hughes Medical Institute, and professor of microbiology and immunology at Stanford University School of Medicine and **Dr. Timothy Eberlein**, who was at NCI (1979-1982) as a clinical associate in the Surgery Branch, and is now director of the Alvin J. Siteman Cancer Center, which is operated jointly by Washington University School of Medicine and Barnes-Jewish Hospital, St. Louis.

Carol Fivozinsky, an NEI budget officer for the past 11 years and at NIH for 20 years, recently retired. In an article in the *NIH Record* (9/20/04) she said, "I have always been proud to be an NIH employee because of its terrific mission---a place with a big heart. NIH looks out for not only the health of the American public, but also the employees. I've had a fulfilling career, and now it's time for me to enjoy the next chapter." The next chapter includes more time for herself and her family, including her grandchildren. She plans to take classes, travel and volunteer at the Children's Inn.

Dr. Michael Friedman, who was at NCI (1970-1993) as director of the Cancer Therapy Evaluation Program, is now president and CEO of City of Hope Cancer Center in Duarte, Calif., and **Dr. Philip Pizzo**, former chief of Pediatric Oncology, NCI (1973-1990), is now dean of Stanford University School of Medicine, have both been appointed to the 29-member Independent Citizen's Oversight Committee that will govern the new California Institute for Regenerative Medicine and oversee the implementation of the \$3 billion stem cell research program created by the passage of Proposition 71. **Dr. Zack W. Hall**, NINDS director (1994-1999) has recently been named the interim president of the stem cell institute.

Dr. Vay Liang W. (Bill) Go, director of the Division of Digestive Diseases and Nutrition, NIDDK, (1985-1988), is now at UCLA. He was a member of the Dietary Guidelines Advisory Committee, which recommended new guidelines for Americans in 2005 to promote health and reduce risk of chronic disease through nutrition and physical activity. For details visit (www.healthierus.gov/dietaryguidelines).

Dr. Lloyd Guth writes that he "was awarded the 2004 Reeve-Irvine Research Medal at the annual gala of the Christopher Reeve Paralysis Foundation in New York City. The medal recognizes an individual who has 'made highly meritorious scientific contributions in the area of spinal cord repair, and whose research has stood the test of time and scrutiny.'" He is a 1949 graduate of NYU and a 1953 graduate of the NYU School of Medicine. He was at NIH as an intramural research scientist in the Section on Neural Development and Regeneration (NINDB, 1954-1975). After leaving NIH, he was professor and chairman of anatomy at the University

of Maryland School of Medicine (1975-1990) and research professor of biology at College of William and Mary (1990-1996).

Dr. Donald Harting, who was the second director of NICHD (1965-1966), is currently executive officer of the Delmarva Education Foundation in Salisbury, Md. He recently spoke at the ribbon-cutting ceremony for NICHD's new Hall of Honor (*NIH Record* (11/23/04)) and recounted the story of the institute's early days. He explained that the NICHD's first director, Dr. Robert Aldrich, developed the plans for the new institute which would encompass child health, human development and aging. Harting was left to implement the plans when Aldrich left after a year. He explained how the institute's acronym came to have only one H, instead of two, as would be expected from its name: One afternoon in 1961, he was called to the office of then NIH director Dr. James Shannon, who hadn't believed it was necessary to create an institute to study children's health. Also, there had been some debate about whether the new institute would encompass either child health or human development and aging, until it was eventually decided to include both research areas. "Shannon started off by saying, 'Harting, if I have to have a kiddie institute, it's got to be N-I-C-H-D,'" Harting said. Shannon continued, "None of this N-I-C-H- squared D or N-I-C-H-double H-D. If anyone asks you which one we left out, find out which side they're on, child health or human development and aging. Just tell them that it was the other H that we left out."

Dr. Leonard Herzenberg, who was at NIAID (1955-1957) in the Laboratory of Cell Biology with Dr. Harry Eagle, is now professor emeritus in the genetics

department, Stanford University School of Medicine. He recently received the Novartis Lifetime Service Award at the July 2004 International Congress of Immunology in Montreal for inventing and continually improving over 35+ years the Fluorescence Activated Cell Sorter (FACS).

Ann Karen Howard, who was a program assistant in NIDDK's Digestive Diseases Division, retired July 2004 after 38 years of service. Before coming to NIH, she worked for the Department of Agriculture. She was a program assistant to Dr. Frank Hamilton, program director for Digestive Diseases in the grant program. For the last seven years, she also served with the NIH/NMA Partnership Committee and was awarded a Certificate of Appreciation for her dedicated service. Now retired, she is busy taking courses at Johns Hopkins University through the Evergreen Society. She is also a volunteer with the Montgomery County Women's Fair, which held its 25 Anniversary Fair Program on April 16, 2004. Her plans also include more traveling and playing tennis and enjoying music.

Dr. Arthur Kornberg, Nobel laureate (1959) and former chief of biochemistry, NIAMD (1947-1952), is now Emma Pfeiffer Marner professor of biochemistry, emeritus, Stanford University School of Medicine. He received the Osaka Sakura Award and has been also named an honorary member (one of only 20) of The Japan Society.

Dr. Annabel Liebelt, who was at NCI's Laboratory of Pathology (1949-1952), returning to NCI in 1982 to work again with Dr. Harold Stewart in the Registry of Experimental Cancers, officially retired in 1991. She now lives in the Villas at Asbury Methodist Village in Gaithersburg and has become an ex-

emplary volunteer. At Asbury, she is on the Villa Landscaping and Library Committees, co-chair of the Social Committees as well as other committees involving education and publicity. Other activities outside of Asbury involve being active in NARFE and working for her *alma mater*, Western Maryland (now McDaniel College), where she is on the Board of Governors. She also sings in the Gaithersburg Presbyterian with Praise Team.

Terry Lierman, was an NIH management intern (1971-1974), who went on to work on the Hill and became involved in starting several health and education related companies. He has been very active in politics locally, state-wide as well as nationally. He was recently elected chairman of the Maryland Democratic Party. He was selected as a consensus choice to lead the party in its campaign against Gov. Robert L. Ehrlich, Jr., in 2006. Lierman will also galvanize the party by raising funds and will travel to every county in the state.

Dr. Barbara Rimer, former director of NCI's Division of Cancer Control and Population Sciences (1997-2002) has been appointed dean of the School of Public Health at the University of North Carolina at Chapel Hill. She is currently an alumni distinguished professor in UNC's department of health behavior and health education and the deputy director for population sciences at the Lineberger Comprehensive Cancer Center. Prior to joining NC, she held joint appointments at the UNC School of Public Health and Duke University Medical Center's community and family medicine department. She was the first woman and first behavioral scientist to chair NCI's National Cancer Advisory Board (1994-1997).

Randy Schools, president and CEO of the NIH-NOAA Recreation and Welfare Association, former NIHAA board member and recipient of NIHAA's first Award for Service to NIH, recently received the William Prescott Allen Award at the 78th annual installation and awards dinner of the Greater Bethesda-Chevy Chase Chamber of Commerce. He was recognized for his work on behalf of NIH charities (Children's Inn, Friends of the Clinical Center, Special Love/Camp Fantastic), his service as president of the Boosters Club for the Bethesda Big Train baseball team, his membership on the board of the Bethesda-Chevy Chase YMCA, and his volunteer work with Boy Scouts.

Dr. John A. Scigliano, a pharmacist with the USPHS for 32 years is now retired. He was at NIH at the CC (1960-1965) and then at NIGMS/NIMH/NIDA (1965-1970), and a major part of his career was dedicated to research of the pharmacology, safety and therapeutic potential of drugs of abuse. He is a class of 1941 graduate of Creighton University in Omaha, Nebraska. To honor his parents and his brother-in-laws memories, he and his brother and sister have established the John A. Scigliano Scholarship. The scholarship is intended to recruit students to Creighton and to encourage their pursuit of a career in certain specified fields in the medical sciences. The plan came to fruition on the 50th anniversary of his graduation from Creighton.

Dr. Leon Smith, former staff fellow at NIAID (1957-1959), is now executive vice president for health care policy with Catholic Health and Human Services Corporation (CHHS). Smith will serve as chief advisor on health-care policy for all Cathedral Healthcare System facilities and the Archdiocese of

Newark. His responsibilities include recruitment of medical staff, development of programs, and forging of new relationships between CHHS affiliates and other institutions, agencies, and organization both here and abroad. He is also continuing as chairman of medicine, Saint Michael's Medical Center as well as professor of medicine and professor public health preventive medicine, New Jersey Medical School. Smith was also presented with 2004 Henry H. Kessler Human Dignity Award on Nov. 4, 2004, for his work in improving the lives of people with disabilities.

Dr. Gordon Wallace, longtime NIAID scientist and administrator and past president of NIHAA (1990-1991) is living in Hawaii. In a letter to NIHAA he described the spectacular scenery and natural beauty where he is living: "Life is good here in Hawaii. We have a great house and property here on the windward side of Oahu, across the Koolau Mountain Range from Honolulu ... I stay busy. I've completed two novels, based on my experience doing infectious disease research in the South Pacific during the 1960's-70's. An agent and publisher are interested in one." He adds that Diane Taylor, his wife, is still on the faculty at Georgetown and runs a large NIH-supported malaria research program in Africa and she's been commuting from Hawaii to Georgetown and managing the African study through trips, emails, and faxes.

Dr. Robert Young, at NCI (1967-1988), is president of the Fox Chase Cancer center in Philadelphia. In November 2004, he was named chairman of NCI's Board of Scientific Advisors and reappointed to the board for a term expiring in 2007. He has served on the BSA since 1996. "We are the extramural

community's voice," Young said when commenting on the appointment, "...we are charged with making sure that NCI understands what it's like out there when one tries to utilize the grant mechanisms."

Dr. Warren Zapol at NIH (1967-1970), is anesthesiologist-chief, at Massachusetts General Hospital and the Reginald Jenney professor of anesthesia at Harvard Medical School. His major research efforts include acute respiratory failure in animals and humans. He has led nine expeditions to Byrd Station in the Antarctic to study the diving mechanisms and adaptations of the Weddell seal. He was one of the authors of a new book, *This is No Humbug!*, reminiscences of the Department of Anesthesia at the Massachusetts General Hospital (Atlas Books, ISBN: 0-9715376-0-7). In 2003, Zapol and Dr. Clases Frostell received the National Inventor of the Year Award for development of an innovative treatment for pulmonary vasoconstriction and asthma.

Recently, the Diabetes Research Branch celebrated its 30th anniversary as part of NIDDK's Division of Intramural Research.

Alumni paid homage to their mentors with a 1-1/2 day symposium titled, "Celebrating the Diabetes Branch: A Tribute to Jesse Roth and Phil Gorden." In the photo to the right, some NIHAA members who attended included (from l)

Susan Roth and husband Dr. Jesse Roth; Dr. Jacob Robbins, Dr. Phillip Gorden and Dr. Ed Rall. Roth was chief of the Diabetes Branch (1974-1983) and NIDDK scientific director (1983-1991). He is now geriatrician-in-chief at North Shore University Hospital/Long Island Jewish Health System in New York and professor of medicine at Albert Einstein School of Medicine. Gorden was NIDDK clinical director (1980-1986) and chief of the Diabetes Branch (1983-1986) and NIDDK director (1986-1999). He returned to clinical research as chief of the section on clinical and cellular biology in the Diabetes Branch.



What's Your News?

We want to hear from you. Please send your news with photo if possible to Harriet Greenwald, *NIHAA Update*, 9101 Old Georgetown Rd., Bethesda, MD 20814-1522 or email nihalumni@yahoo.com.

Volunteer Opportunities for NIH Retirees with the NIHAA Volunteer Program

Many varied opportunities exist at NIH and the local area. NIH alumni can make a difference!

Our program targets retired or soon to be retired local NIH'ers.

We have a directory of volunteer opportunities that may be viewed at: <http://www/fnih.org/nihaa/NIHAAvolunteer.html>.

Email nihalumni@yahoo.com or cmchale@comcast.net if you would like to become a volunteer.

Dealing with Loss

DeVita-Raeburn's Book Offers 'Path Through Forest of Emotion'

By Richard Currey

Elizabeth DeVita-Raeburn's presentation at Lipssett Amphitheater on Sept. 23, 2004, was described as a reading from and discussion of her new book *The Empty Room: Surviving the Loss of a Brother or Sister at Any Age*. The event was to be a look at both her experience and that of others in coping with the loss of a sibling. It was that—and much more: a charged and deeply affecting 2 hours marked by shared stories and powerful emotions.



