

NIHAA Update

Surgeon General Novello Wants To Be America's Doctor

By Rich McManus

The day Dr. Antonia Coello Novello resigned her post as NICHD deputy director to become the 14th surgeon general of the United States, her voice got a million times louder.

Not that anything in her volume or tone changed; she is still a rapid and impassioned speaker, as though the cadences of her native Puerto Rico propel her English into characteristically exuberant phrases.

For example, "I am 159,000 percent Puerto Rican!" was her unminced reply to a reporter who asked, during a recent coffee klatch with the press, what effect her heritage will have on her new position.

Nowadays, and especially in the wake of predecessor C. Everett Koop, who was outspoken and undaunted, anything Novello says is potential news. When she was sworn in by President Bush on Mar. 9, her gender and ethnic

(See *Novello* p. 24)



Dr. Antonia C. Novello, former NICHD deputy director, is the nation's newest surgeon general.

From Researcher to Director and Back

Donald Fredrickson Returns to NIH

By Anne Barber

Starting out as a clinical associate in 1953 and later becoming the NIH director, Dr. Donald S. Fredrickson is back working in the same laboratory where he began his 28-year career at NIH.

"Coming back, after being at NIH all these years, is a treat and a privilege for me. I am pleased to be connected to my old lab. It helps to keep me up-to-date with cholesterol research, which is where I started when I first came to NIH."

Fredrickson began his long medical career in the National Heart Institute's Laboratory of Cellular Physiology and Metabolism, where he later became clinical director and also served as head of the Molecular Diseases Branch. He later became director of NHI, and director of intramural research for the institute before becoming NIH director.

"I think I wore all the hats in the heart institute at one time or another during my career," he says.

His earliest research interests centered on the metabolism of sterols. He focused on the structure of plasma lipoproteins, their importance in the transport of fats and the genetic factors regulating their metabolism and concentration in blood. Today, Fredrickson is considered one of the world's authorities on how cholesterol and fats are handled by the body.

Along with returning to NHLBI as a researcher in his original field of study, Fredrickson is also a scholar at NLM these days. Both are volunteer jobs. He divides his time between NIH and a consulting practice where he works mainly with the European community and Africa as an expert looking at their medical research.

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Dr. Donald S. Fredrickson in 1969.

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Science Research Updates

CHANGES IN DIET RESULT IN CONTROLLING ATHEROSCLEROSIS

NHLBI's Cholesterol Lowering Atherosclerosis Study (CLAS) indicates that modest changes in diet aimed at reducing intake of saturated fat can significantly retard the development of subsequent atherosclerosis. In 1987, CLAS scientists reported finding a significant benefit from the cholesterol-lowering medication tested in the study. A subsequent epidemiologic study examined the diets of the 82 men in the placebo group using 24-hour recall data. The 18 placebo recipients who developed new atherosclerotic lesions during the study, as detected by coronary angiography, consumed an average of 34.1 percent of their dietary energy in the form of fat, while the placebo recipients without new lesions consumed an average of 27.5 percent of their energy in the form of fat. The study authors conclude that relatively modest efforts at substituting low-fat for high-fat meats and dairy products in diet can help significantly in controlling the development of atherosclerosis.

NINDS TRIAL SHOWS TREATMENT PREVENTS STROKES IN THOSE WITH HEART CONDITION

An aspirin a day or treatment with the blood-thinning drug warfarin cuts stroke risk in people with a common heart ailment by 80 percent, according to preliminary results of a clinical trial funded by NINDS.

Without treatment, the more than 1 million Americans with atrial fibrillation, an irregular beating of the heart, have five to six times the normal risk of stroke. The study followed 1,244 patients with atrial fibrillation for 14 months. Strokes occurred in 1 in 12 participants in the placebo group,

but in only 1 in 50 of the group receiving aspirin or warfarin. The study results prompted scientists to halt the no-treatment arm of the nationwide trial and place all participants on therapy with either aspirin or warfarin. The study will continue another 2 years to determine which of these drugs is more effective in preventing stroke in this population.

Data from the study indicate that people over 75 do not seem to benefit from aspirin. According to study scientists, this may be due to changes in how the body digests or responds to the drug as we age.

MRFIT STUDY SHOWS BENEFIT OF COUNSELING AND TREATMENT

Ten years after the beginning of NHLBI's Multiple Risk Factor Intervention Trial (MRFIT), the study has shown a significant reduction in mortality in those men who received counseling and treatment to reduce risk factors for heart disease, when compared with men who received no comparable therapy.

MRFIT studied 12,866 men who were at high risk for cardiac disease based on blood pressure, serum cholesterol, and smoking history. About half of the men were assigned to a standard care group while the other half received counseling to reduce cholesterol and to stop smoking and drug treatment to control hypertension. When the intervention part of the study ended in 1982, no significant difference in mortality between the two groups was as yet evident. The study group now reports 24 percent fewer heart attack deaths in the intervention group than in the standard care group, and the scientists predict that over time, this difference in mortality will grow.

The results of MRFIT provide clear evidence of the benefits to health of

taking commonly recommended measures to reduce heart disease risk factors.

NINDS REVEALS TREATMENT RESULTS FOR ACUTE SPINAL CORD INJURY

Results of an NINDS-sponsored study of patients with spinal cord injury show that treatment within 8 hours of injury with very high intravenous doses of the steroid methylprednisolone can significantly improve long-term motor and sensory function and in some cases reduce the chances of paralysis. The beneficial effects of methylprednisolone continue for at least 6 months and appear to extend to injuries of all degrees of severity.

Results of the National Acute Spinal Cord Injury Study (NASCIS) could have such profound benefit for the 10,000 persons each year who suffer spinal cord injury that NINDS announced the results of the study weeks before its scheduled May publication in the *New England Journal of Medicine*. The study compared 162 patients treated with methylprednisolone, a corticosteroid, with 154 patients receiving a placebo. Patients receiving methylprednisolone showed significant improvement in both muscle function and pin and touch sensation at 6 weeks and 6 months after injury when compared with patients receiving alternative treatment or a placebo.

Methylprednisolone is readily available in hospital emergency rooms. Earlier research has demonstrated that lower doses of the drug are not effective in improving the outcome of injury.

This material was compiled by Charlotte Armstrong, Office of Communications, OD.

NIHAA Update

The NIHAA Update welcomes letters and news from readers. We wish not only to bring alumni news about NIH, but also to serve as a means for reporting information about alumni—their concerns, information on recent appointments, honors, books published and other developments of interest to their colleagues. If you have news about yourself or about other alumni, or comments on and suggestions for the NIHAA Update, please drop a note to the editor. We reserve the right to edit material.

Editor's Note

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

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A Message From the New NIHAA President, Gordon D. Wallace

I welcome the opportunity to serve as the first NIHAA president, and appreciate the confidence in me expressed by the board of directors. My tenure begins at a good time in the development of NIHAA. Under the able and dedicated leadership of Abner Notkins, aided by an active board and with hard-working committees made up of dedicated and talented members, and an executive officer who among other things is responsible for a newsletter of which we are all proud, there is a solid base from which to build.

There are three immediate priorities: 1) expanding our membership, 2) fund raising, and 3) addressing some of the important issues facing NIH such as funding, research priorities, ethical use of animals, fetal tissue for research, technology transfer and conflict of interest, to mention a few. Locating NIH alumni has proven difficult and will require continuing and extensive effort. In regard to the issues, we have established an "Issues and Policy Committee," that will articulate the NIHAA position in ways to influence decision-making processes. Dr. John Sherman, the NIHAA vice president,

has agreed to chair the committee. This committee will interact closely with the planned NIHAA National Advisory Board, to be chaired by Abner Notkins. Both the committee and the board will be composed of individuals whose opinions will be respected and will attract attention.

I must admit that I have had a love affair with NIH for a long time and take considerable pride in my lengthy association with such an outstanding institution. Also, I have greatly appreciated the unique opportunities provided me to do research and science administration. Therefore I look forward to the opportunity to serve the NIHAA, an organization that can play an important supporting role to NIH, as well as provide a forum for science and professional camaraderie.

Dr. Gordon D. Wallace joined NIH in 1960 and retired from the U.S. Public Health Service in 1986. During this period he did research on infectious diseases and served in various administrative positions. His last position was associate director of the intramural research program at NIAID. Since 1986 he has been involved with a consulting business focusing on technology transfer and private sector/federal laboratory relationships. A year ago he cofounded Bio-Brite, Inc., to develop and market a portable light dosage system for the treatment of Seasonal Affective Disorder and related conditions. Bio-Brite is working with NIMH in this area.



Dr. Gordon D. Wallace

NIHAA Forum**A Future for Intramural Research?***By Dr. Robert G. Martin*

What will the incentive be 25 years from now for any self-respecting scientist to work at the National Institutes of Health?

Those of us who chose to remain at the NIH over the years were an odd lot. And we were proud of it. We made the deliberate and difficult decision to stay despite lower pay, crowded working conditions and no undergraduate students. We did so for two reasons.

The first was an unwritten understanding that we could remain hands-on scientists, working in the lab and not having to spend large blocks of time writing grants. We didn't object to outside review; in fact, we welcomed it. But the review took the form of an annual hour lecture with questions, and entailed the presentation of our accomplishments for the past year and plans for the next. That, a bibliography and a few pages of summary were all the paperwork required.

Fortunately, the review process *per se* has changed very little. But the handwriting is on the wall. Research support for NIH'ers is becoming more burdensome. In the past, all support had been internal to each institute and lab. Now, "additional" support is available through special-projects funding. I appreciate the enormous impact of the AIDS epidemic and the usefulness of enlisting scientists from many different disciplines. But the effect of establishing internal boards of review at the NIH to dispense these special funds is bound to lead to more formalized review committees in other areas—and paperwork.

Another "additional" support gimmick is that NIH'ers now can compete with extramural scientists

for funding on the human genome project. The price is a formal research grant proposal and more paperwork.

Furthermore, at the suggestion of the administration, we at the NIH are now not only allowed to seek "additional" support for our research from industry, but also are eagerly encouraged to do so. Is there any doubt that this will mean that those labs capable of bringing in funds will grow and the others will shrink? Is this healthy? Would research of the sort that led to the development of recombinant DNA technology have been supported by those seeking a product or a profit? (And if NIH scientists are forced out of basic research, do those of you working in universities on NIH grants think you will not soon face a similar fate? But that's a separate problem.)

I worry that intramural scientists will not be able to escape an onslaught of unnecessary paperwork. If they are forced to seek research support from special intramural funds, extramural grants, and industry, can the rumors one now hears that all intramural support will soon mimic the extramural grant process be far off base?

The second understanding that led many of us to remain here was that the NIH would support our efforts and smooth the way for us to attack both fundamental and applied research problems in a congenial and stimulating environment. The intangible changes in atmosphere and administrative support are hard to document and seem even petty to discuss. But let me give a few examples.

The procurement office used to exist to help researchers obtain the materials they needed. Instead, we now have some procurement officers who feel it their primary duty to save the government money, even if that means delays, inferior equipment, unreliable suppliers and supplies. (Those expenses are hidden). We now even have

seminars for the scientists on how to explain to procurement what is needed and why, so as to assist them to facilitate our purchases! It is not uncommon for orders to remain untouched on the desk of some procurement officer for 40 days, and there is at least one documented case of no action being taken for 79 days. Emergency orders can take 28 days.

Labs are growing in size, as indeed they must with new technology, but at the same time funds are getting tighter. The currently rudderless NIH allows the expansion to proceed haphazardly and with little control when the lab chief can pull in outside funds and political pressure. An extreme example of this now occupies the entire top floor of Building 37.

We are about to be issued guidelines on the proper conduct of intramural research and the new Office of Scientific Integrity funds the study of "fraud" and "misconduct" rather than excellence and insight.

Minor annoyances abound, from the effect the new congressional law on ethical behavior will have—no honoraria—to administrative red tape regarding travel, reimbursement, cooperative research and that eternal problem, parking.

In short, it is considerably harder to do the simplest experiments and a chilling change in atmosphere from that of a blooming scientific wonderland to a bureaucratic wasteland seems to be creeping in upon us.

Are the erosions of the two understandings that led many of us to stay irreversible? God, I hope not! Am I optimistic? Not really. In fact, I now routinely advise postdocs to get out. Still, there is one thing that may keep top notch scientists at the NIH—outside grant funding at the 15% level.

Dr. Martin is chief of the microbial genetics section in the Laboratory of Molecular Biology, NIDDK.

NIHAA Forum**Protecting Animal Research: Responsibilities Of Biomedical Science Administrators***By Dr. Frederick K. Goodwin*

During the past decade, the NIH and ADAMHA, along with the larger health science and health care communities, were taken by surprise as the use of animals in biomedical research has been challenged with mounting vehemence and impact. New regulatory and security requirements are diverting hundreds of millions of dollars from research, and a growing climate of fear is evident as some scientists turn away from important and promising areas of animal research. For example, at a time when the need for animal models of drug addiction has never been greater (to develop medications to control drug craving), it is alarming that the number of published drug abuse studies involving primates is declining precipitously.

Antivivisectionist sentiment in this country has waxed and waned over the last century, but always remained a minority position within the mainstream animal welfare community. Now, under the banner of animal rights, antivivisectionists have, in less than a decade, co-opted and virtually taken over much of the animal welfare movement.