Elizabeth DeVita-Raeburn

Speaking to more than 70 people, DeVita-Raeburn discussed the background of her book—and her personal journey. At the heart of that journey is the recognition that sibling loss involves “not just the story of a brother or sister that’s gone,” as she said, “but that the survivor has an important story to tell. In fact, without claiming that story in some way—and learning to own it—I think it’s very difficult to deal with the loss of a sibling.”

When DeVita-Raeburn's brother Ted died at the Clinical Center on May 27, 1980, he had lived in a laminar airflow “clean room” on 13 East for more than 8 years. Suffering from aplastic anemia and severe immune deficiency, Ted DeVita's illness and death was, for Elizabeth, the defining event of her life.

But it would be many years before she fully understood the life-altering nature of her experience.

Elizabeth's father is Dr. Vincent DeVita, NCI director between 1980-1988 and a clinical investigator at the institute for 25 years. When Dr. DeVita noticed the appearance of irregular pur-

plish discolorations on Ted's legs in 1972, his trained physician's eye recognized the signs of a bleeding disorder. In short order an initial diagnosis was made—aplastic anemia. Ted was 9 years old at the time. He was admitted to the Clinical Center and the search for the anemia's cause was launched.

Aplastic anemia is a rare condition defined by an inability to produce new blood cells and platelets. It results in frequent infections (due to immune deficiency related to a lack of white blood cells), abnormal bleeding, weakness and fatigue. Although the condition can be triggered by toxic chemicals or certain drugs, the cause often remains unknown. This was the case with Ted, despite persistent and even extraordinary measures taken to learn the cause of his anemia (including the autopsy of the DeVita family parakeet).

Ted DeVita's hospital room was initially designed to protect cancer patients whose immune systems were compromised by chemotherapy. For a boy whose stay there would span weeks, then months, and finally years, it became far more than simply a hospital room. It was Ted's home, the place where he made his way through adolescence, practiced guitar, talked on the phone, watched TV and was visited often by his sister who herself came to think of Bldg. 10 as a kind of home as well.

Now a 38-year-old freelance medical journalist based in New York City,

DeVita-Raeburn said that the years of visiting Ted familiarized her with the “feel” of a hospital. “I still experience a kind of comfort here,” she said. “In fact,” she added, laughing, “if any of my friends have emergencies that involve going to the hospital, they call me for support.”

That comfort level, however, belies another aspect of sibling loss. “The surviving sibling,” DeVita-Raeburn said, “can hide in that familiarity—and disappear. We survivors are educated from the start that the ones having a big problem are our parents, and, in cases of chronic illness, our sick sibling. Right from the start we're indirectly told: this is not your story. The prevailing idea is that the impact of the loss rests with parents.” The net result, DeVita-Raeburn believes, is a crippling inability for surviving siblings to come to terms with loss in the context of their own lives.

Another aspect of a surviving sibling's “emotional disappearance” was reflected in DeVita-Raeburn's inner obstacles to telling her own story. “I could tell other people's stories. I collected other people's accounts of losing a brother and sister, and wrote them without much difficulty for *The Empty Room*. But when it came to writing my own story—I was blocked.

“A critical factor in this process was that I grew up playing second banana to my big brother. Not only before he got sick, but certainly afterwards. I learned how to be quiet, to be self-effacing. It was all part of the dynamic in a family with one child who is critically ill.”

When DeVita-Raeburn broke through into her own story, she discovered

what she now refers to as “the healing power of storytelling. But to get there you must first claim your story as your own.”

Using a literary form that fuses reporting as well as affecting memoir, *The Empty Room* creates a textured portrait of sibling loss as it considers the impacts of losing a brother or sister in childhood, in old age, abruptly in accidents or after prolonged illness.

DeVita-Raeburn also explores the psychological shifts in families for children born after a sibling has died, as well as the profound sense of loss and disconnection experienced by a surviving twin.

Dr. Alan Schechter, chief of the molecular biology and genetics section at NIDDK, introduced DeVita-Raeburn's appearance with remarks about the growth of palliative care at NIH and the milestones (including cases like Ted DeVita's) toward what is now an integral aspect of NIH's clinical services. DeVita-Raeburn then spoke about the genesis of *The Empty Room* before reading from the opening pages of the book to a rapt audience.

Attendees also heard remarks from Dr. Stephen Chanock, a pediatric oncologist at NCI who lost his brother to cancer at NIH in the same week that Ted DeVita died. Chanock echoed DeVita-Raeburn's remarks about a surviving sibling's trauma being trivialized and shunted aside. A medical student at the time of his brother's death,

Chanock recalled an attending physician who advised him to “remember to take care of your parents because they're going through a tough time.”

Chanock noted the casual assumption that his experience in losing a brother was somehow less traumatic or less important than his parents' loss of a son. “Different, perhaps,” Chanock remarked, “but no less significant or painful.”

Also speaking was Dr. Ann Berger, chief of pain and palliative care at the Clinical Center, who described the current palliative care services available at NIH and detailed the varying tactics and approaches her service offers. Her slides included a number of photographs of the palliative care team in action, including pictures chronicling the rounds of the team's famous “tea cart.”

Questions from attendees struck a wide range of issues and concerns, from simply sharing their own experiences as surviving siblings, to specific queries from health care providers interested in ways to better serve their patients' needs. A physician asked for guidance on talking to siblings in the process of losing a brother or sister. Another individual stood to relate the general lack of services and support available to her when her sister died several years ago.

When a third person asked what friends can do in situations involving sibling loss, DeVita-Raeburn reminded us that there is no way to “make it better” or literally improve anything about such challenging circumstances—but surviving siblings can be advised to remember the importance of their own stories as both tools for healing as well as remembrance.

“For me,” DeVita-Raeburn said, “and I think for a lot of siblings, it's a matter of knowing the story. For those of us who lost their sibs when they were young—many people have mentioned this to me—they don't know, at least not exactly, what the story is. They're not sure what the details were, what the progression of events was. So how can you claim that story as your own?”

But whether a sibling loss happened when one was too young to recall events, or an adult brother or sister was lost suddenly in an accident, DeVita-Raeburn returned to her contention that it's all about “claiming the



NCI's Dr. Stephen Chanock also lost a sibling, in the same week that DeVita-Raeburn's brother died.

story as your own. It's understanding the pattern inherent in the disparate facts you hear from parents and other family members and doctors and nurses, and allowing that information to transform your understanding of what you went through.”

The Empty Room illustrates in a way rarely done—certainly not often with DeVita-Raeburn's lyricism and eloquence—a fundamental contradiction in sibling loss: you cannot speak (or write) of your grief. And yet it is that first spoken or written word that might open a path toward coming to terms with loss. “Without that first word,” DeVita-Raeburn said, “there is no understanding, no path through the forest of your emotions.”

The Empty Room tells us that emotional journeys, journeys of the heart and soul, can and will find their way home again—but arrive stronger and with greater understanding.

As Chanock said, “I deeply appreciate Elizabeth's brave and daring book. This powerful work is required reading for anybody who takes the practice of medicine or the delivery of health care seriously.”

Master Plan (continued from p. 1)

son Council. The National Capital Planning Commission, the federal government's central planning agency, has also received the draft; NIH will seek NCPC's endorsement at its Jan. 6, 2005 meeting. The draft is also before the Montgomery County Planning Board, whose review is expected in mid-December. The draft includes many of the basic ideas in the current, or 1995, Master Plan. The update further elaborates the "quad" motif adopted in its 1993 iteration, creating clusters of laboratory buildings around grassy quadrangles in different portions of the campus. Altogether, some 13 major structures are envisioned as either new, replacement or renovated space, primarily for scientific research. The construction, if it occurs, would increase NIH's current total of 7.4 million square feet of space to 10.7 million, or a gain of about 3.3 million square feet.

A touchstone in the planning process is that scientific programs have dibs on campus real estate while NIH's extramural programs and other administrative space would be primarily located elsewhere.

The 2003 update—divided into four phases of about 5 years each—looks out 20 years to 2023 and sees the following changes, which the NIH planners emphasize are not necessarily bound to happen:

▼ Bldg. 36, the Lowell Weicker Bldg., will come down to make room for phase 2 of the Neuroscience Research Center.

▼ A Center for the Biology of Disease will anchor the southern portion of campus (or South Quad), and consist of a large Animal Research Center at its southern terminus, bounded by three laboratory buildings of between 138,000 and 183,000 gross square feet (about the same size as Bldg. 41); they are dubbed M, N and P. The new animal center will allow the current animal facilities in the

Bldg. 14/28 complex of old, red-brick low-rises to be razed. Wilson states that it is far too early to say what programs the new lab buildings will host.

▼ A long-anticipated child care center for the northwest quadrant of campus is planned, as is a stormwater retention pond on the lawn of the National Library of Medicine. The pond, which could be built as early as next year, is a Montgomery County project to be sited on an NIH easement and is expected to benefit water quality on campus.

▼ Bldg. 29, the home of the FDA-CBER, is to be replaced by a research laboratory. FDA is scheduled to vacate the current building and relocate to its new headquarters at its White Oak facility in Silver Spring, according to Wilson.

▼ Multi-Level Parking Garage-7, which is adjacent to Bldg. 38A, will be demolished to make room for Bldg. R, a 390,000 square foot addition to the National Library of Medicine.

▼ Bldg. 12, currently the home of many Center for Information Technology computer operations, will eventually be replaced by higher density laboratory uses.

▼ The Natcher Bldg. will gain its long-delayed second wing; so-called Bldg. Q would encompass 190,000 square feet.

▼ Bldg. 13 would be razed to make way for Bldg. J-K, a research services facility, and a portion of Bldg. I, another laboratory. Bldg. I, not likely to rise until the late stages of the master plan, would be relatively large at 250,000 gross square feet.

▼ Bldg. 30, for decades the research home of the National Institute of Dental and Craniofacial Research, is also outmoded and must eventually be replaced with a modern facility. Lab F, a 150,000 gross square foot building, would include activities currently taking place in Bldg. 30.

▼ Bldgs. 7 and 9 are also shown to be removed in the later phases of the

plan, although the former is an historic structure, so demolition might not be possible, Wilson said.

The nearest-term additions—which might occur in the next 18 months, said Wilson—include a new campus Gateway Center and the CVI—Central Vehicle Inspection facility. The Gateway Center has three components: a 20,000 square foot facility where guests are screened, processed and allowed in; a visitor parking garage, to be sited outside the fence, near Metro, with space for 350 cars; and the VVIS, or Visitor Vehicle Inspection Station, which will inspect mainly passenger cars.

The CVI has two elements, Wilson explained: a support building of less than 7,000 square feet that would include offices and processing facilities; and an inspection area covered by a large canopy. "These are the most immediate projects," said Wilson. "We are seeking NCPC approval of these [projects] at the same time we are seeking approval for the master plan."

Some master planning projects, he adds, were already under way when ORF undertook baseline 2003 planning, including the Clinical Research Center, the addition to the Children's Inn at NIH, the new research Bldg. 33, the Safra Lodge and MLP-9, a parking garage just southwest of Bldg. 10.

The draft plan makes explicit some large-scale architectural attractions that have long been on the drawing board, including a Central Mall that would extend roughly from the South Entry of Bldg. 10 to what is now Bldg. 34, a power plant facility. Interestingly, Bldg. 34 is to be utterly converted ("adaptively reused," is the planning terminology) from its present role of providing heating and cooling to becoming a Campus Center that would include fitness facilities, a cafeteria, child care and other amenities.

The Central Mall would be about 350

feet wide, or about the width of Bldg. 10's backside, and consume what is now known as parking lot 10H, and the site where Bldg. 29 now stands. The mall space would be flanked by new lab buildings D, F, G, H and I (ranging in size from 112,000 to 250,000 square feet).

Another new feature that exists now only in brief stretches is a Loop Road that would surround the interior campus, linking the front of the CRC with the south edge of the Center for the Biology of Disease complex. The Loop Road in front of the new hospital has already been completed.

The draft master plan assumes that NIH's on-campus population in 2023 will be around 22,000 people. Interest-

ingly, the 1995 update predicted a campus total of 18,000 workers in 2015. On any given day now, there are 17,500 employees, augmented by 4,000 to 5,000 contractors, trainees and students, giving a current daily census of about 23,000 to 24,000 people on campus.

There is no cost associated with the predicted campus build-out because the figures would be too speculative, said Stella Serras-Fiotes, an architect and planner who directs the Division of Facilities Planning. The 2003 update, she said, "is not a commitment or a done deal for any project. This is just how things could happen, if and when they need to happen."

She explained the logic of the four phases: "The first phase is to finish

what's already been started (including the CRC, Bldg. 33, MLP-9, the Safra Lodge and some other projects). The second phase is the south part of campus (including the Center for the Biology of Disease and southern leg of the Loop Road) and the renewal of Bldg. 10. The third phase is the Central Mall portion of campus, and the fourth involves isolated building projects in the central and eastern areas of the campus."

There is also a draft environmental impact statement associated with the master plan update that ORF presented to the community at a meeting Nov. 8, 2004, at Walter Johnson High School. All reviews with relevant authorities are expected to be completed by early next year, Wilson said.

A Book of Captivating NIH Trivia

The 2003 update to NIH's draft master plan may be a fat, dry paperback book on the outside, but on the inside it's filled with all kinds of interesting campus trivia—fun facts to know and tell around the water cooler.

Did you know, for example, that the campus is traversed by underground streams buried 30 to 35 feet beneath the surface, or that the mean annual temperature on campus is 57, or that the average night-time noise level is around 55 decibels?

Did you know that four sites on campus have been designated as "archaeologically sensitive?" Or that "NIH is underlain by the Lower Pelitic Schist of the Wissahickon Formation?" Or that the two major surface soil series at NIH are Glenelg and Manor (although there are also smatterings of the Worsham, Glenville and Neshaminy series)?

Did you know that the highest point on campus (at 384.3 feet above sea level) is just north of Bldg. 37, along South Drive, and that the lowest point (232.2 feet above sea level) is near the corner of Cedar Lane and Rockville Pike?

Because the volume is dedicated to what is physically describable, it ranges from plantings, to lights and signage, to arcana such as how many people per acre we have: "NIH has an employee population of 56 persons/acre. This is less than the potential full-occupancy staff and resident population of 125 persons/acre for the Central Business District (of Bethesda) and more than the resident population of 8-12 persons/acre in the surrounding neighborhoods."

In case you were curious, the Clinical Center complex is the largest population center on campus, with over 7,000 employees, or 40 percent of the campus total.

Some items are easily quantified. For example, "typical daily electrical usage ranges from about 1.0 million to 1.3 million kilowatt-hours (KWHR). Total Pepco billed electricity consumption for the year 2003 was 409,000,000 KWHR. The maximum recorded daily demand of 74,486 kilowatts occurred in June 2003." Must have been a scorcher. By contrast, the peak recorded demand for steam in 2003 was 532,000 pounds per hour.

Some fragments strain for significance: "The compressed air system at the NIH campus is an underground system that is generated in Bldg. 11 at 125 psi (pounds per square inch) and is distributed to other buildings at approximately 110 psi."

Some facts don't seem possible. What do you think the largest land use on the campus is? Buildings? No, that's only 44 acres, or 14 percent of campus. Roads and parking lots? No, that's only about 85 acres, or 28 percent of the land. If you guessed "undeveloped open space," you're a genius. The book says "landscaped, wooded and open areas account for approximately 181 acres or 58 percent of campus."

Hurray for Hollywood NIH in Prime Time

By Carla Garnett

Striding purposefully down a bustling city street, a business-man stops suddenly in mid-cell phone conversation and collapses to the sidewalk. Up close, his complexion takes on a bluish tint. Moments later the man is seen in an isolation unit of an emergency room, an oxygen mask affixed to his face. In walk several physicians, barking orders sharply to the hospital's staff and interrogating the patient. Sounds like a medical mystery NIH researchers solve on a routine day at the Clinical Center, right? Perhaps not, but when NBC decided to develop its new prime-time drama *Medical Investigation*, the show's writers and producers deliberately chose the National Institutes of Health as the government agency employing its fictional team of physician-detectives. The story of how—within a few short months—NIH came not only to welcome the drama and aid in its development, but also to embrace the power of Hollywood is something of an ongoing mini-documentary itself.

NIH Star Rising

The first hints that a show relating to NIH was in the works came early last summer when press officer Don Ralbovsky of the NIH Office of Communications and Public Liaison took a call from television researchers who wanted to know what kinds of vanity plates might be displayed on the vehicles of NIH staff. The request was thought unusual, but was answered and filed like every other inquiry. Next, however, promotions for the show began to appear as well as tidbits and ads in various entertainment media. When Calvin Jackson, OCPL public affairs specialist, was contacted by NBC publicists working for *Medical Investiga-*

tion, the vanity plate query took on new meaning.

"They wanted to do some filming on location here," Jackson says, "and they wanted to do an interview with [NIH director] Dr. [Elias] Zerhouni." Although NIH Associate Director for Communications John Burklow nixed the interview—fearing it might be interpreted as a federal endorsement of a television show—he recognized that "such interest in NIH presented a potential opportunity to educate a substantial number of viewers about medical research and the nature of the work done here." He assembled a team to look into the show and its implications for NIH.

"We knew we had two choices...do nothing or do something," says Judy Stein, communications director at the National Eye Institute. "We decided to do something. We felt that if we had the opportunity to help the show with information about the NIH and the many diseases and disorders we deal with, important public health information might get out through the show."

Once Jackson obtained a copy of the show's pilot, titled "Blue Man Syndrome," NIH communication officials were even more convinced that it would be in the agency's best interest to take an active role in helping to inform the show's writers and producers about NIH.

Attention to Details

"It became very clear that much of the show's portrayal of NIH staff and activities really more resembled that of CDC," Stein says. "This made us uneasy, and we knew that the folks at CDC were not happy about it either."

In addition, several specific images and scenarios needed correction or at least clarification, if the show was to reflect NIH more accurately.

"There were some things about the pilot that made us squirm," Stein admits,

recalling the initial episode. "There was the NIH helicopter that the NIH team jumped into to fly off to where the disease outbreak was taking place.

The NIH logo appeared, but it was upside down. In a hospital scene with people who might be very contagious, no one even wore masks.

But on the other hand, we thought that the TV program made the NIH staff look a lot cooler than they actually are. And, at the beginning of the pilot, words on the screen read, 'The National Institutes of Health, the nation's foremost medical research center, has for the last hundred years been on the cutting edge of disease prevention, diagnosis and cure.' You can't buy publicity like that."

Mutually Beneficial

Communication specialists at the National Cancer Institute had already seen the wisdom of cooperating with Tinseltown, says science writer Michael Miller, NCI project officer overseeing Hollywood, Health and Society (HH&S). HH&S was launched in 2002 by the University of Southern California and provides the entertainment industry with accurate and timely information for health storylines (see box).

Begun in partnership with the USC Annenberg School of Communication's Norman Lear Center, HH&S is funded via an interagency agreement between CDC and—since 2003—NCI. Miller says the arrangement offers several communication benefits, including "increased awareness of issues related to cancer by millions of TV viewers, and a chance for NCI to proactively correct misinformation and to advance important health messages."

HH&S invited Jackson, Stein and CDC representatives to visit L.A. and get acquainted with several of the minds behind the scripts for *Medical Investigation*. By the date of the meet-

ing, the show had already filmed seven or eight episodes, and was doing well in the ratings for its Friday night time slot. Before the show created indelible and potentially misleading images of the agency, NIH's team wanted the opportunity to give writers and producers an accurate NIH overview and pitch realistic story ideas about medical research topics.

"The show staff was medically well informed, serious about their work, interested in what we had to say, and anxious to get the episodes medically and scientifically correct," Stein recalls. "When asked why the show was about 'NIH' as opposed to CDC, the producer explained that they wanted to use NIH because it was a 'blank slate,' that many people were not familiar with it and most people already knew about CDC. So, they felt that they could present it to the public without any

preconceived notions."

The NIH'ers also offered source material such as the NLM web site MedlinePlus and contact lists for information on specific health conditions and disorders.

"They knew a lot about some of the separate entities, but didn't realize they were all part of NIH," Jackson says. Within hours of the meeting's end, email inquiries and phone follow-ups confirmed that Hollywood's avid interest in NIH—and medical issues and research topics, in general—is strong and growing stronger. In fact, Investigation storylines have aired in the past few weeks on anthrax and on infections stemming from use of spa products, two concepts within NIAID's expertise. HH&S also recently requested details about an NIMH-related plot, NBC's *ER* has included segments featuring NCI's 5-a-Day Program and the upcoming

ABC-TV program *Gray's Anatomy* has also worked through HH&S to develop its storylines.

In just one indication that the interest is mutual, NIH added a special link to its web site for facts about *Medical Investigation*, offering in-depth information about diseases highlighted in the weekly show and introducing real medical investigators at NIH and CDC. Late last year, the successful show was picked up for another season—more than a dozen new occasions for NIH to be centerstage during prime-time.

"Overall NIH involvement in the entertainment industry is important," Stein concludes, "and an expanded and more proactive role is being considered, one that provides all NIH institutes with the opportunity to help the industry get factual scientific information and important health messages to the public."

Helping Hollywood Get It Right

Although the formal partnership between NCI, CDC and Hollywood, Health and Society (HH&S) is only a few years old, the results and impact of the relationship have already been duly noted — and put under the microscope.

Information compiled by HH&S from January 2003 to June 2004, for example, lists nine major and six minor storylines about cancer — and that's counting only prime-time shows. According to a 2001 Porter Novelli survey, "57 percent of regular TV drama viewers learned something about a disease or how to prevent it" from such a show. Add the recipients of the 2004 Sentinel for Health Awards (given to writers/producers by HH&S and judged by dozens of medical and health education professionals; this year's finalists include soap operas such as *The Young and the Restless*, sitcoms like *Grounded for Life* as well as prime-time dramatic series such as *Law & Order: SVU* and *Judging Amy*). Then, factor in the more than 30 additional inquiries or consultations HH&S logged between September 2003 and October 2004. Multiply that by millions of viewers and the formula amounts to exponential opportunities for NIH to disseminate health research and disease-prevention messages.

Owing to the public's ever-increasing health consciousness and to the growing popularity of shows featuring medical issues, NIH is vigorously pursuing more ways to help the entertainment industry present the topics realistically and accurately. Recently, NCI held a symposium on HH&S to enlist more NIH'ers in efforts to reach out to Hollywood and to help identify experts who can speak authoritatively on various topics of interest to show executives.

"We've found pretty conclusively that if we have experts to meet with the entertainment community, to visit with the staff of *ER* or *Medical Investigation*, for instance, then we have a much better chance of educating them, making sure that they get the stories right, that what they present in their dramas is accurate, and also get some of the messages that we feel are important incorporated into their shows," said Michael Miller, a science writer in NCI's press office and the NCI project officer overseeing HH&S. NCI helps fund HH&S through an interagency agreement with the Centers for Disease Control and Prevention. Please visit <http://learcenter.org/html/projects/?cm=hhs> for more about HH&S.

CRC (continued from p. 1)

ies including three former NIH directors—Drs. James Wyngaarden (1982-1989), Bernadine Healy (1991-1993) and Harold Varmus (1993-1999). “My prayer today is that God grant you an abundance of patience, perseverance and cures,” Hatfield concluded as a standing ovation erupted, to which he responded with modest blown kisses.

Held on the vernal equinox, when there is as much daylight as darkness, the event looked both to a glorious past, during which the original Clinical Center toted up 50 years worth of medical achievements, and to a future that promises at least as many breakthroughs as the first half-century, said NIH director Dr. Elias Zerhouni. “This day marks a new commitment to medical research,” he said.

“Every day I get calls and emails from patients telling me how the Clinical Center has changed their lives,” he said. “We have no greater duty than to bring the benefits of our discoveries to patients. This hospital is the physical embodiment of how we will do it.”

He acknowledged that “many times, the Clinical Center is the hospital of last resort.” But just as the hospital played a key role in identifying HIV/AIDS in the past, future breakthroughs against as-yet unknown enemies is sure to occur at the CRC, he assured. He predicted that “new vaccines against West Nile virus, and AIDS, and even cancer will be developed here,” and credited the broad constituency it takes to make a new hospital a reality, including builders, designers, scientists and politicians such as Hatfield, whom he called “the cornerstone” of the effort to build the CRC. “This building could not have been here without your vision and support...you carried the ball across the goal line,” he said, to loud applause. “This is a

unique hospital—there’s nothing else like it out there.”

As big a day as it was for Hatfield, his wife Antoinette, their four children and numerous grandchildren, the dedication was also a milestone for CC director Dr. John Gallin, who told the audience that he had come to the CC in 1971 when he



Dr. John Gallin

was 28, and the building was only 18. “Back then I thought to myself, ‘I can’t imagine a better place to work.’ Thirty-three years later, I still feel the same way.”

Calling the CRC “a terrific home for clinical research,” he reviewed its many assets, from an interfaith chapel on the top floor to a K-12 school on the first, but kept the emphasis on its people, chiefly its patients. “We realize that our patient victories have been achieved one patient at a time,” he said before introducing several successfully treated individuals, and the physicians who cared for them.