How has this happened? Contemporary cultural conditions, such as the appalling scientific illiteracy of our young people, have contributed. In addition, we must recognize the unintended complicity of the scientific and medical communities; by our silence or by the apologetic tone of our initial responses, we assisted the ascendancy of a movement that aims to prohibit all use of animals for human needs, with biomedical research a principal target.

To the extent that animal rights proponents succeed, they will irreparably damage medical practice. Although animal research accounts for less than one-fourth of all biomedical research, animal models are the essential link between *in vitro* studies (the test tube and petri dish) and the needs of patients.

The linkages between animal research and new treatments and preventions for diseases are unambiguous, as was documented by Julius Comroe and Robert Dripps in a thorough and persuasive review published by the NIH. In this project, clinicians in cardiovascular-pulmonary medicine were polled as to what they viewed as the medical advances that were most helpful to their patients. Responses included open heart surgery, drug treatment of hypertension, cardiac

**Dr. Frederick K. Goodwin**

resuscitation and defibrillation techniques, oral diuretics, chemotherapy and antibiotics, early diagnostic methods, prevention of poliomyelitis, and others.

All of the advances were shown by the authors to have depended on animal research at critical stages of their development. Four of the top ten ranked advances, moreover, were shown to have originated in unrelated fields, a pattern that is true of my field of psychopharmacology and virtually any other medical specialty. Both the typical lag-time and the unforeseen applicability of basic knowledge to problems of disease effectively rebut the frequent demand of animal activists that every research project must be justifiable in terms of a predictable health application. By this yardstick, most contemporary medical advances never would have happened.

In the face of such evidence, how can animal activists persist in their efforts?

To understand this, we must realize that the struggle is fundamentally philosophical and moral. Stripping away the facile, pathetically misinformed, and/or dishonest arguments against animal research reveals a philosophy based on the moral equivalence of humans and other sentient beings. To animal rights adherents, any use of animals by humans is "speciesism," morally akin to racism and sexism. To the accusation that we who support animal research are "speciesists," I say, "Guilty as charged."

How have we—scientists and science administrators—unwittingly played into the hands of the animal activists? Initially, we underestimated the movement's impact. We were unable or unwilling to believe that seemingly intelligent people could challenge a fundamental tenet of an enterprise that represents one of the more noble

(See Animal Research p. 6)

Animal Research (cont. from p. 5) expressions of a developed society: improving the health of its people. It was as though we decided that this aberration would soon go away, and that the less attention we drew to the use of animals in research, the better.

When we finally began to respond, we sought a "middle ground" where we could engage "moderates" who presumably would temper extremists in the movement. As we accepted the targeting of substantial resources to the search for alternatives, the core of our response became the search for the "3-Rs"—i.e., a reduction in the number of animals used, refinement of procedures, and replacement with alternatives—all principles of good science that, in fact, predated the contemporary debate over animal rights.

As the public viewed a response dominated by the 3-Rs and by our precise and often overly academic reactions to anti-research charges of the opposition, we seemed to many apologetic about animal research. Tactically, the animal rights movement pursues its radical agenda with political sophistication, passion, and a very effective appeal to nearly universal sentiments about animals. It is clear that we must respond on all those levels in addition to the more purely intellectual level. In the past, the more we searched for an accommodating "middle ground," the more determined and extreme the opposition became. A recent in-depth profile of People for the Ethical Treatment of Animals (PETA), published in Montgomery county's *Journal*, noted that the movement's leaders are "not looking for acceptance, but for acquiescence."

The "call to arms" finally has been sounded, however, and the response at all levels of HHS is encouraging. Secretary Louis Sullivan, Undersecretary Constance Horner, and Assistant

"It is imperative that all scientists... work to expose the basic philosophy of animal rights, inviting public understanding of an anti-intellectual movement whose premise is incompatible with the humanistic values of the health professional."

—Dr. Frederick Goodwin

Secretary for Health Jim Mason have been forthright and unequivocal in their support of the role of animal studies in biomedical and behavioral research. Their stance has been invaluable in bolstering the overall scientific community's belated efforts to form a consensus on specific actions



Counterdemonstrators mingled with "animal rights" activists at a protest against the use of animals in addiction research at NIH on Apr. 24.

to stem the drift of misinformed public and legislative opinion toward the well-camouflaged objectives of the animal activists.

First, it is imperative that all scientists and science administrators work to expose the basic philosophy of animal rights, inviting public understanding of an anti-intellectual movement whose premise is incompatible with the humanistic values of the health professional. Exposition of the animal rights philosophy can and should be made in community forums, in contacts with legislators, and in routine physician/patient interactions. Alumni of the NIH possess the knowledge and first-hand experience—and, thus, the credibility—to contribute immensely to this educational task.

It is important to distinguish clearly between the animal welfare and animal rights movements. Animal welfare is a traditional, well-respected part of mainstream advocacy in this country and in most of the western world. Based on the philosophical premise of responsible stewardship of animals, animal welfare encompasses humane care. Traditional animal welfare advocates operate on the premise that humans are responsible for animals, not that animals have intrinsic rights. This latter notion conflicts not only with our cultural and religious values concerning the sanctity of human life and our special dedication to human rights, but also with the foundation of our entire legal system.

While focusing on the fundamentally flawed moral and ethical logic of the animal rights argument, we also must anticipate the activists' diversionary arguments opposing animal research, and possess facts to counter specious objections. A sampling of frequently used allegations and factual responses includes:

Animal research is inherently cruel.
In fact, use of anesthesia is standard

in almost all invasive research, and is especially important in behavioral research, where undue pain and distress can severely distort the validity of findings. In the few studies where pain *per se* is being studied and anesthesia is not used, "thresholds" for pain are the most informative research measure; sustained administration of genuinely painful stimuli would be counterproductive to the overwhelming majority of research goals.

Animal research is wasteful and duplicative. As members of the scientific community know all too well, competition for federal research funding is intense. Given limited research resources, scientists who peer review each others' applications obviously are not going to approve frank duplication.

Animal research diverts funds from treatment. This argument, unfortunately seductive to a few naive treatment

professionals, represents an effort by the animal rights movement to balkanize the research and treatment communities, by pitting those who generate new knowledge against those who apply the information in clinical settings. The data, however, do not come close to supporting the claim. For every \$100 the federal government spends on health care generally, less than 40 cents supports animal research. For mental and addictive disorders exclusively, the figure is 20 cents per \$100 in treatment costs!

Animal research is unnecessary to medical progress. We tend to underestimate the extent to which this variation on the "big lie" is fostered by the public's lack of understanding about the process, as opposed to the yield, of biomedical science. Here, the animal rights movement is successfully exploiting a potentially disastrous

failure of contemporary American society—our failure to educate our young people about science. The federal biomedical science establishment must devote resources and energy to carefully planned and long-term science education programs. We can be encouraged by Dr. Mason's recognition of this issue and by the quality and ambitious nature of a biomedical science education plan developed this year by an NIH and ADAMHA work group.

Modern alternatives can replace animals in research. This argument holds that alternatives to the use of animals in research exist. Regardless of how little people may know about science, most are familiar with such buzzwords of the argument as "computer modeling" and "tissue culture," and most have passing familiarity with such technological innovations as scanning devices. Animal rights advocates deliberately obscure the fact that computer modeling of living systems requires actual data from living systems, or that tissue culture cannot substitute for the complexity of an animal. Those who claim that new technologies, such as PET scanners, offer a substitute to the use of animals conveniently overlook the many years of animal research that made the PET scanner and other technologies available in the first place.

As suggested here, rebuttals can be brief and straightforward. A compilation of pertinent facts is available from ADAMHA, both in hard copy and slides. Most important is that we be able to point knowledgeably to the contributions of animal research to the treatment of ailments with which we are familiar.

Dr. Goodwin is administrator of the Alcohol, Drug Abuse, and Mental Health Administration.



A nurse belonging to a group called "Nurses Against Animal Experiments" speaks out at an "animal rights" protest near Bldg. 36 on Apr. 24. Twenty-seven protestors were arrested when the rally turned violent. (Photos: John Crawford)

'Process Is Under Way'

Search for NIH Director: Round Two

The second attempt to recruit a new NIH director is now under way, reported Dr. James O. Mason, HHS assistant secretary for health, at a meeting of the NIH Alumni Association on June 18 in the Mary Woodard Lasker Center (the Cloister). Mason heads the search committee that was unsuccessful in its first attempt to find a replacement for Dr. James B. Wyngaarden, who resigned last summer.

Mason was also chair of a committee charged with examining the enhancements necessary to make the NIH director's job more enticing to qualified candidates. While some of its recommendations were adopted (easier access to the HHS secretary, power to disburse discretionary funds and authority to transfer funds among ICDs), others require legislation before they can be implemented.

What hampers the search most, Mason said, is that the best candidates identified so far don't want the job.

"Our first disappointment was when Tony Fauci turned the president and the secretary down," Mason said.

The second disappointment was when a low-level White House aide phoned a candidate, Dr. William H. Danforth, chancellor of Washington University in St. Louis, to inquire about his position on abortion.

The so-called "litmus test" issue was "a great embarrassment to Dr. Sullivan and myself," said Mason, who assured the audience that neither the president nor his top advisers authorized such an inquiry. According to Mason, his only instruction from Bush and White House chief of staff John Sununu is to find "the best qualified candidate to lead the agency.

"The problem isn't finding someone willing to be NIH director," Mason said. "The candidates are out there. They're all over the place. But I don't want them and you don't want them either."

Mason said the new NIH director must possess charisma and a sense of patriotic duty in addition to being a recognized leader in biomedical research. The director must also be able to work effectively with Congress and the public.

Asked how the alumni could help him in his search, Mason replied, "If you could send me another Jim Shannon (NIH director from 1955 to 1968), we'd get this whole thing straightened out."

Mason said that the enhancements to the director's job called for by his committee "won't fix all of the problems the director will face, and they won't fix them overnight."

He also expressed surprise that it has been far easier to recruit a new FDA commissioner than it has been to find an NIH director, despite challenges he said were greater at FDA than at NIH. The reason? "The cultures are different at the two agencies. NIH is far more like academia."

Taking questions from the audience, Mason was asked by former NIH director Dr. Donald Fredrickson, who is a member of the enhancement committee, whether anyone in the department was drafting legislation needed to implement some of the authorities needed to strengthen the director's position.

"No Don, not to my knowledge," replied Mason.

More than 6,000 letters were sent to academic institutions and private

agencies and businesses in the first round of recruiting efforts by the search committee, Mason reported. These letters solicited names of likely candidates and yielded a roster of 80 people. The committee whittled that number down to a "short list" of five people, none of whom, presumably, wanted the job.

A second short list of five names was developed by a second gathering of the search committee, which was guided in its efforts by recommendations made by the enhancement committee. The process of contacting those individuals is "now under way," Mason said.



Dr. James O. Mason, HHS assistant secretary for health at the June 18 meeting of the NIH Alumni Association. The event was held at the Mary Woodard Lasker Center (the Cloister) and attended by over 100 NIHAA members from the Washington chapter.

Meet the Newest Institute Director: Dr. James B. Snow, Jr.

Dr. James B. Snow, Jr. became the first director of the National Institute on Deafness and Other Communication Disorders. He was sworn in on Feb. 12, 1990.

NIDCD was established in October 1988 by Public Law 100-553 to increase and expand research and research training in hearing and other communication processes including diseases affecting hearing, balance, smell, taste, voice, speech and language.

As director, Snow will be responsible for planning, implementation and evaluation of institute programs to conduct and support biomedical research, research training and public health information in human communication.

Current initiatives of the institute include the development of a strong science base through investigator-initiated research, training the next generation of basic and clinical scientists, the development of national multipurpose research and training centers, expanding the intramural research program, the establishment of a national information clearinghouse on deafness and communication disorders, and a major education and prevention campaign on communication disorders.

Snow received his M.D. cum laude from Harvard Medical School in 1956. He served his internship in surgery at Johns Hopkins Hospital in Baltimore and his residency and research training in otolaryngology at the Massachusetts Eye and Ear Infirmary in Boston. Beginning in 1960, he served as a captain in the U.S. Army Medical Corps for two years. He returned to his home state of Oklahoma and began work at the University of Oklahoma Medical Center where he

rose to professor and head of the department of otorhinolaryngology. In 1972, Snow moved to Philadelphia to become professor and chairman of the department of otorhinolaryngology and human communication at the University of Pennsylvania School of Medicine. Snow was the medical director of the Smell and Taste Center and the Speech and Hearing Center of the Hospital of the University of Pennsylvania and served as the principal investigator of the University of Pennsylvania Smell and Taste Clinical Research Center. He held hospital appointments at the Children's Hospital of Philadelphia, the Veterans Administration Medical Center, the Graduate Hospital, the Pennsylvania Hospital and the Presbyterian-University of Pennsylvania Medical Center.

During the past 30 years, Snow has specialized in the communication sciences. He has published more than 175 articles, books and abstracts about his specialty areas and research findings, which include studies on radiation therapy and surgery of cancer of the head and neck, blood flow in the inner ear, and the chemical senses.

Snow was a 1970 recipient of the Regents' Award for superior teaching at the University of Oklahoma, held a consulting professorship at the Shanghai Second University of Medical Sciences in China in 1985, was elected honorary fellow of the Japan Broncho-Esophagological Society and received the Golden Award of the International Federation of Oto-Rhino-Laryngology Societies in 1989. As Chairman of the Education Committee of the International Federation of Oto-Rhino-Laryngological Societies, he fostered the establishment of national systems



Dr. James B. Snow, Jr.

of accreditation of training and specialist certification in otorhinolaryngology on a world-wide basis. Snow serves on the editorial board of *Chemical Senses* and the *American Journal of Otolaryngology* and has served as editor of the transactions of the American Broncho-Esophagological Association and the transactions of the American Laryngological Association.