He also acknowledged that “clinical research is serious business. The outcomes are not always happy.” He told the story of Ernestine “Cie Cie” Smith, a long-term patient of his who always presented Gallin with a card on Father’s Day. Though she died suddenly while on a protocol, “she gave everything she could to fight her disease,” Gallin said. “She was a true partner in our mission.” Smith’s mother and sister were on hand to witness the tribute.

Offering powerful confirmation of the value of cutting-edge clinical research was Susan Lowell Butler, who came to NIH with advanced ovarian and breast cancer, and was given a 20 percent

chance of living another 2 years; that was almost a decade ago. “This is the ultimate hospital,” she declared. “This is the place of last, best hope...the full panorama of life and death can be seen at the Clinical Center. It really is the family of man here...it is real life here in the house of hope.”

Butler claims no less than to have “had my miracle here—I’ve lived to see my grandchildren.” She offered three wishes to the CRC on the occasion of its birth: that NIH funding continue to increase; that NIH find ways to attract and retain scientists and staff; and that “we do all in our power to assure that every American knows about the enormous resources available at NIH



Susan Lowell Butler

sometimes I think NIH is a dangerously well-kept secret.” She concluded, “This is a magical place where science and compassion come together to save our lives,” and received a standing ovation.

A variety of legislators then paid tribute to both the project and its namesake. Rep. C.W. Bill Young (R-FL), chair of the House appropriations committee, called the CRC “a place where good enough is not good enough, and a place where illness and disease will meet their match.” He said the CRC is to health what the Pentagon is to defense, what the New York Stock Exchange is to finance, and what the Capitol is to government. Before excusing himself for a vote back at the Capitol, he presented Zerhouni with a flag that had flown that morning atop the Capitol Bldg.

Sen. Paul Sarbanes (D-MD) had chaired a 1993 committee that had asked the General Accounting Office to study all federal laboratories, especially at NIH; a subsequent report underscored the need to replace an aging Clinical Center. "That recommendation led to the creation of this center, which together with the Warren Grant Magnuson Clinical Center forms the world's largest clinical research complex," he said.



Sen. Paul Sarbanes (D-MD)

He lauded Hatfield's "civility, vision, intelligence and the way he preferred reasoned discourse to invective...I served with him for 20 years and it was a joy to work with him. Mark Hatfield brought a dignity, indeed a nobility to our politics. He set a very high standard of public service. Mark," he said, turning to Hatfield, "we'll do our very best to measure up to your example."

Sen. Tom Harkin (D-IA) documented a series of medical "firsts" that occurred in the original Clinical Center, owing largely to the proximity of the lab bench to the patient population, and anticipated many more such breakthroughs. He said he will never forget a line from the speech Hatfield made when he retired from the Senate: "In the future, we have to understand that the threat will no longer be 'the Russians are coming, the Russians are coming.' It will be 'the viruses are coming, the viruses are coming.'"

Hatfield said the occasion ranked right up there with his wedding day and the births of his four children, all of whom were on hand.

"When I look at the CRC, I see the human mosaic it embodies," he began. "I see craftsmen, advocates, scientists, researchers, mentors, patients and their loving families...What a privilege and a blessing to be part of this company of friends." But he didn't linger long on sentiment. He cited the need for progress against top killers stroke, heart attack and cancer, then added to their ranks SARS, monkeypox, West Nile virus, Lyme disease. "The enemy is constantly changing its face," he warned. "There is always a need and a benefit for more research." He quoted his old friend Mary Lasker, "If you think research is expensive, try disease."

Hatfield called especially for more attention to the 6,000 rare or "orphan" diseases affecting some 25 million Americans, but whose sufferers have



Sen. Tom Harkin (D-IA)

not yet organized advocacy groups or gained research funding. He asked that the windfall of new knowledge from the Human Genome Project be directed towards cures "for the common diseases that fill up our hospitals and clinics today." The major initiative on genes, environment and health could be to diabetes, heart disease, cancer and asthma what the Framingham Heart Study has been to cardiac disease, he argued. "Our research tools are about to become much more powerful," he asserted. "With this facility, we have created a new community of hope."

The morning's final speaker, HHS Secretary Tommy Thompson, said he can't

walk into an NIH building without feeling "rejuvenated, enthused, and impressed," and predicted great accomplishments for the entire world as a result of the new hospital. Leaving the stress of election-year politicking, he joked, "Isn't it nice to be in a place where Democrats and Republicans say nice things to one another?" then went on to say the nicest things about NIH's leadership and employees, even asking all NIH'ers on hand to rise and be recognized. Thompson also read greetings from President George Bush and First Lady Laura Bush, who said the CRC "will bring hope and healing to many," and that those who serve there "represent the best of our nation."



Former HHS Sec. Thompson

The 95-minute ceremony concluded with a ceremonial ribbon-cutting, and the unveiling of both a commemorative plaque and inscription honoring Hatfield. Attendees then enjoyed a reception in the lobby and employees were free to roam the building on self-guided tours.

To see a videocast of the dedication, visit www.videocast.nih.gov.

New Hospital Shows Off Its Flexibility

When is a building a cathedral, a barracks, a jazz club, a movie theater, a restaurant and an auditorium, all on the same day? Perhaps hinting at its much-touted flexibility, the new Mark O. Hatfield Clinical Research Center adapted itself easily to all of these functions during the dedication held Sept. 22, 2004.

NIH'ers who watched the ceremony on video were probably certain that the

broadcast originated from some kind of auditorium, like Masur or Natcher. That's how easily the first-floor atrium can be converted into a sort of main hall—just add scads of folding chairs and a stage.

Even though the atrium rises 9 stories (two stories above the seventh, and top, floor), the sound in the space was clear, and guests enjoyed not only reverberation-free speeches, but also the musical selections of both the U.S. Marine Band Brass Quintet and the Walt Whitman High School Jazz Ensemble.

The Marine Band—"The President's Own"—played a medley of each armed service's theme song as a color guard stood by; that brought to mind the barracks idea. As guests arrived in the cavernous space before the ceremony, a special movie about the CRC was screened, including interviews with NIH doctors and patients. That gave the room a movie-hall feel. The invocation by Dr. O. Ray Fitzgerald, and the passionate testimony of former patient Susan Lowell Butler could have issued from the pulpit of a great cathedral. And when guests dispersed to enjoy the extensive buffet tables, the room could have been one of the showcase downtown restaurants. Not a bad debut for a hospital expected to contort itself to the public health needs of the next half century, and beyond.

Hatfield Plaque Inscription

Mark Odom Hatfield
United States Senator 1967-1997
His compassion for the citizens of the United States and devotion to improving their quality of life have been central to his belief that a nation is only as strong as the health and education of its people.

His legislative skills and influence have enhanced the resources of these institutes, building a foundation for their continued success.



At the CRC dedication, Dr. Elias Zerhouni (second from r) joins predecessors (from l) Dr. Harold Varmus, Dr. Bernadine Healy and Dr. James Wyngaarden.

CRC Courtyard Honors Florence Mahoney

It may have been cold outdoors, but there was a warm feeling inside the Atrium at the Clinical Research Center as friends of Florence S. Mahoney and officials from NIH came together recently to dedicate the hospital's East Courtyard in her honor.

It was a day to remember Mahoney's lifelong interest in health and science, her dedication to NIH and her role in persuading Congress to increase federal funding for medical research.

Taking part in the ceremony were NIH director Dr. Elias Zerhouni, Dr. Richard Hodes, director of the National Institute on Aging, Dan Perry, executive

director of the Alliance for Aging Research, and Dr. Robert Butler, founding director of NIA and currently president of the International Longevity Center. Along with personal memories of a charming and determined woman, Mahoney was portrayed as an effective advocate of NIH whose crowning achievement was her almost single-handed campaign to create the NIA. She continued her interest and involvement until her death in 2002 at age 103.

A commemorative plaque has been placed in the Florence S. Mahoney Courtyard and the honoree's friends and family have commissioned artist Perry Carsley to design a bust of Mahoney that will eventually be placed in the garden.



NIH director Dr. Elias Zerhouni welcomes guests to the dedication of the Florence S. Mahoney Courtyard. An artist's drawing of a bust of Mahoney is at left.

Cardiologist Elizabeth Nabel Named NHLBI Director

Dr. Elizabeth C. Nabel has been named director of the National Heart, Lung, and Blood Institute. Previously scientific director of clinical research in the NHLBI intramural program, she began her appointment Feb. 1.

Nabel will oversee an annual budget of almost \$3 billion and a staff of approximately 850 employees.

As a cardiologist and internationally renowned researcher, Dr. Nabel brings a wellrounded scientific background and strong management skills to this position," said NIH director Dr. Elias Zerhouni, who announced

the appointment. "She has championed the concept from 'bench to bedside.' This effort to bring research advances into clinical practice continues to be a focus of the NHLBI and of NIH."

Nabel is a board-certified cardiologist who has taken care of many patients with cardiovascular disease. She joined NHLBI in 1999 as scientific director of clinical research. Among her accomplishments in that role, she initiated a cardiothoracic surgery branch. She also began a program to investigate genetic variation among patients with vascular diseases. Nabel has also served as chief of the vascular biology section, directing research on the molecular, cellular and genetic mechanisms that cause vascular disorders. Her lab, which has published more than 200 papers, has studied factors involved in the regulation of vascular smooth muscle cell growth and vascular inflammation. This research has opened up new avenues for therapeutic targets for vascular diseases. Nabel will maintain her lab, which will be housed at NHGRI beginning in October.

"I am honored to lead the NHLBI,"

she said. "The institute has a long and distinguished record in support of research on heart, lung, blood and sleep diseases. As we look to the future, there are unprecedented opportunities

to advance our understanding of these diseases and to improve upon the care and treatment of the millions of people affected by them. The NHLBI will strive to address these challenges through a research agenda that builds upon innovation, creativity and the most ad-

vanced biomedical technologies."

A native of Minneapolis, Nabel received her medical education at Cornell University Medical College before moving to Brigham and Women's Hospital and Harvard University where she completed an internship and residency in internal medicine and a clinical and research fellowship in cardiovascular medicine. She joined the faculty at the University of Michigan in 1987 as an assistant professor of medicine and rose through the ranks, becoming director of the Cardiovascular Research Center in 1992, professor of internal medicine and physiology in 1994, and director of the division of cardiology in 1997. While at Michigan, she became known for her research in the field of vascular biology and molecular cardiology and for her gene transfer studies of the cardiovascular system.

Nabel has earned numerous awards including the Distinguished Achievement Award from the American Heart Association and the Amgen-Scientific Achievement Award from the American Society for Biochemistry and Molecular Biology. She is an editorial board mem-

ber of the *New England Journal of Medicine* and has been a reviewing editor for *Science* and an editorial board member of the *Journal of Clinical Investigation*.

Nabel has served on the board of directors of the American Heart Association and has served as chair of the scientific publishing committee and the atherosclerosis, thrombosis, and vascular biology council. She is a past president of the North American Vascular Biology Organization and councilor of the American Society of Clinical Investigation.

Since Dr. Claude Lenfant's retirement in 2003, NHLBI has been led by acting director Dr. Barbara Alving. She will return to her position as deputy director, a job she has held since 2001.



Dr. Elizabeth C. Nabel

R&W Discounts for NIH Alums

NIH Alumni are eligible for NIH Recreation & Welfare Association discounts on travel, especially to California, Florida, Pennsylvania; insurance; home goods; clothes; flowers; car purchases and rentals; movie and theater tickets; R&W store goods; and more.

Most alums are lifetime members of R&W and already have cards, but for others it costs only \$7 a year to be a "preferred member," a cost made up quickly through discounts.

For more information, go to the R&W web site at www.recgov.org or call R&W at 301-496-6061. Visit the R&W next time you are at NIH.

FOR YOUR INFORMATION

NLM Artist Designs New Nickel

Joe Fitzgerald, NLM's chief of graphics, has made a piece of art that will touch everybody in America. His award-winning design for the new nickel, recently unveiled at the U.S. Mint Bldg. in Washington, D.C., shows a tight close-up of Thomas Jefferson's profile and "Liberty" in Jefferson's own script. There's never been another coin like it.

"I honestly thought it had no chance of winning, because it doesn't show the whole head," says Fitzgerald. "But if you see just the face, you get more of a feel for the person, his intellect. People will take it out of their pockets and say, 'Who is this? What have they done to my money?'"

What they've done is create the first completely redesigned nickel since 1938, and now Fitzgerald is the 25th person in the history of the Republic to execute a design for the front of a circulating coin. At the Mint on Sept. 16, 2004, Fitzgerald, along with mint sculptor and engraver Don Everhart, received his award. "The people at the Mint were great," says Fitzgerald. "I've never had so much fun in any paid activity."