Snow is a member of numerous professional societies including the American Academy of Otolaryngology-Head and Neck Surgery, the American Neurotology Society, the American Otological Society, the Association for Chemoreception Sciences, and the Association for Research in Otolaryngology. His activities in organized medicine have included service on the Council on Scientific Affairs of the American Medical Association, as a Regent of the American College of Surgeons and a Director of the

(See Snow p. 21)

News From and About NIHAA Members

Calvin Baldwin, former associate director for administration, who was at NIH from 1953 to 1986, writes: "This winter Betty and I enjoyed our first Elderhostel trip—three weeks in Australia and one week in New Zealand, followed by two weeks on our own touring the South Island of New Zealand. If you don't mind living in dormitories and eating in university cafeterias, we recommend Elderhostels. I have been retired from NIH for 4 years and thoroughly enjoy doing as I please. Betty has recently retired from the Montgomery County Headstart Program and was recently honored as the recipient of the Henry L. Dixon Memorial Award for 'outstanding service to low-income communities.' "

Dr. Merton Bernfield, an NIH research associate, 1963-1965, reports that he "left Stanford Medical School after 22 years to become the first Clement A. Smith Professor of Pediatrics and Chief, Joint Program in Neonatology as well as Professor of Anatomy and Cell Biology, Harvard Medical School."

Dr. Neil R. Blacklow, who worked in NIAID's Laboratory of Infectious Diseases from 1965 to 1968 and also 1969 to 1971, has been appointed "Chairman of the Department of Medicine and Richard M. Haidack Distinguished Professor in Medicine at the University of Massachusetts Medical School."

Dr. Paul P. Carbone, who was at NCI from 1960 to 1976 in the Division of Cancer Treatment, Medicine Branch, writes that he moved to Madison, Wis., "to become Chairman of the Department of Human Oncology and Direc-



Gathering at a recent mixer sponsored by the NIH Alumni Association at the Sheraton Washington Hotel were (from l) Dr. Emil Freireich, M.D. Anderson Cancer Center, and special advisor to director, NCI, 1990; Dr. Peter Greenwald, director of NCI's Division of Cancer Prevention and Control, and Dr. Shalom Z. Hirschman, Mt. Sinai Medical Center.

tor of the University of Wisconsin Clinical Cancer Center, one of 22 comprehensive centers. I have also been Chairman of the Eastern Cooperative Oncology Group since 1970, an office that I will be relinquishing in 1991... In the past year I have been invited to be a visiting professor at the Royal Adelaide Hospital in Australia and at the University of Puerto Rico. I received the Hilldale Award for 1989 for the outstanding faculty in the Biological Sciences Division and the Gottlieb Award from M.D. Anderson Hospital. I am still active in seeing patients, teaching medical students and have more than \$4.5 million in grants to run the UWCCC, ECOG, and my own research in experimental cytotoxic chemotherapy and chemopreventive agents. My son is now a clinical associate at the NCI in the Naval Medical Branch working on the molecular biology of lung cancer."

Dr. William O. Engler, a staff periodontist at NIDR from 1964 to 1966, retired in 1988 from the Medical University of South Carolina, College of Dental Medicine and is now professor emeritus there.

Dr. Richard J. Falk, NICHD research associate, 1968-70, is head of the reproductive endocrinology/infertility department, Columbia Hospital for Women, Washington, D.C., and clinical professor of obstetrics and gynecology at Georgetown University.

Dr. Gerald D. Fischbach, who was at NIH from 1966 to 1973, writes: "I will move to Harvard Medical School this spring to chair the Department of Neurobiology and to help direct the Neuroscience Center at Mass. General Hospital."

Dr. Roy G. Fitzgerald, clinical associate in the Affective Disease Unit of the Laboratory of Clinical Science, NIMH, 1968-70, is "currently Associate Clinical Professor of Psychiatry at Thomas Jefferson University and conducts a practice in psychiatry."

Dr. Edgar Haber, an NIH Fellow from 1958 to 1962, received a 1989 CIBA Award for Hypertension Research from the Council for High Blood Pressure Research of the American Heart Association.

Dr. John W. Hiemenz, a clinical associate in the Division of Cancer Treatment, NCI, from 1980 until 1983, reports that "after six years of practice of medical oncology and infectious disease in my hometown of Daytona Beach, Fla., I have joined the staff in the Division of Medical Oncology, Department of Medicine, College of Medicine at the University of Florida. Based on the research experience obtained at NCI under Dr. Philip Pizzo, and experience in patient care, my research and teaching responsibilities will encompass supportive care of cancer patients undergoing intensive cancer therapy, particularly bone marrow transplantation."

Dr. Alfred S. Ketcham, who was at NCI from 1957 to 1974, lastly as clinical director, writes that at present he is "chief of oncology and professor of surgery and the Sylvester Professor of Oncology at the University of Miami School of Medicine. He is also president of The Society of Pelvic Surgeons and president-elect of The Society of Surgical Oncology. He is the recent recipient of the American Radium Society's Jane Way Award and Lectureship."

Dr. Vernon Knight, who was clinical director at NIAID from 1959 to 1966, writes that in Jan. 1989, "I became

co-director of the Biotechnology Center at Baylor College of Medicine, after leaving the Chairmanship of Microbiology and Immunology, a position I held for 22½ years."

Dr. Richard A. McGee, an associate in clinical pathology from 1973 to 1975, has a full-time private practice in hematology and oncology. Part-time he is the medical director at Stevens Memorial Hospital and a clinical assistant professor of medicine at the University of Washington.

Dr. Benjamin Prescott, who was at NIAID from 1938 to 1979, writes that he is a 50-year member of the American Chemical Society and an honorary member of The American Society of Microbiology. He now lives in San Diego.

Dr. J. Palmer Saunders, who was director of the Division of Research Resources and Centers, NCI, from 1956 to 1974, writes: "I retired from NIH after 33 years of federal service to accept the position of Dean of the

University of Texas Graduate School of Biomedical Sciences at Galveston. I retired from that position effective August 31, 1987, and am now Professor in the Department of Pharmacology & Toxicology of the School of Medicine, University of Texas Medical Branch."

Dr. John F. Sherman, formerly deputy director of NIH, and since 1974 executive vice president of the Association of American Medical Colleges, received a lifetime achievement award from the National Association for Biomedical Research at its 10th anniversary celebration.

Dr. Maxine F. Singer, president of the Carnegie Institution of Washington and scientist emerita at NCI where she maintains a laboratory, was elected to membership in the American Philosophical Society. About 20 new members are elected each year to the society, which is the nation's oldest learned body.

(See Members p. 27)



Among the attendees at the party hosted by the NIHAA on Sunday, May 6, at the Clinical Meetings at the Sheraton Washington Hotel were (from l), Dr. David Golde, UCLA, Dr. Harvey Grainick, Clinical Pathology, CC, and Dr. Barry S. Collier of SUNY Stony Brook. The gathering was well attended with a mix of old and new NIH personnel and alumni. (Photos: B. Branson)

Eastern European Scientists Find NIH 'Doors' Open to Opportunity

By Carla Garnett

When the Berlin Wall came tumbling down last November, liberating thousands of Eastern European citizens to travel at will, at least one East German was already enjoying a rare freedom—the permission to do research in an American laboratory. NCI offered the lab and Fogarty Center, NIH's international arm, offered the means.

"I hope this year is a starting point," said Dr. Siegfried Janz, a visiting associate in NCI's Laboratory of Genetics and currently the only East German scientist studying at NIH for an extended time. "I hope this is a starting point for considerable increase in exchanges between the United States and East Germany."

Janz came to NIH in September 1988, more than a year and a half after he initiated the visit with East German officials.

"As a graduate student, I was already interested in the work of Dr. Michael Potter," said Janz, whose research here on plasmacytoma in the mouse was prompted by Potter's successful animal model of the disease. "I wrote my thesis about this tumor system. The Laboratory of Genetics at NIH is the key group in this field. They were and still are doing some very pioneering things in this area."

At home in Leipzig, East Germany, Janz works at the Institute of Clinical Immunology, a part of Karl Marx University-Leipzig. The institute, devoted exclusively to the research of plasmacytoma and the highly specialized diagnosis and treatment of myeloma patients, was formed in 1980.

"Half of the scientists do basic research on plasmacytoma," Janz



Dr. Siegfried Janz, who works in NCI's Laboratory of Genetics, is currently the only East German scientist studying at NIH for an extended time.

explains. "The other half does clinical work with patients."

In the early 1980s, after coming across various American manuscripts by Potter's group in *Current Contents*, the literature reference service issued by the Philadelphia-based Institute of Scientific Information, Janz decided to contact Potter and tell him about the research Janz's own group was doing.

"At that time it was inconceivable to apply for an exchange," he said, smiling. "But as a young man, you are attracted by any group that is at the top and does research in the area you are working on."

After receiving favorable and enthusiastic response from Potter, who had also agreed to sponsor Janz in the U.S., Janz applied for permission from his laboratory chief and eventually the East German government.

"My supervisor was very open-minded, very reform-minded even this early," Janz said. "This spirit that something must change was present much earlier, especially in Leipzig."

If the scientific community in Leipzig helped the pot in East Germany simmer, recent events, almost 10 years later, in that country have caused the pot to boil over.

"Everything used to get stuck in East Berlin," recounted Janz, whose first visit to the U.S. was held up about 18 months. "Definitely it is this type of regulation that has been removed now. A bunch of interested people are sitting in the starting blocks waiting with what could be many mutual benefits for our country and the U.S."

Dr. Philip Schambra, director of the Fogarty International Center (FIC), which facilitates exchanges such as Janz's, agrees.

"These are well-educated individuals who bring their sound basic education and brilliance to combine with the facilities, scientists and atmosphere at the NIH," he commented. "They bring their own backgrounds in science from their countries and they make a very significant contribution to NIH."

According to Schambra, who hopes to expand widely FIC's scientist exchange programs with Eastern Europe and the Soviet Union, about one-third of the researchers in most intramural NIH labs are foreign scientists—half or more in some campus labs. In order to expand the exchange programs, Congress would have to supplement FIC's budget allotment. Schambra may already have some top HHS officials supporting his efforts.

"(HHS secretary) Dr. Louis Sullivan and (assistant secretary for health) Dr. James Mason are very interested in ways of increasing contacts with these foreign scientists," said Schambra.

In 1988, 1,507 scientists from 71 countries participated in NIH's Visiting Program, the largest of NIH's intramural scientific exchange programs. The Visiting Program was established in 1950 to provide administrative and technical support to talented foreign and American scientists who wish to do research with senior NIH investigators. Fogarty's International Services and Communications Branch (ISCB) handles some aspect of virtually every foreign scientist visit to NIH.

Scientists may visit NIH in one of three capacities: visiting fellow, which carries a prerequisite of 1 to 3 years postdoctoral work; visiting associate, requiring 3 to 6 years postdoctoral work; or visiting scientist, requiring 6 or more years postdoctoral experience.

According to ISCB chief, Dr. Kenneth Collins, "Visiting fellows are considered junior scientists with less than 3 years of relevant postdoctoral research experience who come to NIH to obtain research training.

"Visiting associates and scientists work in a collaborative fashion as colleagues of their NIH sponsors. Participants in the NIH Visiting Program are funded by the sponsor's institute."

Guest researchers (who conduct independent research using NIH facilities) and special volunteers (who work collaboratively with NIH sponsors) constitute two other categories of scientists who do research at NIH. Guest researchers may be funded by a U.S. organization, foreign government or private organization; special volunteers are financially supported by their own countries. Almost 500 guest researchers from 47 countries and more than 150 special volunteers from 30 countries visited NIH in 1988.

Collins explained ISCB's role: "The ISCB provides complete management



Dr. Susan Lakatos, a visiting associate with NIDDK who has done research here since November 1987, returned to her native Hungary in June.

support of these programs, including analysis of visa and immigration requirements as well as preparation of all documents needed to make an award, appointment or assignment.

"After arrival of the scientist," he continued, "ISCB handles activation of the foreign scientist into the appropriate program and in-depth orientation, stipend and salary matters, temporary and permanent departure from the U.S., conversion between programs or institutes, tax matters and a great number of other technical matters."

As successful and mutually beneficial as the Visiting Program has been, not until recent years have Eastern Bloc countries really taken advantage of NIH's offerings. While Japan and China combined account for almost 500 visiting program participants in 1988, such countries as Romania, the U.S.S.R. and East Germany have accounted for fewer than 15 combined.

The crumbling of Eastern Europe's political wall could help open doors to more and better research techniques for its biomedical science community.

Lack of accessibility to research methods and equipment in the home country brings a lot of foreign scientists to NIH. That reason brought Dr. Susan Lakatos to NIDDK from Hungary in November 1987.

Lakatos, whose 2½-year U.S. stay ends this summer, has been studying interaction between actin and globular proteins in the Laboratory of Biochemical Pharmacology.

According to Lakatos, well-equipped and adequately supplied laboratories are not to be taken for granted. For example, she says, time spent in Hungarian labs washing and rewashing pipettes and other instruments is time spent in NIH labs solely researching.

"This is a good example of the differences here," she said, gesturing toward a poster she prepared. "It took me less than one day to put together



NEI statistician Dr. Valeria Freidlin emigrated to the United States from the Soviet Union nearly 3 years ago and hopes to apply for American citizenship soon.

this poster. In Hungary, it would have taken all of one week, several days, to produce this same result.

"We don't have the computer software you have here," she continued, grinning, "but in my recent grant application (in Hungary) I have requested it. I will have to see if it is approved."

Because Lakatos has been in the U.S. during most of the recent political trials and triumphs of Eastern Europe, she was hesitant to speculate about how the changes will affect her country's biomedical research community. In 1988, 35 Hungarians researched at NIH. Will there be many more now?

"The country has really changed," she noted. "I don't know what I shall find when I go back. It's funny that I learn most about my own country from the *Washington Post*. It's a good newspaper."

Dr. Valeria Friedlin, a statistician who emigrated from the Soviet Union to the U.S. in 1987, is hopeful but less optimistic for the Soviet Union's political problems. According to her, Eastern Europe has a lot more going for it than the Union of Soviet Socialist Republics.

(See *Europe* p. 28)

R&W Association Celebrates 45th Anniversary at NIH

By Rich McManus

No, it doesn't sponsor a rifle and pistol club anymore and its garden club has lain fallow for years, but you can get just about anything else you want at NIH's R&W Association.

Those two initials, which stand for Recreation and Welfare, cover a world of activities, interests, people, items and events that help bind the campus into something approaching a community. For 45 years now (though some sources indicate the true number is only 43), R&W has been at the heart of NIH life.

"The most fun part of R&W is that it crosses all kinds of work lines," says Dr. Helen Gift, president of R&W since last year. "There's an incredible mixture of people. You have firemen, plumbers, janitors, doctors and secretaries all getting together."



Randy Schools, general manager of R&W for the past 12 years, has turned the association into one of the nation's best employee services organizations. This year, he is also president of the National Employee Services and Recreation Association.

Two out of every three of the 13,000 NIH employees on the Bethesda campus are card-carrying members of R&W, which, in addition to sponsoring some 22 clubs (sailing and skiing are the biggest), runs five stores (four here and one at NIEHS in North Carolina) and does roughly \$1.2 million in business annually.

Years ago, one of the most anticipated social events of the year for NIH'ers was a play by the R&W-sponsored theater group, known then as "The Hamsters." Masur Auditorium would be packed for these satirical send-ups, written by employees, that were usually titled "Life at NIH."

Today, life at NIH is enriched at almost every turn by R&W. In the past year, the association has helped raise some \$225,000 to help endow the Children's Inn at NIH, has helped kick off both the CFC and Savings Bond drives, raised more than \$10,000 for the Patient Emergency Fund (which was established by R&W in June 1953 as the Patient Welfare Fund), helped to form the Wegener's Granulomatosis Foundation, supported Camp Fantastic and its parent organization, Special Love, Inc., encouraged health promotions including a Fitness Center that, in terms of membership, is at capacity, and helped launch the NIH Alumni Association.

And that is only a partial resume of accomplishments. A simpler way to appreciate the range of R&W services is to consider the following scenario—"Weekend a la R&W."

You get to the R&W Gift Shop in Bldg. 31 at opening time, 9 a.m., on Friday, to pick up the dark suit that you left there earlier in the week for dry cleaning. You are going to need it Sunday when you attend a performance of the Washington Ballet, tickets for which R&W sold at a discount. While waiting at the counter

you notice that Father's Day candy is on sale and buy a sample. Wandering over to the video rental display, you pick a film or two. On the way out the door, you pass up an opportunity to purchase a "Simpsons" t-shirt offered by an R&W vendor in the hallway. That afternoon, however, you visit the Maine Lobster Man for some fresh shrimp; he is sponsored by R&W 52 weeks of the year, paying the association \$60 each week, which is used to cover administrative fees for R&W. Saturday you take a bike trip sponsored by R&W, then wind down that evening with the videos. Following the ballet Sunday, where you saw all those lithe bodies leaping about, you resolved to join the next Quik-Fit aerobics session offered by R&W's Fitness Center. You also pledged to get your cholesterol level checked, courtesy of R&W and the Occupational Medical Services.

"We have a pretty well-rounded program," allows Randy Schools, general manager of R&W for the past 12 years and, by all accounts, the most ambitious and talented GM the association has ever had. "We're here to help people realize their potentials and gear them up for healthy lifestyles.

"If I could build my dream here, it would include a total fitness center, and day care and elder care facilities—all under one roof," he said. "That's the prototype of what's happening in private industry now."

Although hardly new, employee services outfits such as R&W are quickly gaining acceptance in corporate America as managers balance the cost of recreation facilities against the cost of health care when employees fall ill.

"Employee health at the worksite is economically important," said Schools, noting that the first employee service organization began in the late 19th century when National Cash Register Co. in Dayton, Ohio, spon-



Hazel Rea, deputy director of NIMH's intramural research program, was president of R&W several decades ago. An attraction to theater productions drew her to R&W soon after her arrival here in 1949.

sored a company picnic and sports league. "Companies realize that their health care bills will be smaller if their employees don't smoke and do exercise."

During the 1960s, Schools recounted, fitness and day care gained ascendance as important employee services.

"The most recent trend has been toward service to the community," he said. "President Bush has advocated that employee associations make more of an effort to serve their own communities, to become one of those 'thousand points of light.'"

While the recreation side of R&W has always been popular at NIH, the welfare side has also enjoyed a natural audience—the patients who come here for treatment. All patients and their families are automatically given guest membership in R&W.

"These days, we're more attuned to special events than we were in the past," says Schools. "Collecting operating funds for the Children's Inn, the Friends of the Clinical Center and Camp Fantastic is our big goal now, but we will continue to offer a wider array of services to employees."

Among the most popular services, particularly for foreign workers, are the 30 or so day trips planned each

year by Kelly Goka, director of recreation and member services for R&W. These include excursions to Atlantic City and New York City, beach outings to Ocean City, bike and canoe trips, tubing voyages and horseback rides. Other common trips include walking tours of Washington area attractions such as the White House, National Cathedral and Arlington Cemetery, shopping trips to outlet stores in Reading, Pa., and bus trips to Orioles' games.

"Day trips are particularly good for our international employees," noted Schools, "because they get to do things they wouldn't ordinarily plan to do alone."

R&W also arranges discount trips to such national attractions as Disney World, Sea World, Busch Gardens and Kings Dominion.

Forty years ago, when R&W was in its infancy, it still planned ambitious itineraries for its members. The membership fee then was 50 cents a year and enabled employees to sign

up for an annual sea cruise to Bermuda. Stay-at-homes could enjoy a popular R&W Bridge Club or plant vegetables in gardens on campus, under the auspices of the R&W Garden Club.

Hazel Rea, deputy director of NIMH's intramural research program and a former R&W president, remembers those days fondly. Born 79 years ago in Van Buren, Ark., she came to Washington in 1935 and NIH in 1949.

"Very soon after arriving at NIH I got involved with R&W," she recalls. "I was involved with the Hamsters first. We used to have so much fun with that. Of course the place was much smaller then. NIMH had only 60 people then and now we have 600 in intramural research."

A dancer from her youth, Rea joined the Hamsters when the group needed a choreographer for productions such as *Oklahoma!*, in which recent DCRT director Dr. Arnold "Scotty" Pratt played a lead role, along with distinguished cancer researcher

(continued on p. 16)



The glory days of the Hamsters, NIH's R&W-sponsored theatre group, included major productions such as *Oklahoma!*, in which talented staff not only acted out the parts, but also painted the scenes and played the score. "NIH has always had very talented employees," said Hazel Rea, an ex-R&W president.

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Dr. Bruce Ames, now at the University of California. Rea's daughter Ruth also danced in the shows.

"Not that many (people) were involved in R&W back then," Rea remembers. "We were always after new members."

R&W started the first post office on campus, said Rea, mainly for patients' use.

"Our name was R&W, but we did very little in welfare, I noticed. We used to make loans to employees in financial straits. We also began to pay a small death benefit—a little cash at the moment of need to emphasize the welfare aspect of our name."

Bridge tournaments, softball (NIH teams were perennial Metro area champions) and chess were the most popular "R" activities.

"If there were enough people interested, we'd back it," Rea said. R&W also rented sports equipment and ran a small dark room for photographers.

"Getting space at that time was just as difficult as it is now," she stated. "NIH was always supportive of R&W, however, and tried to accommodate our needs."

Before it opened a gift shop in Bldg. 10, again primarily for patient use, R&W relied on "blind stand" concession sales and membership fees for funds. "We had no overhead, and a lot of cash," Rea said.

She used to counsel young people starting administrative careers at NIH, particularly the shy ones, to get involved in R&W clubs, for the contacts it would provide.

Says Schools today, "Club membership offers the opportunity to develop leadership skills. It can pay you back on the job."

Rea served as president of the League of Federal Recreation Associations in 1961, 1962 and 1964; Schools was president in 1980-81.

"But I gave up R&W eventually," Rea related. "I had served my time on it."

Agnes Richardson, who was president of R&W from 1983 to 1987, just can't give it up.

"I see myself staying in R&W until I leave NIH," said Richardson, who came here in September 1973 and is now corresponding secretary for R&W. Under her leadership, the NIEHS branch of R&W opened, R&W joined the effort to raise funds for the Children's Inn, the Fitness Center was started and dry cleaning became an R&W service.

"In 1974 I became an alternate representative to R&W from NEI. I became a rep the next year and have been in ever since."

Today's R&W is overseen by president Helen Gift, a research sociologist at NIDR and chief of the institute's health promotions section. A native of Kingsport, Tenn., she came to NIH 4 years ago from Chicago, where she held posts in health planning, survey research and market research.

Like Schools, Gift makes health promotion a major goal for R&W, which links nicely with her job at NIDR and appointment to NIH's prevention coordinating committee.

A recreation facility that includes a swimming pool and full court gymnasium is one of her ambitions; it would be open to patients and staff. Gift notes ruefully that the local YMCA has recently forbidden NIH AIDS patients from using its pool facilities. And that renovations to the 14th floor gym in the Clinical Center have curtailed some indoor sports activities.

"NIH should be the premier agency for health promotion and facilities," she stated.

Gift's second major goal is to "continue to provide civic and charitable services and opportunities for volunteers." The Children's Inn, which

opened in June, will continue to require much volunteer effort, she said.

"R&W is there to make people healthier and happier in their workplace," Gift said.

To the extent that it is possible, she tries to accommodate employee suggestions. "All kinds of interesting ideas come up," she said. Examples include selling foreign newspapers at gift shops, vending Metro subway passes, offering disability insurance, and expanding self-help courses related to smoking cessation and weight-watching.

"We're pretty responsive on things when we know the employees want them," Gift said.

Looking back at what it has offered employees for the past 45 years, it's safe to conclude that R&W will likely remain the flagship of federal employee service associations.



Senator Joseph E. Ransdell of Louisiana was the sponsor of the act that, 60 years ago, renamed the Hygienic Laboratory the National Institute of Health. Signed by President Herbert Hoover on May 26, 1930, the Ransdell Act also authorized NIH to receive funds for fellowships in support of basic research.

NIH Notes for January-May 1990

HONORS AND AWARDS

Dr. Anthony S. Basile Jr., a senior staff fellow in the Laboratory of Neuroscience, NIDDK, has been chosen as the recipient of the 1990 Mathilde Solowey Lecture Award in the Neurosciences . . . **Dr. John Daly**, chief of NIDDK's Laboratory of Bioorganic Chemistry, was honored for his "pioneering research on adenosine and the selective adenosine agonists and antagonists" at the conference on "Purine Nucleosides and Nucleotides in Cell Signaling: Targets for New Drugs" held in Rockville last fall . . . **Dr. Anthony S. Fauci**, NIAID director, received the 1989 Helen Hayes Award for Medical Research at a ceremony in New York City. Hayes presented him the award for his basic research in demonstrating the immunopathogenic mechanisms of HIV infection and for developing strategies for the therapy and immune reconstitution of patients with AIDS . . . **Dr. Naomi Lynn Gerber**, chief of the CC's department of rehabilitation medicine, won the Government Employees Insurance Company's 1989 Public Service Award in the field of physical rehabilitation. Gerber and her colleagues developed a comprehensive management program for infants and children with osteogenesis imperfecta (brittle bone disease) . . . **Dr. Phillip Gorden**, NIDDK director, was named Vanderbilt University School of Medicine's distinguished alumnus for 1990. Along with a medal, he received a plaque citing him "for his high achievement through outstanding leadership and contributions to the profession as distinguished physician, clinical scientist and progressive leader." . . . **Dr. Florence P. Haseltine**, director of the Center for Population Research at NICHD, has been elected to the board of directors of the American Association for the Advancement of Science. In her platform statement prior to the AAAS election, she pointed out that her varied educational and scientific background parallels the interdisciplinary interests of AAAS and its journal *Science*. Her 4-year term began Feb. 1990 . . . **Dr. J. Terrell Hoffeld**, executive secretary of the two subcommittees of the oral biology and medicine study section in the Referral and Review Branch

of the Division of Research Grants, was awarded fellowship status in two honor organizations: the Academy of Dentistry International and the American College of Dentists . . . **Dr. Igor Klatzo**, chief of the NINDS Laboratory of Neuropathology and Neuroanatomical Sciences, received the highest award of the Polish Academy of Sciences, the Medal of Nicolaus Copernicus. He has collaborated for more than 28 years with Polish scientists in pioneering research to understand how ischemic insult damages the brain . . . **Dr. Denis Le Bihan**, visiting associate in the CC department of diagnostic radiology, has been awarded the Prix Foucault 1989 from the French Society of Physics. The award recognizes his research in molecular diffusion and blood microcirculation using magnetic resonance . . . **Dr. Edward D. Korn**, scientific director of the intramural research program, and chief of the Laboratory of Cell Biology, NHLBI, has been elected to membership in the National Academy of Sciences . . . **Dr. Malcolm A. Martin**, chief of NIAID's Laboratory of Molecular Microbiology, gave on Feb. 14 the 1990 honorary R. E. Dyer Lecture entitled "Retroviruses: Where Did They Come From, and Where Are They Going?" . . . **Dr. Louis H. Miller**, head of the malaria section in NIAID's Laboratory of Parasitic Diseases, has been elected to membership in the National Academy of Sciences . . . **Dr. Howard A. Nash**, chief of the section on molecular genetics in NIMH's Laboratory of Molecular Biology, has been elected to membership in the National Academy of Sciences . . . **Dr. Roger J. Porter**, NINDS deputy director, has been elected to head two professional epilepsy organizations: the 1,500-member American Epilepsy Society and the International League Against Epilepsy, a group that sponsors international scientific conferences. One of his goals will be to strengthen links between professional societies and lay and patient support groups . . . **Dr. Steven M. Schnittman**, a senior staff fellow in NIAID's Laboratory of Immunoregulation, was granted one of four 1989 Young Investigator Awards from the American Society for Microbiology. His research on the immunopathogenesis of human immunodeficiency virus has significantly enhanced the understanding of how HIV causes damage to the immune system . . . **Dr. T. Franklin Williams**, NIA director, received two honors: the Claude D. Pepper Award sponsored by the Sandoz Pharmaceuticals