Not to diss his day job. "I've enjoyed my 23 years at NIH, where I work with some of the most wonderful people in the world. This job has provided me with a tremendous amount of experience." Still, a good artist knows when to stop, and Fitzgerald will retire after 33 years of government service in May 2005.



Joe Fitzgerald poses between reproductions of the two faces of his award-winning design for the new nickel.

A graduate of the University of Maryland and a fifth generation Washingtonian, Fitzgerald always knew he wanted to be an artist. Influences are Degas, Monet, Turner, Rembrandt and Van Gogh.

Fitzgerald himself paints portraits and landscapes in lush and subtle pastels.

Happily, on his last week of employment, he'll have a retrospective at the Foxhall Gallery in Washington. Afterwards he plans to paint and to travel with his wife, Jean Fitzgerald, a photographer and artist.

"I start with an abstract idea in my head and then I try to get my artwork to match," he says. "Artists see things in different ways because if you see them the same way as all the others, you're not committing art." And in his office, art is everywhere. His basement space in the Lister Hill Center emanates light and color from framed posters of his one-man shows, prints, sculptures, a jack-in-the-box and snapshots of his treasured pug, Fabio. Collectors of his paintings are diverse, including Judge Robert Bork, the U.S. Embassy in Turkey, and the Hyatt Hotels.

But the new nickel is art with a difference. The drawing of Jefferson is just one side of the coin. On the back is the tree-lined view of the ocean as seen by Lewis and Clark with the accompanying text, "Ocean in view! O the joy!"

And seeing his designs on actual U.S. nickels in 2005 will be a stirring sight for Fitzgerald "because people will collect coins, pass them on to their children and store them in banks and vaults. These little sculptures will last for thousands of years."

Look for the initials "JF" on the new nickel. *-adapted from article by Bell Waring*

Maestro Makes Music in Masur Auditorium

On Nov. 17, 2004, Maestro Leon Fleisher, one of the world's most renowned classical pianists and three-time Grammy nominee, showed his appreciation to NIH for giving him an innovative treatment that has allowed him to play the piano again by performing selections from his new CD *Two Hands*, before a standing-room only crowd of NIH staff, guests and patients in Masur Auditorium.

More than 40 years ago, at the height of his career, he lost the use of his right hand to dystonia, the third most common neurological movement disorder after Parkinson's disease. During that time he turned to teaching, conducting and playing a one-handed



Maestro Leon Fleisher

repertoire. The frequently misdiagnosed disorder severely impeded his performance of everyday tasks. About 10 years ago, physicians at NIH were able to diagnose the problem as a focal dystonia and started him on a therapy that helped to reverse the condition. Fleisher regained his ability because of the treatments, and thanked key NIH staff at this event on the NIH campus. His performance gave hope to other patients at the CC who attended the performance.



Jan Weymouth is executive director of the Edmond J. Safra Family Lodge at NIH. It is situated near the intersection of Old Georgetown Rd. and Center Dr., adjacent to the Mary Woodard Lasker Center, and is just a short walk to the NIH Clinical Center. Finishing touches are in progress and it will open soon. The lodge, a major project of the Foundation for the NIH, is the culmination of a dream that CC employees have worked toward for 10 years. For update on the Safra Family Lodge visit: www.cc.nih.gov/ccc/family/lodge.html

A new book, *Mind, Brain, Body and Behavior* seeks to fill the historical void of information about NIMH and NINDB in the 1950s and to shed light on groundbreaking discoveries in the field of neuroscience. Editor-in-Chief and former Stetten Fellow, Dr. Ingrid Farreras opens with accounts of intramural programs of both institutes and then offers essays by twelve prominent scientists who worked there. The book is the result of a symposium organized by Farreras and the Office of NIH History in the spring of 2003 in which former NIH scientists returned to campus to share their recollections, and is available at the FAES Bookstore in Bldg. 10.



International Alumni Associations Abroad

Dr. Kenneth Bridbord, director of the Division of International Training and Research, at the Fogarty International Center (FIC) announced that five pilot alumni associations were started in foreign nations in 2004. These associations—in Brazil, China, India, Mexico, and South Africa—were launched by FIC and the NIEHS "to help overcome isolation on the return home for developing country scientists after training in the U.S.," Bridbord explained. "Another five or more are planned in 2005.

The associations will also provide a forum for sharing of expertise and knowledge. Each association involves an FIC grantee and a nodal agency in the foreign country. Web pages are being set up, and former FIC and NIH intramural trainees are being identified. "Some other nations have offered to co-sponsor alumni associations in Central and Eastern Europe, and in Thailand," said Bridbord. He made his report at the FIC Advisory Board meeting on Feb. 8, 2005. The NIHAA has offered to send bulk shipments of newsletters and other materials to these new associations.

Take the NIH History Quiz

How many names can you link to important "firsts" in NIH history?

- | | |
|-----------------------|--|
| 1. Ida Bengtson | a. first federal scientist to win a Nobel prize |
| 2. Philip Chen | b. first to demonstrate that pellagra was a dietary-deficiency disease |
| 3. Alice Evans | c. first Asian American on the senior NIH staff |
| 4. Joseph Goldberger | d. first director of "Laboratory of Hygiene" |
| 5. David Johnson | e. first NIH winner of a Lasker award |
| 6. Joseph Kinyoun | f. first female NIH member of the National Academy of Sciences |
| 7. Ruth Kirschstein | g. first African American senior scientist and laboratory chief |
| 8. Elizabeth Neufeld | h. first to demonstrate relation of brucellosis to unpasteurized milk |
| 9. Marshall Nirenberg | i. first female professional on staff of Hygienic Laboratory |
| 10. Joseph E. Smadel | j. first female director of an institute |

ANSWERS: 1.1, 2.c, 3.h, 4.b, 5.g, 6.d, 7.f, 8.f, 9.a, 10.e

NIH Notes September 2004 - February 2005

Appointments and Personnel Changes

Dr. David B. Abrams has been selected associate director for behavioral and social sciences research and director of the Office of Behavioral and Social Sciences Research, effective January 2005. He was professor of psychiatry and human behavior, professor of community health and co-director of transdisciplinary research at Butler Hospital, Brown Medical School ... **Dr. Karen H. Antman**, NCI deputy director for translational and clinical sciences, has accepted a job as provost of the Boston University Medical Campus and dean of the School of Medicine ... **Dr. J. Carl Barrett**, director of the Center for Cancer Research, NCI, left in March to be global head of oncology biomarkers at Novartis Institute for Biomedical Research in Cambridge, Mass. ... **Dr. Ravi Basavappa** recently joined NIGMS as a program director in the Division of Cell Biology and Biophysics. He will oversee research grants and fellowships in biophysics. He was formerly an associate professor in the department of biochemistry and biophysics at the University of Rochester Medical Center ... **Diane Bernal** has recently joined NINR as an executive officer and key administrative advisor to the NINR director, identifying opportunities to improve business and management systems. Prior to this appointment she served as director of intramural management for NEI and as a senior adviser to NEI's scientific director ... **Gahan Breithaupt** was recently appointed associate director for management and operations for the NIAMS. He is former acting executive officer and acting deputy director of the Division of Extramural Research for NINDS, with an extensive background in government information technology ... **Dr. Vinod Charles** recently joined CSR as scientific review administrator for the BDCN-K-10 study section, which reviews small business innovative research grants in the areas of clinical neuroscience and related technologies. He was a research scientist and project leader at Psychiatric Genomics, Inc., in Gaithersburg ... **Dr. Anne Clark** recently joined CSR as associate director for the division of receipt and referral/research integrity officer. Since joining NIH in 1990, she has held positions as a scientific review administrator at both CSR and NHLBI, where she was most recently chief of review in the division of

extramural affairs. Prior to joining NIH, she was professor of biochemistry at the University of Maine at Orono ... **David Elizalde** was appointed NCI deputy director for management and executive officer. He was deputy director of acquisition and grants at the Center for Medicare and Medicaid Services for the past five years. He replaced **Janice Mullany**, NCI acting deputy director management retired and joined FNIH as administrative officer ... **Dr. Robert Finkelstein** was recently appointed director of the NINDS Division of Extramural Research. He previously served as program director in the neurogenetics cluster of the extramural division, developing research initiatives and overseeing a portfolio of grants in areas including neurogenetics, brain tumors and many neurodevelopmental disorders ... **Dr. Franziska Greider** has been named associate director of comparative medicine at NCRR, where she will oversee the division's grantmaking that supports the 8 national primate research centers and their field stations, primate breed and resource-related projects, development of mammalian and nonmammalian animal model resources, pre- and post-doctoral training and a variety of other research projects ... **Dr. Louise B.**

Grochow, Investigational Drug Branch chief, has left NCI to join AstraZeneca as global product medical director for emerging oncology products ... **Dr. Ernest Hawk**, who was chief of NCI's Division of Cancer Prevention's Gastrointestinal and Other Cancer Research Groups, has been named director of NCI's Office of Centers, Training, and Resources. In this new job, he will oversee the Cancer Centers Branch, the Cancer Training Branch, the Comprehensive Minority Biomedical Branch, and the Organ Systems Branch, which have a combined grant portfolio of more than \$500 million ... Three recent appointments at NIAAA are as follows: **Drs. Markus Heilig, Antonio Noronha and Mark Willenbring** have been named to the positions of clinical director of the Division of Intramural Clinical and Biological Research, director of the Division of Neuroscience and Behavior, and director of the Division of Treatment and Recovery Research, respectively ... **Dr. Steven M. Holland** has been named chief of NIAID's Laboratory of Clinical Infectious Diseases. He has been at NIH since 1989 ... **Betsy L. Humphreys** has been appointed NLM deputy director. She started at NLM and held various increasingly responsible managerial positions and since 1999 has served as NLM associate director for library operations ... **Dr. C. Craig Hyde** recently joined NIGMS as a scientific review administrator in the Office

The ABC's of NIH

Following is a smaller version of a guide to NIH acronyms that ran in a recent *Update*.

NCI:	Nat'l Cancer Institute	NIMH:	*Mental Health
NEI:	Nat'l Eye Institute	NINDS:	*Neurological Disorders and Stroke
NHLBI:	Nat'l Heart, Lung, and Blood Inst.	NINR:	*Nursing Research
NHGRI:	Nat'l Human Genome Research Inst.	NLM:	Nat'l Library of Medicine
NIA:	Nat'l Institute on Aging	CC:	Clinical Center
NIAAA:	*Alcohol Abuse and Alcoholism	CIT:	Center for Information Technology (previously DCRT, Div. of Computer Research and Technology)
NIAID:	*Allergy and Infectious Diseases	CSR:	Center for Scientific Review, (previously DRG, Division of Research Grants)
NIAMS:	*Arthritis and Musculoskeletal and Skin Diseases	FIC:	Fogarty International Center
NIBIB:	*Biomedical Imaging and Bioengineering	NCCAM:	National Center for Complementary and Alternative Medicine
NICHD:	*Child Health and Human Development	NCMHD:	National Center for Minority Health and Health Disparities
NIDCD:	*Deafness and Other Communication Disorders	NCRR:	National Center for Research Resources
NIDCR:	*Dental and Craniofacial Research	OD:	Office of the Director
NIDDK:	*Diabetes and Digestive and Kidney Diseases		
NIDA:	*Drug Abuse		
NIHES:	*Environmental Health Sciences		
NIGMS:	*General Medical Sciences		

* - "National Institute of" is the first part of the official name of the institutes with the * in this column.

of Scientific Review. He is an expert in structural and computational biology and knowledgeable in bioinformatics and proteomics and will manage the review of grant applications in a range of research areas, but will also be responsible for applications related to the Protein Structure Initiative and the NIH Roadmap initiatives ... **Dr. Mirelle Kanda** was recently appointed deputy director of NCMHD. Most recently, she served as acting director and deputy director of the Office of Population Affairs in the HHS Secretary Office of Public Health and Sciences ... **Dr. Karen Lechter** has joined CSR as a scientific review administrator in the risk, prevention and health behavior integrated review group. Most recently, Lechter worked at FDA, where she was the agency's expert in research on patient and physician comprehension of drug information ... **Dr. Philip LoGrasso** recently joined NIGMS as a program director in the Division of Pharmacology, Physiology, and Biological Chemistry where he will participate in activities related to the NIH molecular libraries Roadmap initiative. He will also manage research and training grants in bio-organic chemistry, chemical biology, signal transduction and pharmacology. He was director of preclinical research and development at Avenara Pharmaceuticals (San Diego) ... **Dr. Lance Liotta**, chief of the Laboratory of Pathology, NCI, is retiring from NIH to take a professorship at George Mason University and to co-direct a newly created Center for Proteomics and Molecular Medicine with Dr. Emmanuel Petricoin of the FDA. Liotta will start at GMU in mid-May ... **Dr. Peter Lyster** has joined NIGMS as program director in the Center for Bioinformatics and Computational Biology. He was formerly a program director at NIBIB where he developed initiatives for computational bioengineering and informatics. At NIGMS, he will manage grants in biological modeling and bioinformatics and play a leading part in implementing NIGMS's participation in the bioinformatics and computational biology roadmap. Prior to joining NIH, he worked at the Jet Propulsion Laboratory in Pasadena, Calif. and at NASA Goddard Space Flight Center at the University of Maryland ... **Edward Maibach**, director of NCI's Center for Strategic Dissemination resigned Dec. 31, 2004. Maibach, came to NCI from Porter Novelli. The center will now report

Four NIH'ers Named to IOM Academies

Four NIH'ers are among 65 new members of the Institute of Medicine of the National Academies. IOM's total active membership now stands at 1,416.

Recently named members who work at NIH are **Dr. Ezekiel J. Emanuel**, chair, Clinical Center department of clinical bioethics; **Dr. Alan E. Guttmacher**, deputy director, National Human Genome Research Institute; **Dr. Robert L. Nussbaum**, chief, Genetic Disease Research Branch, NHGRI; and **Dr. Thomas C. Quinn**, senior investigator and section head, international AIDS/STDs, National Institute of Allergy and Infectious Diseases, and professor of medicine and deputy director, division of infectious diseases, Johns Hopkins University.

Established in 1970 by the National Academy of Sciences, IOM has become recognized as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. With election, members make a commitment to devote a significant amount of volunteer time as members of IOM committees, which engage in a broad range of studies on health policy issues.

to Dr. Mark Clanton, NCI deputy director for cancer care delivery systems ...

Dr. Elaine Ostrander was named chief of the Cancer Genetics Branch, one of the seven branches in the Division of Intramural Research, NHGRI. She comes to NHGRI from the Fred Hutchinson Cancer Research Center in Seattle, where for more than a decade her laboratory has been a leader in mapping genes responsible for cancer susceptibility in dogs and humans ...

Dr. John Pugh has joined CSR as scientific review administrator of the vector biology study section in the infectious diseases and microbiology integrated review group, which reviews research on the biology of intermediate hosts of microbes and multicellular parasites that may improve control of associated human diseases. Prior to joining CSR, he was a program manager with a contractor in northern Virginia ...

Dr. Richard Rodewald has joined NIGMS as a program director in the Division of Cell Biology and Biophysics. He was at CSR for 4 years and before that was a faculty member in the department of biology at the University of Virginia ... **Dr. Paul A. Sheeny** has been deputy associate director for extramural activities at NIGMS. He will help oversee the management of research and training grants and develop grant-related policies. He has been at NIH since 1985 and worked at NINDS as a program director and scientific review administrator ...

George Tucker recently joined the NCCAM as chief of the grants management office. He first joined NIH in 1982 as a dental assistant, but gradually moved into positions in the grants management area working at NINDS, NIDCR, and NIDDK.

Honors and Awards

Dr. Harvey Alter, chief of the infectious diseases section and associate director of research in the CC's Department of Transfusion Medicine, is the first recipient of the Prix Etranger, awarded by France's National Institute for Health and Medical Research (Inserm) in a ceremony in Paris, Dec. 6, 2004. He received the award for his achievements in enhancing the safety of blood transfusions ... **Dr. Robert S. Balaban**, scientific director of NHLBI, was awarded the Hounsfield Medal on Feb. 10 from Imperial College London honoring his contributions to the field of biomedical imaging ... **Dr. Anthony Fauci**, NIAID director, has been awarded a Lifetime Achievement Award by the American Association of Immunologists. The award is "in recognition of distinguished scientific accomplishment and extraordinary service to the immunology community" ... For exceptional design and scientific administration of major collaborative clinical trials at NEI, **Dr. Frederick L. Ferris III** and **Dr. Emily Y. Chew** are co-recipients of the 2004 Award of Merit in Retina Research from the Retinal Research Foundation. Ferris is NEI clinical director and director of the institute's Division of Epidemiology and Clinical Research and Chew is DECR deputy director. They were leaders Age-Related Eye Disease Study of more than 4,700 participants, 55-80 years of age, in 11 clinical centers nationwide, with varying stages of age-related macular degeneration (AMD) and cataracts. A significant finding of the study was that people at high risk of developing advanced stages of AMD

lowered their risk by about 25 percent when treated with a high-dose formulation of antioxidant vitamins and zinc ...

Tom Goehl, editor-in-chief of *Environmental Health Perspectives*, was honored recently at the annual American Chemical Society meeting in Philadelphia. He received the Howard Fawcett Award for Outstanding Contributions to Chemical Health and Safety. Goehl served as science editor of EHP from 1994 until 2001, when he took over as chief of the NIEHS journal ...

Dr. David S. Goldstein, chief of the NINDS clinical neurocardiology section, has received the 2004 Distinguished Clinical Teacher's Award for his outstanding qualities as a clinical teacher, mentor and researcher. He is the first Distinguished Clinical Teacher's Award recipient from NINDS's Division of Intramural Research

Dr. Susan Gottesman of the Center for Cancer Research's Laboratory of Molecular Biology is the first recipient of the newly created Alan Rabson Award for NCI Intramural Cancer Research. The award was initiated in recognition of Rabson's dedication and enthusiasm for NCI and its intramural program during this 50th year of his service to the institute. She presented the first Rabson Award Lecture at NCI's Combined Intramural Retreat on Jan. 12-13, 2005 ... **Dr. Ronald McKay**, chief of the NINDS Laboratory of Molecular Biology, recently received the 2004 Ernst Schering Prize for his groundbreaking scientific accomplishments in stem cell research and for expanding the understanding of cell development, especially the development of nerve cells and other brain cells. In his current work, he is looking for ways to make cell differentiation in the Petri dish a routine procedure and to produce large amounts of specific human cell types that can be used for further clinical studies ...

Dr. Karin Nelson, acting chief of the NINDS Neuroepidemiology Branch, received the 2004 Bernard Sachs Lectureship Award last Oct. 15. The award was given for her work in pediatric neurology that has recently centered on analytic epidemiology and biomarkers in cerebral palsy and autism ...

Dr. Michael Potter was honored on July 30, 2004, with a symposium celebrating his 50 years at NIH. The Laboratory of Genetics in NCI's Center for Cancer Research held the symposium honoring him with speakers discussing his many contributions in the development of B cell immunology ... **Dr. Anita Roberts**, principal

investigator and chief of the Laboratory of Cell Regulation and Carcinogenesis has won the Excellence in Science Award from FASEB for 2005. This award recognizes outstanding achievement by women in biological sciences whose research has contributed significantly to further understanding of a particular discipline. She also was awarded the Leopold Griffuel Prize from the French Association for Cancer Research ... **Dr. Bert Shapiro**, chief of the Cell Biology Branch in the NIGMS Division of Cell Biology and Biophysics, received an inaugural award from the M.D./Ph.D. Directors Association. Shapiro, who has administered the institute's Medical Scientist Training Program for the past 12 years, was recognized for his "diligent, persistent and exemplary efforts to improve the training of tomorrow's physician-scientists" ... **Dr. Stephen Straus**, director of NCCAM has received from the Society for Integrative Oncology an award for pioneering work in complementary cancer treatments. The society is a new multidisciplinary organization dedicated to the study and application of complementary therapies for cancer patients ... **Dr. Rocky Tuan**, chief of the NIAMS Cartilage Biology and Orthopedics Branch, recently received the Marshall Urist Award from the Orthopaedic Research Society. He received the award at the society's annual conference for his cutting-edge work in the area of tissue regeneration.

Retirements

John J. Barone, after 40 years of federal service, lastly with NCI, retired on Dec. 31 from his position as administrative officer in the Office of the Director. He was a key administrator in providing support and an amicable work environment. He intends to continue his long-established antiques business and also consult for investors, collectors, and museums and plans to get involved in the legislative affairs of Frederick County ... **Carolyn Bealle** recently retired from NEI after 28 years of federal service, 23 with NEI. For the past 8 years she worked in the Information Technology Management Branch and was part of the group's innovation team. Although Bealle will return to NEI for part-time contract work, she will also work in real estate and securities investing. She is also working with her son to renovate her homes in Silver Spring and Ocean Pines.

She plans to garden and spend time with her four grandchildren ... **Theodora "Teddy" Devereux** has retired after 33 years at NIEHS, where she was encouraged to develop her own projects. Among her career highlights: the isolation of clara cells in the lung. Her lab identified a likely candidate gene for mouse lung-cancer susceptibility on chromosome 18 and collaborated with many other labs at NIEHS and worked closely with the National Toxicology Program, validating results for 2-year liver bioassays. She has mentored more than 50 students and postdocs, a number of whom returned to NIEHS recently for a mini-symposium in her honor. She doesn't plan to let retirement keep her away from the institute, but won't spend as much time at work finishing three manuscripts for publication ... **Burdette "Bud" Erickson**, who was program director with NCI's Epidemiology and Genetics Research Program, DCPC, retired last fall after 32 years of service. He is known for his work on NIH- and NCI-wide information technology issues related to management of research grants ... **Joan Lee** of NEI has retired after 34 years of service to the institute. She was secretary to Dr. Carl Kupfer, former NEI director and appointed to the EEO office in 1981, where she remained until her retirement. She plans to spend time with family, including six grandchildren. She is a sports enthusiast and enjoys traveling and also plans to continue her community outreach and mentoring ... **Marvena Horwitz**, NINDS deputy executive officer, recently retired with nearly 30 years of federal service, 15 with NIH, 5-1/2 with NINDS. Joining NIH in 1989 as chief of the Recruitment and Employee Benefits Branch, she held various supervisory and managerial positions in the Office of Human Resource Management, Office of the Director. In 1996, she was named deputy director of human resources. She joined NINDS in 1999 as deputy executive officer. In retirement she plans to travel and volunteer. She is also considering taking tap dance lessons, joining a Spanish book club, learning to bake bread and learning to read from the Torah (book of Jewish law) ... **Sally Wilberding** has retired after 42 years of federal service. She began her career at Walter Reed Army Hospital before moving to the Pentagon. She arrived at NIH in 1966, when she worked for the DBS. Two years later she joined the information office at the (then) NIDR as a secretary. She subsequently served as an editorial assistant and

in 1982 assumed the job of information specialist. Retirement plans include spending more time with her family, fishing and travel—a trip to Austria is already being planned ... **Joyce Hunter Woodford** has retired from NIAID after 15 years. Her career at NIH was strongly related to her personal commitment to minority health issues that was influenced by her father, who worked in an NIH intramural lab. She worked at NIAID in the Office of Research on Minority and Women's Health in the Office of Special Populations and Research Training. She has been involved in various mentoring programs, especially the Asofsky Scholars in Research program and middle school science fairs and career fairs in local schools.