Corp. for his outstanding contributions to advance the field of aging research, and induction into the Johns Hopkins Society of Scholars . . . **Doris C. Wong**, a microbiologist in NIAID's Laboratory of Infectious Diseases, hepatitis viruses section, was recently honored for her "significant contributions to hepatitis research" at the Hawaii International Symposium on Hepatitis B held in Honolulu. She was the only recipient from the United States.

APPOINTMENTS AND PERSONNEL CHANGES

Dr. Marin Allen, a full professor in and chair of Gallaudet University's department of television, film and photography, recently joined the National Institute on Deafness and Other Communication Disorders as chief of its Planning and Health Reports Branch. She will also be the public information officer for NIDCD . . . **Dr. Lynn M. Amende**, who was at FIC since 1987 as program administrator for the international fellowship program, has joined the NHLBI staff as an executive secretary in the Review Branch, Division of Extramural Affairs, where she will review applications for the contracts, clinical trials and training review section . . . **Dr. Katherine L. Bick**, NIH deputy director for extramural research, left NIH in March after serving in various capacities during the past 14 years. She now works for the Florence, Italy-based Studio Multicentrico Italiano Sulla Demenza, as its United States representative . . . **Donna A. Brooks** has been named personnel officer for the National Institute on Deafness and Other Communication Disorders. For the past 12 years she worked at NHLBI in personnel . . . **Dr. George J. Galasso**, NIH associate director for extramural affairs, has been appointed acting deputy director for extramural research upon the resignation of **Dr. Katherine L. Bick** from that post. In addition, Galasso will continue to serve in his current associate director position . . . **Sandy Guilford**, formerly assistant director of the Montgomery County Volunteer Center, has been selected as the director of the FIC's Volunteer Program . . . **Dr. Jules V. Hallum** has been named director of the Office of Scientific Integrity, part of the Office of the Director, NIH. He comes to NIH from his former position as professor and chairman of the department of microbiology and immunology at
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the Oregon Health Sciences University in Portland. The OSI conducts inquiries and investigations on instances of possible misconduct in science and assists universities in the development of their programs to promote the ethical conduct of science . . . **Janyce N. Hedetniemi** has been named chief of the Office of Program Analysis, NIGMS. She will be responsible for program and policy analysis, evaluation and planning activities, and the development of NIGMS research and training programs . . . **Dr. Marvin A. Kalt**, chief of the NIA scientific review office, has been appointed deputy director of NCI's Division of Extramural Activities. He will oversee NCI's peer review processes for grants, contracts, and cooperative agreements . . . **Gyula Kovach** has joined the Division of Safety staff as chief of the Environmental Protection Branch. He plans to "develop NIH's program to act as a prototype to other federal agencies and biomedical research facilities" . . . **Dr. Eileen Lennon** has been named to the NCRR staff as a microbiologist in the General Clinical Research Centers Program. She most recently worked at the Uniformed Services University of the Health



Roskey Jennings (l) receives congratulations from Dr. William F. Raub, acting NIH director, on his 60-year anniversary of working at NIH. On Mar. 25, 1930, Jennings began the first day of a 3-month temporary job at the Hygienic Laboratory. He is still working here at 80 putting in a full day's schedule in NIAID's Laboratory of Viral Diseases. At a party for him Raub said: "He exemplifies the ultimate government employee. He is a compliment to NIH with his dedication and hard work. He has always kept his eye on the ball as to what is important. If the rest of us did half as well, this place would be terrific."

Sciences, where she had been a research associate since 1988 . . . **Dr. Joan Austin McGowan**, health scientist administrator, has been appointed director of the new Bone Diseases Program within NIAMS' Musculoskeletal Diseases Branch. She is a former NIH grants associate. Before coming to NIH in 1988, she was assistant professor of pediatrics (biochemistry) at Harvard Medical School. In her new post, she will be responsible for overseeing research grants in osteoporosis, Paget's disease, heritable connective tissue disorders and other bone diseases, and in bone biology . . . **Dr. John A. McLachlan** has been named director of the Division of Intramural Research at NIEHS. He joined the institute as a research associate in 1973. In his new post, he will lead one of four major divisions within the institute, one comprising eight laboratories and a branch all devoted to basic biomedical research . . . **Jack Mahoney**, NIH associate director for administration, is serving a 6-month stint as acting deputy assistant secretary for health operations, DHHS; he began the assignment on Mar. 26. While he is away on detail, his NIH post will be filled by **Carl Fretts**, who is director of NIH's Division of Contracts and Grants . . . **Dr. Manuel Miranda**, former staff director for the U.S. House of Representatives select committee on aging, has been appointed assistant director for interdisciplinary research at NIA. He had been a faculty member at UCLA, in the school of social welfare since 1978, and was on leave from that position to head the congressional committee. From early 1984 through July 1985, he was a visiting scientist at NIMH, where he conducted an analysis of NIMH-funded research on Hispanic mental health . . . **Jalil Hameen Mutakabbir** was appointed manager of the Black Employment Program in NIH's Division of Equal Opportunity, Equal Opportunity Branch . . . **Dr. James F. O'Donnell** has been named director of the Office of Extramural Programs. It is a newly created position in the Office of Extramural Research, Office of the Director, which is responsible for extramural staff training, liaison with research institutions, grants policy and extramural program management, appeals, resource training and resources policy, the Small Business Innovation Research Program and other special programs operated out of OD. He comes to the position from DRR, where he had been deputy director since 1976 . . . **Dr. Lawrence J. Prograis, Jr.**,

former NIAID medical staff fellow, was recently appointed chief of the Asthma and Allergy Branch in the Division of Allergy, Immunology, and Transplantation (DAIT) . . . **Hillel Soclof** has returned to NIH as the administrative officer for Division of Intramural Research, NHLBI. Formerly with the Baltimore Cancer Research Program of the National Cancer Institute, he coordinated the operational aspects of the research center and directed its fiscal and administrative activities . . . **Dr. James F. Taylor** was chosen associate director for assurance in the NIH Office of Animal Care and Use (OACU). OACU is responsible for ensuring NIH intramural compliance with all relevant laws and regulations on care and use of laboratory animals. He retired from the U.S. Army Veterinary Corps after 25 years of service specializing in laboratory animal medicine . . . **Tommie Sue Tralka** has been named director of NIDDK's Digestive Diseases Centers Program and project officer for the institute's liver transplantation database . . . **Dr. Paul A. Velletri** has moved to the Review Branch, NHLBI, from the Pharmacological Sciences Program, NIGMS. In his new position he will be responsible for managing the review of a wide variety of grant, cooperative agreement and contract proposals . . . **Fredette West** has been named budget officer for NEI. In this job she is the principal financial advisor to NEI senior staff . . . **Dr. Robert A. Whitney Jr.**, has been selected as director of a new organization named the National Center for Research Resources (NCRR), which was created when the Division of Research Resources and Division of Research Services were merged. He had been director of DRS since Nov. 1985 and acting director of DRR since Oct. 1988. DRR and DRS both conducted programs providing resources for biomedical research: DRR developed and supported research resources extramurally, through grants and contracts, and DRS provided research services directly to NIH investigators. NCRR will continue the full range of these services in integrated and extended ways . . . **Dr. Arthur L. Zachary**, recently a faculty member in the department of biological chemistry at the University of Maryland School of Medicine, has joined the NIGMS Office of Review Activities. Interested in DNA structure and function, bacteriophage biochemistry and marine microbiology, he will review grant applications in the area of the genetic basis of disease.

RETIREMENTS

Evelyn Carlin, an employee of NIH since 1961 and grants management officer for NIGMS since 1971, retired on Mar. 31. She was one of four NIGMS employees who had been with the institute since its creation 27 years ago and had a long and distinguished career there. Her retirement plans will revolve around her family and her volunteer work at St. Paul's Methodist Church in Kensington ... **William Comstock** of NHLBI's Laboratory of Biophysical Chemistry has retired after 39 years at NIH. He came to NIH in 1951, first with NCI and later with NIAMDD. In 1967 he moved to NHLBI's Laboratory of Chemistry (now the Laboratory of Biophysical Chemistry), where he has been in charge of operating the LKB mass spectrometer. During his NIH career he played with the NIH Band and in retirement he will continue to play tenor saxophone and spend more time with his family ... **Dr. John L. Decker**, director of the Clinical Center since 1983, retired on June 1. He joined NIH as chief of the Arthritis and Rheumatism Branch, NIAMD, in 1965. He also served as clinical director of the National Institute of Arthritis, Metabolism and Digestive Diseases from 1976 to 1980. In April he received the Master of the American College of Physicians; he is the first NIH physician to receive this honor. **Dr. Saul W. Rosen** has been named acting CC director ... **Frances Goff**, a grants management specialist in the Office of the Associate Director for Extramural and Collaborative Programs, NEI, has retired. She had completed 30 years of federal service, 20 of which were at NEI. She and her husband plan to spend time at their home at Hoopers Island on the Chesapeake Bay, travel and she hopes to work part-time at a university ... **Patricia L. Greenfield**, administrative officer for the Division of Contracts and Grants, OD, since 1979, retired after more than 35 years of service. She joined NIH in January 1959, following a tenure of more than 4 years with the Department of the Army at Ft. Detrick in Frederick, Md. She worked in several positions in NIDDK. In 1971, she joined NIAID and served as committee management officer until 1973, when she became an administrative officer with NIMH. She hopes to travel throughout the U.S. and abroad and spend time in Brunswick, Md., where she built a new home ... **Assis-**

tant Surgeon General Eileen G. Hasselmeyer retired after more than 29 years of active duty with the Public Health Service Commissioned Corps; 26 years were spent with NICHD. During her last assignment she was associate director for scientific review, NICHD, and special assistant to the director, National Center for Nursing Research. In retirement, she will continue to be involved in activities related to nursing and to the support of AIDS research, but she also plans to spend more time with her grandniece and grandnephew ... **Dr. Richard C. Henneberry** has retired after 18 years in the NINDS Laboratory of Molecular Biology as the head of the laboratory's neurobiology section where he pursued a research career culminating in exciting work with neurotransmitters. He is now a vice president with the Environmental Health Institute in Pittsfield, Mass. ... **Dr. Arnold W. (Scotty) Pratt**, director of the Division of Computer Research and Technology since Aug. 1966, retired June 1. He joined NIH in 1948 in the Laboratory of Physical Biology. A year later he moved over to NCI's Laboratory of Physiology where he eventually became head of the energy metabolism section. At NCI he became interested in the ways computers might be used in biomedical research. This interest and subsequent research in the field of computational linguistics led to his being named DCRT's director ... **Richard Stewart**, property and space management technician at NEI for the last 9 years, has retired. He had completed almost 37 years of federal service, all of them spent at NIH. He plans to spend his time enjoying the outdoors by fishing, hunting and gardening.

DEATHS

Dr. M. Zain-ul-Abidin, 57, a health scientist administrator with the Division of Research Grants, died on Jan. 10 of multiple myeloma. He initially served as the executive secretary for the biomedical sciences study section, reviewing fellowship applications. He subsequently became executive secretary of the molecular biology study section, a position he held until his death ... **Dr. Edwin H. Beachey**, 55, professor of medicine and of microbiology and chief of the division of infectious diseases at the University of Tennessee College of Medicine, Memphis, and associate chief of staff for research and develop-

ment at the Memphis Veterans Administration Medical Center, died Oct. 27, 1989, of cancer. He was a research fellow at NIH in Dr. Roger Coles' section in the Laboratory of Infectious Diseases, NIAID, from 1964 to 1966 ... **James H. (Harry) Belcher**, medical biological technician with NIAID's Laboratory of Molecular Microbiology, died in Dickerson, Md. He joined NIH's Division of Infectious Diseases in 1947. He worked with investigators Drs. Lawrence Kilham, Karl Habel, Wallace Rowe, and Malcolm Martin whose work defined the cutting edge of research on viruses. He was the inventor of the Belcher Wild Animal Catcher. In recent years, he has been listed as coauthor on publications describing experiments with human immunodeficiency virus (HIV) in transgenic mice. These animals were totally under his care ... **Dr. Chapman H. Binford**, 89, died Feb. 9 at his home in Arlington from congestive heart failure. He was an authority on leprosy and fungal and tropical diseases. From 1930 to 1976, he served in the U.S. Public Health Service and he worked at NIH in the 1940s. He was also at the Armed Forces Institute of Pathology and the Leonard Wood Memorial (Leprosy) Foundation ... **Captain J. Manson Brown**, 63, NIH radiation safety officer from 1963 to 1972, died Jan. 8. He was instrumental in developing the first NIH radiation safety guides, numerous radiation safety training programs and radioactive waste disposal facilities at NIH, all of which now serve some 2,000 laboratories and 5,000 users of radioactive materials at NIH. Partly as a result of his leadership, NIH became a worldwide model for safety in biomedical research with radioactive materials. He was a pioneer during a period in which radiation safety in biomedical research was a new and unexplored discipline. His lasting contributions as a health physicist remain in the current radiation protection program in the NIH Division of Safety ... **Dr. G. Robert Coatney**, 88, a noted malaria researcher who was associated with NIAID over several decades, died on Mar. 11 in Atlanta, Ga. He was head of the Malaria Program at NIH from 1940 to 1966. He worked in the Laboratory of Tropical Medicine and then was chief of the Laboratory of Parasite Chemotherapy. He retired May 31, 1966, and joined the faculty of the Louisiana State University School of Medicine as professor of pharmacology ... **Philip Chester Coleman**, 58, NLM staff
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member since 1954, died suddenly on Mar. 7. When the library moved from its original location in Washington, D.C., in 1962, he helped move the entire collection to the new location. Over the years he worked in various capacities at NLM ...

Dr. Dorland J. Davis, 78, the third director (1964-1975) of NIAID, died of cancer Apr. 11 at the National Naval Medical Center in Bethesda. He retired in August 1975 as an assistant surgeon general, U.S. Public Health Service Commissioned Corps, after a 36-year career marked by scientific achievements and administrative innovations. He had been at NIH since 1939, except for a 1-year Department of State assignment in North Africa during World War II. In 1954 he was appointed chief of the Laboratory of Infectious Diseases at the National Microbiologic Institute (now NIAID). After serving as associate director in charge of research and from 1962-64 as director of intramural research, he was named NIAID's director in 1964. As NIAID director his interest in tropical medicine and international research led to NIAID's leadership in programs such as the the U.S.-Japan Cooperative Medical Sciences Program and the International Centers for Medical Research Training. He was instrumental in expanding the institute's research on allergic diseases. He was the recipient of many awards and a member of many professional societies and boards. After his retirement he worked with the American Social Health Association as its founder and first chairman, developing a research and fellowship program ...

Dr. John Carol Eberhart, 82, a longtime research administrator in the federal government, died of cancer Mar. 11 at the Clinical Center. He was the senior advisor to the deputy director for intramural research in the Office of the Director, NIH. He first joined NIMH as a training specialist in 1947 and served as chief of the NIMH Research Grants and Fellowships Branch from 1949 to 1954. He left NIMH in 1954 to join the staff of the Commonwealth Fund, but returned to the institute as director of intramural research, administering the government's own laboratories that conduct basic and clinical research on mental disorders. During his administration, the NIMH program developed into one of the best neuroscience and behavioral research programs devoted to the study of mental illnesses. He retired from that position in 1981, but was immediately

reemployed for the post he held until his death. He was involved in developing policies and programs that provided research and training opportunities and appropriate mechanisms to ensure the continued excellence of biomedical research ...

Dr. Robert H. Felix, 85, an authority on drug addiction and alcoholism who was the first director of NIMH (1949-64) and a past president of the American Psychiatric Association, died Mar. 31 at his home in Sun City, Ariz., of complications from Parkinson's disease. In 1933 he joined the Public Health Service as an assistant surgeon and was assigned to the Medical Center for Federal Prisoners in Springfield, Mo. Three years later, he became a staff psychiatrist at the federal narcotics addiction treatment facility in Lexington, Ky. After service in World War II he returned to the PHS in 1944 as assistant chief of the hospital division of the Bureau of Medical Services and was chief of the mental hygiene division until 1949. In that 5-year period he helped develop the Mental Health Act of 1946, part of which created NIMH. He was appointed the institute's first director and served until he retired from federal service in 1964 with the rank of assistant surgeon general and rear admiral. He then joined the faculty at St. Louis University where he was professor of psychiatry and dean of the medical school for 10 years. From 1975 to 1985 he was research director of the Scottish Rite Psychophrenic Research Program in Lexington, Mass. He moved to Arizona in 1986 ...

Dr. Earl Fisher Jr., 75, died of a sudden heart attack on Nov. 18, 1989, at Gleneden Beach, Ore., where he had moved with his wife Thelma after they had both retired from work at NIH earlier in the year. In 1977, after a career in academia, he joined NIH, where he was affiliated with the Division of Research Grants and the Division of Research Resources. He was an effective and well-respected executive secretary for a series of study sections until his retirement ...

Dr. Ernst Freese, 64, an internationally noted scientist whose career spanned the field of particle physics, molecular biology and genetic engineering, died Mar. 30 at Frederick Memorial Hospital of a cerebral hemorrhage. He worked for NINDS throughout his 27-year federal career. He joined NIH in 1962 as chief of the Laboratory of Molecular Biology, a post he held until his death. While remaining active as an investigator, he also helped manage the NINDS research program. Most

of his early research focused on the relation of chemicals to cancer. His later work was in the study of molecular control of genes that affect brain function. He was a member of many professional societies and the recipient of several distinguished awards ...

Mary S. Godwin, 46, an administrative assistant in NCI's Division of Cancer Etiology, Chemical and Physical Carcinogenesis Program, died Jan. 20 of injuries she received in a car accident in Hanover, Pa. ...

Dr. David Goldfarb, 71, a leading Soviet geneticist who became a Fogarty scholar-in-residence at NIH, died of heart failure and diabetes on Feb. 24 at Georgetown University Medical Center in Washington. He had been granted permission to leave the U.S.S.R. in October 1986. He became a Fogarty scholar in November 1987, and was preparing a history of Soviet biomedical science in the 1940s and 1950s. He was also assessing current trends in Soviet scientific research. In his latest term at FIC he had been on the NIH campus since December ...

Grace B. Hoehn, 73, a retired NIH medical research grant reviewer, died of respiratory failure Feb. 7 at Sibley Memorial Hospital. She began working for NIH in 1939 and retired in 1969 ...

Jean M. Hudgins, supervisory budget analyst in NIAID's Financial Management and Information Systems Branch, died recently of a heart attack. She came to NIAID in 1982 and she eventually monitored all of NIAID's extramural grants budgets ...

Dr. Barney Charles Lepovetsky, director of NCI's Office of Technology Development (OTD), died Mar. 24 of cancer at his home in Ijamsville, Md. He had come to work at NIH after being both a professor of microbiology and earning a law degree. From 1965 to 1974 he held numerous positions at NIDR. He joined NCI in 1974 as executive secretary of the cancer control grant review committee. In 1975 he was appointed chief of the Training Grants Branch for the Division of Cancer Research Resources. In 1986 he became director of OTD serving as NCI's chief advisor on legislation and the implementation of the Federal Technology Transfer Act of 1986 ...

Joan H. Mahoney, 62, a retired supervisor of employee relations at the Office of Personnel Management, died of cancer Jan. 17 at her home in Bethesda. In the late 1960s and early 1970s she worked in the personnel office at the Clinical Center. In 1973 she transferred to the OPM ...

Mildred M. Morgan, 71, a retired secretary at NIMH, died of

cancer Apr. 1, at her home ... **Dr. Joseph V. Michalski**, 75, a retired pathologist and official in the research grants review section of the NIAMD, died of cancer Apr. 24 at his home in Silver Spring. He worked at the NIH from 1958 to 1974 when he retired ... **Robert Leroy "Mussy" Musgrove**, 62, of Livingston, Tx., formerly of Bethesda, a retired pipe insulator at NIH, died of cancer Apr. 28, at Memorial City Hospital in Houston. He retired from NIH in 1977 ... **Doris Dennison Parkinson**, 71, a retired office manager in the cholera treatment research center at NIH, died of renal failure Feb. 12 at Sibley Memorial Hospital. She joined the cholera treatment research center in the early 1950s and retired in the late 1960s ... **Tillie Wolk Pollock**, 75, retired chief of management policy at the NIMH, died Nov. 9, 1989, at George Washington University Hospital of complications after a heart attack ... **Dr. Pierre F. Renault**, 53, deputy director of NIDDK since 1983, died of acute leukemia May 15 at the Clinical Center. He joined the institute in May 1982 as associate director for program planning and analysis. He joined the U.S. Public Health Service in 1974 and served as chief of the clinical behavioral branch of the National Institute on Drug Abuse of the Alcohol, Drug Abuse and Mental Health Administration. In 1980 he became associate director of the National Center for Health Care Technology, an assignment that included reviewing technology and making recommendations concerning health care financing and Medicare coverage ... **Dr. David Symmes**, 60, an NIH neurophysiologist, died of cancer Apr. 8 at his home in McLean. At his death he was chief of the section on brain behavior and communication at the NICHD. His principal research was in the origins and development of complex behavior such as communication between mother and infant monkeys, the role of play in various species of animals and the effect of play on motor development ... **Isidore Wodinsky**, 71, a retired vice president of Arthur D. Little, Inc. of Cambridge who headed its cancer chemotherapy research program, died June 2 at his home in Jamaica Plain, Mass. He joined the company in 1959 as head of its biology section. Prior to that he served at the Army Institute of Pathology in Washington during World War II and worked at NIH in the 1940s and 1950s.

(Snow continued from p. 9)

American Board of Otolaryngology. He has served as president of the American Broncho-Esophagological Association, the Society of University Otolaryngologists-Head and Neck Surgeons and the Association of Academic Departments of Otolaryngology-Head and Neck Surgery. Snow is currently the president of the American Laryngological Association.

Throughout his career he has

taught medical students and resident physicians and carried out research. In his practice, he has dealt with the clinical problems of deafness, dizziness, loss of the senses of smell and taste and the disorders of voice, speech and language. He brings to his new position a wealth of administrative, clinical and research experience in the areas served by the new institute including hearing, balance, smell, taste, voice, speech and language.



On Monday, May 21, NIH was the setting for a demonstration by AIDS activists who were protesting what they felt was the slow pace of AIDS research and treatment. Sixty-one of the 1000 protesters were arrested on campus in the demonstration dubbed "Storm the NIH" by organizers from the AIDS Coalition to Unleash Power (ACT UP). Twenty-one people were also arrested at an NIH rental building in Rockville. "We have a great deal of empathy with those who are frustrated with the pace of biomedical research," acknowledged Dr. Anthony Fauci, who in addition to directing NIAID is also NIH associate director for AIDS research. "But critics of the pace of HIV research don't understand the nature of biomedical investigation. Progress against HIV has actually been unprecedented in the history of medicine." He went on to say that there were no hard feelings. "I know personally many of the leaders of today's demonstration. I understand their need to vent their frustration. It's terribly understandable by us because the only time you've done enough is when you have the answer. And we don't yet have the answer. But we will continue to give our very highest level of effort."

Fredrickson (continued from p. 1)

When not traveling abroad, which he does frequently, Fredrickson can be found either in the lab on the 7th floor of Bldg. 10 or in a study near the reading room at NLM, where he is busy writing and collecting his papers.

"I still do a lot of observing of NIH, for I've a huge investment of time and affection in this campus. I enjoy my position here now without responsibility for NIH, but I still fuss and worry about it, of course, like all good alumni," he continues.

"NIH is a unique and remarkable place. It is a great scientific organization yet embedded at the interface with the public's support for research. This is where the relationship problems between high science and high government and between society and research have to be played out. Civilization has a big stake in the successful outcome.

"I don't attempt to do 'wet lab' research. I enjoy going to clinic and lab meetings and roaming the halls of my old haunts in Bldg. 10 when I'm in town. You can learn a lot this way. It is necessary to keep those connections open if you want to be a good consultant because science is rapidly changing."

As part of his involvement with the European community, Fredrickson will be reviewing what has happened to regulation of recombinant DNA research since NIH established guidelines involving recombinant DNA research in 1975.

"In June 1976, we sent a copy of the first NIH Guidelines in diplomatic pouches to every nation in Europe," he says. "Now, the European community has begun to seek coordination of research on engineering and the human genome. We need to understand the outcomes for they also affect our own research and our biotechnology industry.

"I am pleased to note that in Europe they are beginning to hold consensus conferences, which were started here at NIH. In fact, they are often called 'NIH consensus' conferences. It is good to have the recognition accorded to NIH," he says proudly. "Just one of our contributions to the world and science."

According to Fredrickson, Thomas Parran is really the parent of modern NIH. Although NIH was established in 1930, it was Parran, while serving as Surgeon General (1936-1948), who developed strategies to mount a war on chronic diseases. After World War II ended, Parran had everything in place and thus NIH was the first agency with the authorities to supply research support for universities. NIH, along with the National Science Foundation, continues to lead today with more than 60 percent of total grants given in the biomedical sciences.