Deaths

Dr. Samuel Abramson, an NIH science administrator (1956-1962, and 1982-1985), died Sept. 4 at his home in Bethesda of pneumonia. He was at NIH (1956-1962) and worked as a health science administrator in DRG. He was the executive secretary to several research grant study sections and fellowship review groups. He worked in the Public Health Service International Postdoctoral Research Fellowship Program for health research training in the United States and also administered NIH's visiting scientist program. He left NIH and returned in 1982 and developed a revised public health policy for the care and use of laboratory animals ... **Ruth G. Adler**, 83, a pioneering investment broker at A.G. Edwards and Sons and one of the first certified financial planners in the area, died of cancer Nov. 15 at Holy Cross Hospital in Silver Spring. She was the wife of 62 years of Alexander Adler, founding editor of the *NIH Record* and a longtime NIHAA board and committee member ... **Dr. Cosimo Ajimone-Marsan**, 86, a former chief of clinical neurosciences at NIH (1954-1979), died of a heart attack Aug. 31 in a hospital in Biella, Italy. He had graduated from the Liceo Classico Quintino Sella in Biella in 1936 and went to medical school in Italy and then after the war came to Montreal Neurological Institute and then to NIH. At NIH, he was chief of the branch of electroencephalography and clinical neurophysiology. In 1979, he left NIH for the University of Miami where he also became director of the electroencephalography lab at Jackson Memorial Hospital in Miami. He retired in 1997 ... **Dr. Julius**

Axelrod, 92, a Nobel laureate and NIMH researcher since 1955, died in his sleep Dec. 29 at his home (please see p. 28 for more details) ... **Dr. John P. Bader**, 73, who was a cancer and AIDS researcher died on Jan. 27 at his home in Rockville. He came to NIH in 1962 as a staff fellow at NCI. Early in his career, Bader made two major discoveries that have proved instrumental in research on cancer and AIDS. His work on the synthesis of DNA led to the discovery of the retrovirus, which is the class of T-cell viruses in HIV and a form of leukemia. He also identified the enzyme reverse transcriptase, an enzyme that allows genetic material from a retrovirus to become embedded in the genome of an infected cell. Bader was chief of the Antiviral Evaluations Branch at NCI when he retired in 1998. He was an avid fan of the game of soccer, and was a highly successful soccer coach of youth and club soccer. His teams competed successfully in state and national tournaments. Bader enjoyed, camping, music, cooking, bridge, poker, and golf. He is survived by his wife, Dr. Artrice Valentine Bader an NIHAA board member and committee chair ... **Dr. Stanley Barban**, 83, an NIH microbiologist and administrator (1953-1988), died Dec. 26 after a stroke at the Hebrew Home of Greater Washington in Rockville. Barban joined NIH in 1953 and worked at NIAID on tissue-culture techniques in connection with his studies of the metabolism of tumor-producing viruses. In 1978 he moved to NIH's Office of Recombinant DNA Activities where he was involved in writing guidelines regulating research using DNA. After retiring in 1988, he was active in a program to get elementary school students interested in science ... **Dr. Charles H. Barrows**, 80, an NIH gerontologist (1953-1988), died of stomach cancer, Jan. 2 at Rest Haven, his home in Baltimore County. After receiving a doctorate in biochemistry from Johns Hopkins School of Hygiene and Public Health in 1953, he began working at the Gerontology Research Center, which had been established by NIH at the old Baltimore City Hospital. His research focused on the study of aging and his landmark studies added significantly to knowledge about aging in connection with biological changes produced in animals by dietary restrictions ... **Barbara Beall**, 35, a social worker who was in the Social Work Department in the Clinical Center, died at her home of breast cancer on Aug. 8. In

1993, she completed her student placement and worked first for NIAID and later for NCI in pediatric oncology. She was to begin work at the NIH Family Lodge in 2005. She was diagnosed with breast cancer in July 2003 and worked until July 29, 2004 ... **Edwin Ernest Beile**, 82, who worked at NIH (1964-1994) in the Biomedical Engineering Branch, died Jan. 26. Head of the Plastics Unit in the instrument section of BEIB, he used his knowledge of plastics and their properties to help develop the membrane oxygenator now used world wide to bypass the lungs after chest trauma. He was active in the R&W ski club and arranged for trips for members ... **Charlotte Shaull Blevins**, 87, a cancer researcher at NCI (1967-1981), died Jan. 5 of a heart attack at Cedar Creek Associates, a retirement community in Silver Spring. She had gone back to University of Maryland to study microbiology after raising her family and worked at NCI in viral leukemia and lymphoma research. After retiring she was an artist and craftsperson who also enjoyed gardening and music ... **Madelon D. Butler**, 54, a contracting technician at NCI, (2000-2003) died Sept. 15 of breast cancer at her home in Olney. Her job at NCI included contracts management ... **Cheryl Drozen Crowley**, 53, a clinical social worker who specialized in treating adolescents and families, especially in the treatment of eating disorders, died Sept. 29 at her home in Chevy Chase. She worked at NIH (1977-1979) in the Social Work Department at the Clinical Center ... **Stephen Bradford Crowley, Jr.**, 77, died Dec. 15 of cancer in Orlando, Fla. He was a computer specialist at NLM (1961-1986) ... **Dr. Frank M. DeFillippes**, 72, a virologist at NIH (1958-2000), died Oct. 7 of a stroke that occurred while he was in a Rockville doctor's office. He developed one of the first methods for purifying a restriction enzyme and in 1982, published a widely cited paper on a physical map of vaccinia, the live virus used in the smallpox vaccine. During the 1990's, he did research on aphidicolin, an antibiotic used for controlling excessive cell proliferation in cancer and psoriasis. He focused on the effect of aphidicolin on vaccinia. For many years, he taught biophysics at FAES's graduate school ... **Lois Eaton**, who worked at NIAID (1982-2003) in various capacities lastly in the contract management program, died Nov. 10 of breast cancer. Outside of work, she was very active in Business and Professional Women of Montgomery

County ... **Dr. S. Paul Ehrlich**, 72, who was acting Surgeon General under Presidents Nixon, Ford and Carter, died of pneumonia Jan. 6 at Bethesda Memorial Hospital in Boynton Beach, Fla. He had multiple sclerosis. He once remarked that his biggest accomplishment was just "keeping the office open" during his tenure (1973-1977). He worked for the PHS for 25 years and was a strong supporter of PHS Commissioned Corps. At age 38, he was one of youngest people to achieve flag rank in PHS uniformed services. He was active in the Pan American Health Organization, part of the World Health Organization, and taught at various schools of public health. He retired in 1981 after he was diagnosed with MS ...

Richard Clark Harrison, 65, an Osage Indian and an expert on alcohol abuse among Native Americans who worked at NIDA died of pneumonia Jan. 19 at Suburban Hospital. He had been an alcoholic, who sometimes was homeless, and unable to work, but through the help of a friend and AA he overcame his illness and became director of an Albuquerque-based Indian youth alcoholism program funded by NIAAA. He was hired for his experience and his Native American perspective and eventually joined the office of extramural program review at NIAID. In 1987, he became chief of the Contracts Review Branch, Office of Extramural Affairs, NIDA where he administered the review activity for the institute's contract program. He was active on a number of NIH committees and volunteer organizations and clubs. Recently he participated in the opening ceremonies at the National Museum of the American Indian ... **Angela Marie Hughes**, 75, a preschool teacher and bank employee who also worked at NIH, died Jan. 31 at Suburban Hospital of complications from diabetes. For 10 years (1986-1996), she did clerical and administrative work at NIH in Nursing Services for Arthritis and Metabolic Diseases ... **Mathew Huxley**, 84, an epidemiologist at NIMH (1960's-1983), died of cardiac shock Feb 10 in Reading, Pa. His interests covered many fields and he was an author, educator and anthropologist who was interested in universal health care, nursing and mental standards of care and what is acceptable drug treatment ...

Dr. Daniel Carlyle Ihde, 61, former NCI deputy director, died Dec. 9 in Rio Rancho, N.M. after a long neurological illness. His career at NCI spanned 21 years from 1973 to 1994. During that time he served as

director of the Division of Hematology and Oncology at the Uniformed Services University of the Health Sciences, editor-in-chief of the *Journal of the National Cancer Institute*, and NCI deputy director (1991-1994). From 1994 to 1997, he was chief of oncology at the Washington University School of Medicine in St. Louis, and he concluded his career at the H. Lee Moffitt Cancer-Center in Tampa, Fla. He authored or co-authored more than 100 articles and book chapters. He made seminal observations about lung cancer and its treatment, and was the first to report on the role of drug combinations for the treatment of both small-cell and non-small-cell cancer as early as 1976 ... **Dr. Wells Goodrich**, 80, a psychoanalyst who worked at NIMH (1952-1965), died Nov. 29 of Parkinson's disease at Jefferson Memorial Hospital in Charles Town, W. Va. After he left NIMH, he taught at several medical school and from 1978-1994, he taught psychiatry at Georgetown University Medical Center. He was also director of child and adolescent research at Chestnut Lodge Hospital in Rockville (1978-1990) and maintained a private clinical practice ... **Dr. Charles Vincent Kidd**, 90, an economist and science policy expert, died Sept. 12, of Parkinson's disease at Maplewood Park Place in Bethesda. From 1949 to 1964, he was chief of the Office of Research Planning at NIH, as well as associate director for the Office of International Planning. After he left NIH, Kidd worked at the White House and he left government service in 1968 and taught at George Washington University. He retired from there in 1980 and served on various committees and worked as a consultant to public and private organizations ... **Sister Marie Therese Kipp**, 96, a nun with the Sisters of the Visitation order, died Feb. 1 of a heart ailment at her order's monastery in Washington. In the late 1920's, she moved to the order's former monastery in Bethesda, "the Cloisters," which was sold and made part of NIH in 1982 ... **Dr. John R. LaMontagne**, 61, deputy director of NIAID since 1998 and at the institute since 1976, died unexpectedly on Nov. 2. He collapsed while waiting in a passport line after arriving in the Mexico City International Airport and died of a pulmonary infarction edema. A native of Mexico City, Mexico, La Montagne was a world-renowned scientist and an influential leader in the field of infectious diseases. He made significant contributions to the national and

international effort against emerging and re-emerging infectious diseases, including biodefense-related activities, and has been recognized internationally for his leadership. In the words of NIAID director Dr. Anthony Fauci, "Personally he was a dear friend and one of the finest people I have ever known. Professionally, in an NIH career spanning nearly 30 years, his leadership and commitment to improving global health were remarkable. His generosity, wit, even-handedness and kindness made him a friend to all who knew him. He will be sorely missed." ...

Dr. Albert Lock, 67, a toxicologist at NIH, died Nov. 1 of colon cancer at Casey Hospice in Rockville. After working at Aberdeen Proving Ground in Edgewood, on environmental hazards and the environmental impact of chemicals used by the military, Lock came to NIH in 1989 and until the time of his death he worked in the Division of Occupational Health and Safety at NIH. He investigated illnesses caused by chemical, physical and biological agents and published fact sheets on hazardous chemicals. Over the years, Lock has volunteered his service for many causes. In Washington, he volunteered for Disaster Medical Assistance Team-1 and responded to many other calls including the medical effort at the World Trade Center following 9/11/01 ... **Leland B. May**, 93, an NIH budget official (1958-1965), died of complications from Parkinson's disease Feb. 4 at Suburban Hospital in Bethesda ...

Jeanne E. Mercier, 85, a nurse who worked at NCI (1954-1959), died Dec. 23 of aplastic anemia at Casey House hospice in Rockville. During World War II, she was one of the first volunteers with the U.S. Cadet Nurse Corps, which was organized to train nurses for service ... **Linda McCleaf**, an NIH staff member for more than 15 years and longtime mainstay in the NIH director's immediate office, died Nov. 17 after a long struggle with breast cancer. She had retired in July after a federal career of more than 35 years. She served three NIH directors---Dr. Bernadine Healy, Dr. Harold Varmus and Dr. Elias Zerhouni---and Dr. Ruth Kirschstein during her two tenures as acting director. For most of that period she was the director's scheduler and personal assistant ... **Catherine Wilson Noble**, 87, a secretary at NIH (1960's-1972), who typed 100 words a minute on an electric typewriter, died Oct. 31, 2004, of vascular disease at Holy Cross Hospital in Silver Spring ...

Dr. John Lawrence Oncley, a professor at Harvard Medical school (1939-1960), died July 14, 2004, in Hyannis, Mass. In 1954, he was appointed to the biophysics study section of NIH ... **Dr. Thomas Plaut**, a clinical psychologist at NIMH (1967-1995) who had worked on an early study of alcoholism, died of renal failure Aug. 20 at his home in Princeton Junction, N.J. He joined NIMH as assistant chief of the National Center for Prevention and Control of Alcoholism and was NIMH deputy director (1974-1979). He later worked in administrative positions handling research, prevention, training, and service programs at the institute. After leaving NIMH, he taught at Johns Hopkins University and conducted a private practice ... **Jaqueline Porter**, of NIDA died at her home on last Oct. 20 after a long battle against cancer. She had been special assistant to the director of NIDA's Office of Extramural Affairs for many years ... **Dr. Matilda White Riley**, 93, a renowned sociologist and pioneer in the study of aging and society, died on Nov. 14 at her home in Brunswick, Maine. At the age of 68, she embarked on a 20-year term at NIA when she was hired to set up and direct NIA's Social and Behavioral Research Program. She served NIA as associate director for behavioral and social research (1979-1991), senior social scientist (1991-1997) and scientist emeritus (1998-2004). She challenged scientists, policy makers and students to think of aging as a sociological and psychological as well as a biological process. She argued that the realities of aging were far more positive than the prevailing stereotypes. Under her guidance, NIA's program became one of the largest supporters of behavioral and social science research at NIH. She often said, "People don't grow up and grow old in laboratories—they grow up and grow old in changing societies" ... **Richard Robert Rocha, Jr.**, 65, who worked at NIH (1969-1975) as a human resources classification specialist in the Office of Administration, CC, Division of Personnel Management Operations, died of congestive heart failure Oct. 8 at his home in Bowie ... **Dr. G. Nicholas Rogentine, Jr.**, 67, died May 24, 2004 in Bethesda. He had a rare variant of ALS. From 1964 to 1978, he did research on bone marrow transplantation, first as a clinical associate and then as a senior investigator in NCI's Immunology Branch. From 1978 through 2002, he was on the