"Parran, in my view, the greatest

of the modern surgeons general," he continues, "sent Lewis R. Thompson (NIH director, 1937-1942) on a trip to Europe to look over the design of European labs. Our earliest structures at NIH bear a close resemblance, in Georgian architecture, to the first buildings of the Pasteur Institute. On my last trip there, I was struck by the resemblances."

Fredrickson continues: "NIH has a fascinating history particularly when you analyze all that has happened to that single institute since its establishment in 1930. By 1953, there were 10 institutes and it continues to grow. Take for example, NIADDK. It has been split many times over into new institutes. While we don't like Congress to do that, it really is a form of flattery. It shows they believe our model is one that works.

"NIH must always remain primarily a scientific agency," he states, "but it will have to learn better how to



Director of the National Heart Institute, Fredrickson meets with his staff. Seated next to him is Dr. Robert L. Berliner. Standing are (l to r) Drs. Morris Stampfer, John C. LaRosa, Robert Keimowitz and Bryan Brewer. That was in 1967. Today, Fredrickson is back at NIH working in Brewer's laboratory.

participate in evaluation of the technical side of health care. The technical choice is becoming indispensable to coping with costs of health in America. NIH's role is to make sure scientific facts are laid out for others to lay on their value judgements.

"NIH is crucial to the stability of academic research in this country. I am not sure every administration realizes it though. To leave NIH so long without a leader is a careless thing. The nation could never replace it (NIH) if it were to fade and disappear through neglect.

"I came here 37 years ago," he said. "I was chosen by Dr. James A. Shannon (NIH director at the time) to be one of the eight heart institute associates to work in the Clinical Center. In fact, I walked behind Shannon in two of his jobs—head of intramural research for the heart institute and then later as director of NIH.

"It was because of Shannon that I became director of the heart institute. When he asked if I would be the director, my lab was very productive and I didn't really want to leave. But I said 'Yes' for a year. At the year's end, I wanted to go back completely to the lab so I helped him find my replacement—Ted Cooper." Cooper went on to become DHEW's assistant secretary for health in 1975. "Things were simpler then, not as political as it is now.

"NIH always has had a political side to it," he said. "We've had enormous political support. You can't remove politics from here at this level. NIH is a creature of Congress more than any other agency largely because Congress has always seen that we got the money we needed even when the administration making the budgets stopped keeping pace with growth and inflation.

"You can't do basic research

without public support. That is as true today as it always has been. Basic science depends on public money and that is true in every country, not only the United States."

Reminiscing, Fredrickson recalled a meeting he initiated in Chicago in 1967 allowing America's heart surgeons to meet with Dr. Christiaan Barnard, who performed the world's first heart transplant. "When Barnard got up to speak, there were beads of sweat all over his face because his audience was made up of mostly American surgeons who had taught him all he knew. I thought then his achievement was a technical *tour de force*. I think now that I was wrong about that. I've often been too conservative about medical inventions."

Recalling the most exciting time of the past, he said, "Discovering a new disease like Tangier disease, named for an island in the Chesapeake Bay." It was on this island that Fredrickson was called in as a consultant to take a look at a young boy's condition.

"When I visited the island and had the opportunity to check other children in the family, I found that his sister had bright orange tonsils, a hitherto unknown example of a problem due to massive tissue storage of cholesterol. I realized that here was something that had not ever been described.

"It is like seeing a mountain no one else has ever climbed," he continued. "The gratification you can get out of this side of science—the putting of one more tile in the endless mosaic—makes it the most rewarding profession in the world.

"The original children are still patients here at NIH. There are now about 50 cases around the world. But you know, we still don't know after 30 years the cause, in molecular terms, of Tangier disease.

"I allowed myself to be distracted



In September 1973, Fredrickson and Dr. Robert Levy visited a lipoprotein laboratory in Leningrad, Russia, (as part of the US-USSR Cooperative Research Program). Standing (l to r): Professors Vera Gerasimova and Anatoly Kilmov, Fredrickson, Dr. Alexander Nichols, Levy, Drs. James Grizzle and Herman Tyroler.

from it over the years, but nothing can replace or quite match the game of science itself."

Fredrickson worked under five department secretaries while serving as director of NIH. When Joseph A. Califano Jr. came aboard, he told Fredrickson, "I'm not sure I want to keep you." Fredrickson replied, "I understand, Mr. Secretary, you might want to bring your own people in to work for you but I want you to grant me one thing—that is just 2 hours to tell you what NIH is all about.

"I had my time and when he later came to NIH for a visit, he announced from the podium, 'I looked everywhere for the best possible director for NIH and I discovered he was already here.'"

According to Fredrickson, it was in 1971 that the job became more politicized. At that time, the administration wanted to move the cancer institute out of NIH. Robert Marston, NIH director at the time, fought that battle and won but it cost him his job in the end.

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"Not that every president shouldn't have a choice," he says, "but policies change with each administration. And the stewardship of NIH should never be a political power."

Fredrickson was born in Canon City, Colo., and attended the University of Colorado for 1 year prior to moving to the University of Michigan, where he received both his B.S. and M.D. degrees. After graduation, he went to Boston for training in internal medicine and clinical and laboratory research at the Peter Bent Brigham Hospital, the Massachusetts General Hospital, and Harvard Medical School. It was in 1953 that he moved to the National Heart Institute as one of the first class of clinical associates to open the Clinical Center. He remained at NHI from 1953 to 1974, first as staff scientist, later section head, and then chief of the Molecular Disease Branch. While simultaneously maintaining his research, Fredrickson also served as the heart institute's clinical director (1961-1966), institute director (1966-1968) and director of the Division of Intramural Research (1968-1974).

In 1974, he left NIH to become the second president of the Institute of Medicine at the National Academy of Sciences. However, in 1975 he accepted the invitation of President Ford to fill the vacant chair of the director of NIH. He stayed throughout the Ford administration and into 1 year of the Reagan administration.

After resigning from NIH for the second time in 1981, Fredrickson spent 18 months as scholar-in-residence at the National Academy of Sciences. He left the academy in 1983 to serve as consultant, then vice president of the Howard Hughes Medical Institute. In 1984, he was appointed to the board of trustees of the institute and elected president and chief executive officer.

During his tenure at HHMI, Fredrickson conceived and developed the Hughes Cloister program, which brings medical students from all over the country to NIH for a year of training in NIH laboratories. HHMI is a non-profit medical research organization that was funded by the aviator-industrialist Howard R. Hughes and is the sole owner of the stock of Hughes Aircraft Co. At the time of Fredrickson's resignation in June 1987, the HHMI was the world's largest philanthropy with an endowment of more than \$5 billion and an annual budget of about \$250 million for medical research and related activities.

*"I allowed myself
to be distracted from
it over the years,
but nothing can replace
or quite match the game
of science itself."*

—Dr. Donald Fredrickson

Fredrickson serves as a member of the advisory committee on the NIH; chairman, scientific advisory committee, Research!America; advisory board for Issues in Science and Technology, and served on the White House Science Council from 1981 to 1989. He is a member of numerous organizations including the National Academy of Sciences, the American Academy of Arts and Sciences and the American Philosophical Society and he is a life member of the NIH Alumni Association.

An author of more than 250 scientific articles, numerous other papers and editor for five editions of *The Metabolic Basis of Inherited Disease*, Fredrickson is still busy writing and keeping his hand in the field that he loves—science.

Novello (continued from p. 1)

status—firsts for a U.S. surgeon general—alone lured headlines. From now on, however, the substance of her comments will gain unprecedented attention.

"This post is very different from NIH, where only the person who discovers a virus or a drug, or maybe the director, gets to talk," she said. "I won't talk often, but when the surgeon general speaks, there will be something to say."

Known chiefly for her leadership in pediatric AIDS, Novello began the interview by asserting, "I am going to take care of all patients with AIDS, not just pediatric patients. There is a little bit of Ryan White in every person with AIDS out there. They all deserve dignity and respect, not just the women, the children and the Hispanic. I am here for all the patients with AIDS."

Novello mentioned that, 2 years ago, she was confronted at a conference by a member of ACT UP, the increasingly militant AIDS Coalition to Unleash Power.

"This person challenged me to take a stand for children," she recalled. "Who could have guessed that, 2 years later, I would be in a position to do so? When they (activists) realize I am very much committed, I won't have trouble with ACT UP."

Reminded that she had large shoes to fill in replacing Koop, Novello said, "We're doing two different kinds of things these days. His personality is totally different from mine, but we are both very forceful. We're both pediatricians and that is about growth. Please, give me a chance to crawl before I learn to walk and run."

Novello conceives of her role as surgeon general as being "the voice of the people. I will go out and sense the pulse of the public and bring back my findings to the policy makers.

People are basically looking for a good doctor who has good sense and who cares for all of the people."

While pulse-taking will fortify her intuition, Novello is likely to be guided by data when planning her agenda. "You deal the cards when you have the data in front of you," she stated.

Already in the works is a conference on women's health and a 10-day visit this summer to Indian reservations, where she will address the PHS agency with the largest numbers of officers, the Indian Health Service. "I really want to look into it," she said.

Concerning women's health, Novello will address such issues as shelter for abused women, and breast and lung cancer rates in women. "By the year 2000, more women will die of lung cancer than breast cancer," she reported. "A workshop on women's health issues is timely and needed. I want to make them part of the surgeon general's mission."

Alarmed by data showing that women are often neglected in the design of clinical trials, Novello announced a new, "comprehensive, family-centered community care model for AIDS patients." Designed by NIH, HRSA and the Department of Defense, the prototype locates, under one roof, all of the myriad services that AIDS patients typically need.

"It will keep patients from having to go to many, many places instead of just one. But most importantly, this model will train potential foster parents so that an infected parent can die in peace if he or she has children," said Novello.

An HHS brochure on condoms, STDs (sexually transmitted diseases) and AIDS was published in May. Some 583,000 copies of the pamphlet, featuring pictures and text, are being sent out by the National AIDS Information Clearinghouse, the FDA and the National Institute on Drug Abuse.

"Sexual information should be

explicit," Novello said, "but with sensibility and sensitivity. What is good for one state might not be good for another state—that must be taken into account. We will try to educate in a way appropriate to the community."

Asked if clean needles for intravenous drug abusers would prevent AIDS, Novello said there are not

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—Dr. Antonia Novello

enough data to show that such a policy would change people's behavior. Queried on her position regarding fetal tissue research, she announced that she would abide by the department's official moratorium. Coaxed by a reporter to say something that might deviate from the party line, she punctuated her stand by playfully sticking a tongue out at her questioner.

"That's the pediatric aspect of me," she laughed, "I'm sorry."

Novello said she has been surprised by data on teen drinking in the U.S. "A recent study showed that two-thirds of adolescents drink, and one-third go on binges. We have eighth graders who consider themselves binge drinkers!"

Correlating traffic accident deaths with data on teen drinking, Novello set herself two public health goals: "These kids may not perceive that someone cares. That has to change. And they must be reminded of how much alcohol will rob them of their lives."

Novello was born on Aug. 23, 1944, in Fajardo, Puerto Rico. Born with a congenital malformation, she was hospitalized often as a child, she said.

"I think this is where I learned that everything has to have a chance to live." Thus her position on abortion, which is the same as President Bush's: Acceptable only in cases of rape, incest, or danger to the mother's life, and only the latter deserves federal funding.

Educated in public schools where her mother, Ana Delia Flores, was first her teacher then, in high school, her principal, Novello learned to treasure education and teachers.

"If you know my mother, you don't change schools when she's in charge," she explained. "She had a ruler that she called Catalina, and you had to know your ABC's."

"My mother (who remains principal of the high school Novello attended) is the most strong force in my life and my role model," she continued. "She always said that education will take care of you. She pushed me. I knew from very early on that teachers are here to serve you."

Novello's father died when she was young; her stepfather is an electrician.

The young Novello hated the name Antonia. "My friends had names like Lucy and Maria and Diana and I got stuck with the ugliest name," she recalled. "My mother told me that it would be a good name for a doctor someday. Mommy was right."

Novello graduated from the University of Puerto Rico in 1965 and received her M.D. degree from the same university in 1970. She served a pediatric internship and residency at the University of Michigan Medical Center from 1970 to 1973. In 1982-82, she earned a master's degree in public health from Johns Hopkins.

During her NIH career, Novello was most recently deputy director of
(continued on p. 26)

(continued from p. 25)

NICHD as well as that institute's AIDS research coordinator. Her research interests have included pediatric nephrology, health services administration and public health policy; she has published extensively in these fields. She is also clinical professor of pediatrics at Georgetown University Hospital and the Uniformed Services University of the Health Sciences.

*"I won't talk often,
but when the
surgeon general speaks,
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something to say."*

—Dr. Antonia Novello

Married for 20 years to Dr. Joseph Novello, a child psychiatrist known locally for a WMAL radio call-in show he hosted until recently, the new surgeon general has no children but has a cat named Nicky. "I also have one brother, two nieces and eight godchildren," she said. Her brother-in-law, Don Novello, is a nationally known comic actor whose stage persona is "the Rev. Guido Sarducci."

Asked if the comedian has incorporated the new surgeon general into his monologues, Novello responded, "He wouldn't do that. He has to return home some day."