staff of Kaiser Permanente in Bethesda and retired from there as chief of internal medicine and associate medical director. He was a talented musician and potter ... **Ronald Burns Ross**, 87, a grants administrator at NIH (1955-1977), died Feb. 24 of congestive heart failure at Somerford Place, a retirement facility in Frederick. Trained as a chemist he came to NIH in 1955 and when he retired he was an administrator with Division of Research Facilities and Resources where he evaluated grants for programs and facilities ... **Geraldine Redden Shaw**, 83, a secretary who worked at NIH (1972-1986), died Oct. 28 at her home in Cabin John of injuries after a fall ... **Deane Murray Sherman**, 89, wife of Dr. John F. Sherman, former deputy director of NIH and longtime NIHAA board member, officer, and committee chair, died Feb. 14 of cancer at their home in Rockville. She was a longtime volunteer and advocate who helped Montgomery County schools adopt foreign language study for elementary middle-school students. She also was very involved in music and arts not only locally, but internationally ... **Justin H. Smith**, 74, a mechanical engineer with the Office of Research Facilities' Division of Property Management died on Sept. 14 of congestive heart failure at Beebe Medical Center in Lewes, Del. He began a long career at NIH in 1962 and retired in 1987 for health reasons. During this tenure, he was chief of the heating, ventilating and air conditioning section with the Division of Engineering Service; he developed unique engineering designs to improve air flow in clean rooms and containment suites. In 1990, NIH asked him to return to work as a consultant because of his extensive knowledge of NIH facilities (he had worked on virtually all the buildings on campus) He was hired to assist with the CC infrastructure renewal program and retired for the second time in May 2004 ... **Dr. Bernard Statland**, 62, a physician who was also a lawyer, died Oct. 19 of brain cancer at Montgomery Hospice in Rockville. Early in his career, Statland who was an academic, author and director for the FDA, was a fellow at NIH in 1972 in the department of clinical pathology at the CC ... **Betty Switkes**, 78, a senior fitness advocate who worked as an assistant to the director of NIA (1977-1981), died Aug. 3 at Himalayan Elder Care, an assisted living facility in Silver Spring. She had dementia. She developed a series of exercise programs for the elderly that could be done

while sitting. She vigorously and enthusiastically promoted her videos in print and media and wrote several books on the topic ... **Dr. Randall L. Thompson**, 98, who worked at NIH in the early 1960's and spent 7 years in Southeast Asia as a medical affairs representative of the federal government, died Oct. 10 in Asheville, N.C. He came to NIH in 1961 as a medical officer and worked on a program in tumor virus chemotherapy with NCI. He joined NIAID in 1963 as a special assistant to the institute's associate director for collaborative research. In 1964, he joined the Office of International Research (the precursor of the FIC) and served in New Delhi and Tokyo. He retired in 1972 and moved to Asheville, where he was active in the Unitarian Universalist Church ... **Elaine Johnson Twillman**, 74, a former management analyst in the Office of Management Assessment (formerly the Division of Management Policy), Office of the Director, died of a heart attack Nov. 18 at her home in Silver Spring. She received numerous special service awards during her tenure at NIH and she retired in 1994. Her specialty was organizational change ... **Dr. Louis Wienckowski**, who was an NIMH researcher and administrator (1956-1983), died of renal failure Aug. 2 at Shady Grove Adventist Hospital in Rockville. In his last job at NIMH, he was in charge of funding outside research that the institute sponsored ... **Dr. Leo A. Whitehair**, 75, a veterinarian and former director of Comparative Medicine, NCRP, died of cancer on Nov. 2. He came to NIH in 1967 under a Grants Associate Program and retired in 1999... **Clare Wilson White**, 83, a retired NIH administrator, died Nov. 13 at Suburban Hospital from cardiovascular disease. He worked at NIH in 1954 and retired in 1977 having held a variety of positions in financial and grants management ... **Winola Kay Zegowitz**, 92, who was a volunteer at NIH for 21 years, died Nov. 27 of respiratory failure at her home in Leisure World in Silver Spring.

Mary Calley Hartman made a contribution to NIHAA in memory of Deane Sherman and Harriet Greenwald made a contribution in memory of Deane Sherman and Ruth Adler.

Nobel Laureate, Neuroscientist Axelrod Mourned

Nobel laureate Dr. Julius Axelrod, an NIH veteran of over 50 years, died in his sleep Dec. 29, 2004. He is probably best known for his work on brain chemistry in the early 1960's that led to modern-day treatments for depression and anxiety disorders. In 1970, he shared the Nobel Prize for Physiology or Medicine for discovering how brain cells communicate with each other.

Axelrod, known to his colleagues as "Julie," came to NIH in 1949 to the then National Heart Institute (now NHLBI). In 1954, before moving to NIMH to begin a new career in neuroscience, he returned to school to complete his Ph.D. in pharmacology; he needed the credential in order to open his own lab where he continued to work for over 40 years. In 1996, NIH awarded him the title scientist emeritus.

Axelrod's Nobel Prize-winning research explained how neurotransmitters operate in the brain, forever altering the design of modern antidepressant drugs. His work laid the foundation for the treatment of anxiety and depression. He coined the phrase "re-uptake" inhibitors, referring to the "re-uptake" mechanism in brain cells that regulates the level of neurotransmitters available, influencing how neurons communicate. This revolutionary understanding of the brain's chemistry led to the modern generation of antidepressant medications—selective serotonin reuptake inhibitors (SSRIs).

For the entire obituary by Jennifer Loukissas in the Jan. 18, 2005, issue of the *NIH Record* please see <http://www.nih.gov/nih/record>.

**Remarks by Dr. Bernhard Witkop, NIH Institute Scholar Emeritus,
at the memorial for Julius Axelrod in Rockville on Friday, Dec. 30, 2004
Farewell to a Friend**

Dear Julie:

So long as we live, you too shall live, for you are now a part of us, as we remember you. In our long friendship, more than half a century, you often were my literary guide, when you opened the treasury of your memories:

"When to the session of sweet silent thoughts I summon up Remembrance of Things Past..."

And these remembrances came up in the three-hour NIH television interview of Nov. 25 in 2003 (<http://history.nih.gov/interviews/Axelrod01.htm>) when you unfolded your long laborious rise from struggling scion of an immigrant family to recipient of the Nobel prize in 1970.

In 1950 we both received the invitation of James Augustine Shannon (1904-1994) to join the newly founded National Heart Institute, you from the Goldwater Memorial Hospital on Welfare Island, New York, I from the small Harvard minority. The initial group in Building 3 contained more than a dozen scientists later to be elected to membership in the National Academy of Sciences and almost half a dozen to become recipients of the Nobel prize.

You, dear Julie, joined the 'Applied Statistics Club,' a euphemism for the weekly poker games where Shannon poured out 'Irish Mist' with the comment: "The Irish never missed!"

Later you acted as one of the 'godfathers' to perpetuate Shannon's great merits by helping to christen Bldg. 1, the Central Nervous System of NIH.

The James Augustine Shannon Building as it happened, was named after him after a lengthy Congressional approval on January 18, 1983. This was the first and last time that an NIH building was named after a scientist and not a member of Congress.

When I reran the 3-hour video tape of our recent interview, aided by Marshall Nirenberg, Nobel Laureate 1968, I was moved again by your modesty, integrity and wisdom which in our frequent meetings peaked in the wish:

God Give me the strength to accept what cannot be altered, the courage to alter things that can be remedied and the sight to tell one from other.

You liked the quatrain which I had translated from Carossa's original German:

"The life and meaning of someone

We know them only when he's gone

We don't perceive the silent melodies of god, but when they cease we tremble and are overawed."

The Romans expressed the consoling thought: "Those whom we believe to have lost, preceded us!"

BALLOT

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 J. Paul Van Nevel, has nominated the alumni members listed below, each of whom has agreed to serve on the board of directors if elected, to occupy positions on the board left open by expiring terms of office of present members. Each NIHAA 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 2005-2008 BOARD OF DIRECTORS

Please vote for four (4) nominees and return your ballot to the NIHAA office by May 9.

Nominees

Last NIH Affiliation

- | | |
|--|--|
| <input type="checkbox"/> Dr. Constance Atwell | NINDS (1978-2004), Director of the Division of Extramural Research |
| <input type="checkbox"/> Mr. Steven J. Berkowitz | NIH (1981-2004), assistant Director for CFO and Central Services Operations in OD |
| <input type="checkbox"/> Dr. William Branche, Jr.* | CSR Scientific Review Administrator (1979-2001) |
| <input type="checkbox"/> Mr. Charles Leasure, Jr. | NIH (1965-2004) NIH Deputy Director for Management |
| <input type="checkbox"/> Ms. Caroline McNeil | NCI Office of Cancer Communications (1992-2003); acting Branch Chief, Mass Media Branch (2000-2003) |
| <input type="checkbox"/> Dr. Janet Newburgh | NIH (1980-2004), associate Director; Division of Receipt and Referral, CSR |
| <input type="checkbox"/> Mr. Levon Parker | NIH (1961-2004), Minority and Special Concerns Program Officer and Director of the Summer Program, NINDS |
| <input type="checkbox"/> Dr. William Sansalone | NIH (1971-1996), Director, Program Planning, NIAMS |
| <input type="checkbox"/> Dr. Melvin Spann | NLM, (1976-1999), associate Director in Specialized Information Services |
| <input type="checkbox"/> Dr. Nathan Watzman | DRG (now CSR), (1968-1969, 1981-1993), Section Chief, Clinical Services Review Section |

*CURRENT BOARD MEMBER WHO IS ELIGIBLE FOR A SECOND TERM

NIH Retrospectives: 5 Decades of History



Spring 1955

New official names were recently given to all NIH roadways to help visitors and the postal service locate buildings on the reservation. As a general principle, all roads were given names based either on their function or geographical location on the NIH site plan. The original entrance road to NIH was designated Wilson Drive, in honor of the Wilson Family who gave tracts of land on which NIH was built. The road running from the original research buildings to the Clinical Center is called Memorial Road, since it services the Memorial Laboratory (Bldg. 7), which was named in honor of 27 PHS workers who have died in the line of duty.



Spring 1965

According to a recent report the most common accidents at NIH are ordinary slips and falls. NIH personnel took 200 tumbles and spills during 1964 ... Medical and health-related research will account for seven cents for each dollar the federal government will provide for research and development in FY 1965, according to a recent Public Health Services publication. ... Mary J. Craigo is the first woman architect to join the Division of Research Facilities and Resources staff ... The NIH Animal Center, Poolesville, Md., officially opened on May 27 with 2 days of orientation for NIH employees, area residents and press after completion of the first of three phases of an \$18 million construction program.



Spring 1975

On Mar. 14 the National Institute of Neurological Diseases and Stroke (NINDS) was renamed the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS). In 1988, it went back to NINDS with the establishment of NIDCD ... Dr. Frank J. Rauscher, Jr., NCI director, announced the establishment of the Division of Cancer Control and Rehabilitation with Dr. Diane J. Fink named director ... The Ad Hoc Committee met to discuss plans for the first NIH Alumni Reunion to be held on campus, Apr. 19-20, 1975. Former NIH researchers from many parts of the world are expected to attend the meeting ... In April 1975 publication of the National Advisory Eye Council's report, *Vision Research Program Planning* was the first comprehensive of major needs and opportunities in vision research in the United States ... In June 1975, the Adult Development and Aging Branch and the Gerontology Research Center were transferred from NICHD to the new Institute on Aging



Spring 1985

Nobel Prize laureate Dr. Julius Axelrod of NIMH is the first NIH scientist to be honored on a Swedish Postal stamp. He shares the honor with two other scientist, Prof. Ulf von Euler of Sweden and Sir Bernard Katz of England. In 1970, the three men were awarded the Nobel Prize in Medicine or Physiology for their independent research into the chemistry of nerve transmission.



Spring 1995

Three Nathan Shock Centers of Excellence in Basic Biology of Aging were established to further the study of the basic processes of aging. Dr. Nathan Shock was a pioneer in gerontological research at NIH (1941-1976) and retired as scientific director of NIA. He was the catalyst in building the NIA Gerontology Research Center from a small two man research unit in 1941 to a modern facility and the new centers were named in his honor.



Greeting the President in the lobby of Masur Auditorium are (from l) Dr. Michael Gottesman, NIH deputy director for intramural research; Dr. John I. Gallin, CC director; Dr. Andrew von Eschenbach, NCI director; Dr. Elias Zerhouni, NIH director; and Maryland Gov. Robert L. Ehrlich, Jr., when he spoke at the CC on Jan 26 about health care alternatives.