When Novello returned home to Puerto Rico this spring, she was received joyfully by her homeland.

"The Puerto Ricans have all kinds of issues they wanted me to address," she noted, "but they will be dealt with in the context of U.S. health policy."

Exiting the interview, Novello cautioned journalists to be sure to "put my mother in good light." Only 4 days on the job and the new surgeon general was already giving her first advice.

NIH Credit Union Celebrates Golden Anniversary

A few days before Christmas in 1939, a handful of NIH employees gathered in Bldg. 6 and decided to establish a credit union. On Jan. 11, 1940, nine workers got together and, with \$75 in assets, formally established the NIH Federal Credit Union (NIH FCU).

"Money was tight in the thirties," recalls Howard F. Brubach, who was the 38th NIH'er to cast his lot with the member-owned cooperative. "I was in industrial hygiene, and that involved travel. We figured that a credit union would help on cash advances—that was the basic reason to start it."

Sharing space with a telephone

operator's office just off the lobby of Bldg. 1, the credit union attracted some 338 members out of 1,167 employees in its first year. Employees would make deposits of as little as a quarter at a time; the captain of the guard office in Bldg. 1 would enter the deposits in a ledger.

On May 10, 1990, the credit union celebrated its 50th year of service with a ceremony in Wilson Hall. Brubach, who had been present at the 25th anniversary, returned with his colleague Harry Diehl to mark the occasion.

"It has come a long way and it's a wonderful organization, believe



Cutting a cake to mark the 50th anniversary of the NIH Federal Credit Union on May 10 are Harry Diehl (l) and Howard F. Brubach, two of the credit union's original members. The NIH retirees were also on hand for the credit union's 25th anniversary in 1965.

me," said Brubach, who spent 50 years at NIH. "I've been with it since the start."

"I know the credit union is great," said Diehl, who was the 60th employee to join the union and who retired in 1974 after 40 years of service to NIH. "But so is NIH."

Congratulations abounded as eight speakers, including NIH acting director Dr. William Raub and a former U.S. senator (Roger Jepsen of Iowa, now chairman of the National Credit Union Administration) rose to honor the occasion.

Currently boasting 22,000 members and more than \$100 million in assets, the credit union is "now a healthy, growing, stable financial institution," said Lindsay Alexander, president and chief executive officer of NIH FCU.

"Attracting new members and improving services are two main goals for us today," she said. "Renewed spirit and diligence are the themes of our fiftieth year. My greatest hope is that, 50 years from now, we'll look back and have accomplished our goals and much, much more."

"NIH feels a deep privilege in hosting the credit union," said Raub. "It is a first class institution whose responsiveness is second to none."

Representatives of the credit union's two off-campus outposts—Suburban Hospital and Sibley Memorial Hospital—were also on hand at the catered affair, which transformed into an open house for employees once the speeches ended. Guests received commemorative coffee mugs and key rings emblazoned with the NIH FCU's new emblem—a growing tree.

"The credit union members are your tree's roots," observed Jepsen, who served in the Senate from 1979 to 1985. "The credit union's people-before-dollars philosophy comes to the fore nowadays. We are the

financial front porch and picket fences of our communities."

"The NIH credit union has stood as a beacon of hope for financial needs, just as NIH has stood as a beacon of hope for those with physical needs," said Kenneth Robinson, president of the National Association of Federal Credit Union.

NIH veteran Diehl, a native of McGaheysville, Va., who remains active as a minister and chemist, regaled the audience with tales of NIH a half century ago.

"I'm just a farm boy," he cautioned before embarking on a rambling tale of how he developed more than 500 new compounds during his NIH career, including a new process for preparing 2-deoxyribose, a sugar found in DNA. Diehl was honored in 1958 for work that supported development of the Salk polio virus vaccine.

"I'm working on cures for cancer and arthritis right now," he continued.

In somewhat less exuberant tones, Dr. Harley G. Sheffield, who has been affiliated with NIH FCU since 1969, observed that the credit union has grown slowly and not without difficulties.

"There's no royal road to anywhere," he said. "Progress is made little by little. The NIH credit union has come a long way, but the very best in it remains unchanged."

The NIH R&W Theatre Group entertained the gathering with songs from 1940 and a topical tune they wrote for the occasion called "Dear Creditors."

If your present address differs from that shown on the address label, please send your new address to office, 9101 Old Georgetown Rd., Bethesda, MD 20814.

Members (continued from p. 11)

Dr. Eugene L. Speck, a research associate at NINDS from 1970 to 1972, is an infectious diseases specialist with Infectious Diseases Consultants and an assistant professor of medicine at the University of Nevada School of Medicine. He is also chief of Infectious Diseases at the University Medical Center.

Dr. Nancy Touchette, a senior staff fellow at NCI, has joined *The Journal of NIH Research* as a writer. She was a postdoctoral fellow in the laboratory of R. David Cole at the University of California at Berkeley, and she received a doctoral degree in chemistry from Pennsylvania State University.

Dr. Rodney H. Withers, who was at NCI in the Laboratory of Physiology, Section of Radiobiology from 1966 until 1968, writes: "I returned to Australia to be Director of the Institute of Oncology at University of New South Wales at the Prince of Wales Hospital—after 9 years at UCLA and 12 years at M.D. Anderson before that."

Dr. James B. Wyngaarden, formerly the director of NIH, 1982-1989, left his position as associate director for life sciences in the White House Office of Science and Technology Policy at the end of June. In July he began his new job at the National Academy of Sciences where he has been elected to serve as the organization's foreign secretary.

Dr. Marvin Zelen, who was with the Biometry Branch at NCI from 1963 until 1967, writes that he is "stepping down after 10 years as Chairman of the Department of Biostatistics at Harvard University School of Public Health."

Europe (continued from p. 13)

"The U.S.S.R. is very different from East European countries," she said, citing primarily the lengths of time the countries have spent under similar restrictive political rules. "Seventy years is much, much different than 40 years.

"I hope that in a few years, Eastern Europe will be totally independent of Soviet power," she said, pointing out the long, uphill battle of complete economic freedom ahead for Eastern Europe.

"Of course, there are economic problems, but I think countries like South Korea can set a good example of how to use Western money and cheap labor to take care of huge debts and economic crisis in Eastern Europe.

"In the U.S.S.R. there are many negative factors, though. One of them is popular chauvinism, which may be used by conservatives to undermine the democratization in the Soviet Union."

In 1988, the Soviet Union allowed fewer than five scientists to visit NIH for extended periods. In addition, fewer than five Soviet guest researchers studied in NIH labs. With the most recent announcement by the Soviet Union of removal of the Communist party from monopolistic power in the country, however, it is difficult not to feel optimistic.

Fogarty's Alexandra Stepanian, International Coordination and Liaison Program officer for the Soviet Union, Eastern Europe and East Asia, reminded, "It is important to note that even when relations between the U.S. and the Soviet Union were strained, cooperation in the health sciences has continued uninterrupted since 1972."

Schambra predicted, "In the past, in the early days of the two countries' rapprochement, biomedical science played a very important part and I think it will continue to be an expanding area of mutual interest."

Congressional Breakfast Marks NIDDK's 40th Anniversary



Senator Tom Harkin (l), chairman of the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee of Appropriations, discusses his concerns for the biomedical research effort in the U.S. with Dr. Phillip Gorden, Director of NIDDK, at the congressional breakfast marking the 40th anniversary of NIDDK.



Dr. J. Edward Rall (r), Deputy Director for Intramural Research, NIH, was presented the NIDDK Distinguished Scientist Award by Dr. Herbert Tabor, Chief of the Laboratory of Biochemical Pharmacology, NIDDK, in recognition of his long service to NIH and to NIDDK, as its Director of Intramural Research from 1962 to 1983.



Dr. James B. Wyngaarden (l) is welcomed by Dr. William N. Kelley, dean of the school of medicine, University of Pennsylvania Medical School. Wyngaarden, an NIDDK alumnus, was honored with the presentation of the NIDDK Distinguished Scientist Award for his contributions as director of NIH from 1982 to 1989. (Photos: Ernie Branson)

CALENDAR

JUNE—AUGUST

An exhibit titled "The Emergence of Experimental Embryology in the United States" is on display in the NLM front lobby (Bldg. 38 on the NIH campus) through Aug. 31. For information call (301) 496-5405.

SEPTEMBER

Wednesday, September 26
The DeWitt Stetten, Jr. Museum of Medical Research will open a new exhibit entitled "Computers in Medical Research." It will be located in the Clinical Center, Building 10, and will be lighted from 9:00 a.m. to 9:00 p.m. daily. Admission is free. Prepared in cooperation with DCRT, NLM, and the Clinical Center, the exhibit will explore the role of computers in the biomedical research laboratory, in patient care, and in the dissemination of biomedical information. For information, contact the museum's curator, Dr. Victoria A. Harden, (301) 496-6610.

OCTOBER—MARCH

The Foundation for Advanced Education in the Sciences will present its 1990-1991 Chamber Music Series:

October 14, 1990
CANINO BALLISTA, duo piano

October 28, 1990
VIKTORIA MULLOVA, violinist

November 18, 1990
PETER SERKIN, pianist

December 2, 1990
GOLUB-KAPLAN-CARR, piano trio

January 20, 1991
RIDGE STRING QUARTET

February 10, 1991
HERMANN PREGY, baritone

March 17, 1991
MICHALÁ PETRI, recorder

April 7, 1991
HEINZ HOLLIGER, oboe

The concerts are all held on Sundays at 4 p.m. in Masur Auditorium, Bldg. 10. For information about tickets call (301) 496-7976.

NIHAA EVENTS

SEPTEMBER

Monday, September 10 and
Tuesday, September 11
Annual Research Day proceedings. The first morning of Research Day (Monday, September 10) has been

set aside for a special NIH Alumni Symposium to honor distinguished former NIH scientists. This year's program, *Leukemia, 25 Years Later*, will honor Drs. Emil Frei and Emil Freireich, and it will be held from 8:30 to 2:00 p.m. in Masur Auditorium. Detailed information about the program and other Research Day activities will be mailed during the summer.

OCTOBER

Friday, October 19
A reception at the Japanese Embassy, 2520 Massachusetts Ave. NW, from 5:00 to 7:30 p.m.

For more information about various lectures and events at NIH, you may call (301) 496-1766 and for NIHAA (301) 530-0567.



President and Mrs. Bush were on campus June 21 for the opening of the Children's Inn at NIH, a model facility for family-centered care with room for as many as 36 families each with a child enrolled in a pediatric study. Here Bush chats with Andreano Johnson (r) of Madison Heights, Va. Look for more inn details in the next issue of *Update*. (Photo: John Crawford)

NIH Retrospectives



SPRING 1950

Dr. Ralph W. Wyckoff, Chief of the Section of Molecular Biophysics, Experimental Biology and Medicine Institute, reported that filterable viruses have been seen for the first time in their habitat, tissue cells. Working with the electron microscope and sliced tissue sections sometimes less than 300,000th of an inch thick, Dr. Wyckoff has seen and photographed viruses in cells ... The Civil Service Commission recently announced that the NIH had been granted ten new "super-grade" GS-16s. The salary, \$11,200 ... The Bank of Bethesda opened a branch at NIH with Mrs. Luke I. Wilson making the first deposit. Mrs. Wilson and her husband donated to the federal government their estate which became the permanent home of NIH ... Drs. James O. Davis, Ernest Cotlove, and Thomas J. Kennedy Jr., were appointed to the Section on Kidney and Electrolytic Metabolism of the Research Branch of the National Heart Institute ... Miss Margaret Doonan, for 30 years the librarian for the NIH-PHS Library, retired.



SPRING 1960

Deputy Assistant Secretary of Labor Seymour L. Wolfbein predicted that by 1970 one third of the work force will be made up of women ...

Mrs. Helen Woodward Wilson, the widow of Luke I. Wilson, died on April 7, 1960 ... Ten tons of cholera research laboratory equipment and supplies were shipped to Dacca, East Pakistan by NIH ... At the request of the World Health Organization, Dr. G. Robert Coatney, Chief of NIAID's Laboratory of Parasite Chemotherapy, has embarked on a tour of three African countries to evaluate WHO's projects on malaria control ... The King of Thailand scheduled to dedicate the new Division of Biologics Standards building on June 30, 1960 ... Dr. Robert Huebner, Chief of the Laboratory of Infectious Diseases, NIAID, was elected to The National Academy of Sciences for his original research in the field of virology. He is the seventh person from NIH to be so honored. Other NAS members now on the staff at NIH include Drs. Joseph E. Smadel, Charles Armstrong and Kenneth S. Cole.



SPRING 1970

Solutions to the mysteries of the life cycle of toxoplasma announced in almost simultaneously released reports from parasitologists at NIAID, the University of Kansas and from four European scientists ... The Legislature of the Territory of Guam has commended the NINDS for "its extremely important research work in the debilitating and widely prevalent Guam diseases of amyotrophic lateral sclerosis and Parkinsonism-dementia" ... Roskey Jennings was honored for 40 years of working at NIH ... In April the Extramural Programs of NIEHS moved to Research Triangle

Park, N.C., joining the Institute's Intramural Programs and direct operations ... E. Kenneth Stabler, editor of the *NIH Record* from 1960 to 1967, died on May 7 ... Ceremonies were held in the Clinical Center on May 10 dedicating the portrait of Dr. Jack Masur. The painting was placed in the entrance to the auditorium named after him ... Storm Whaley, vice president for Health Sciences and director of the University of Arkansas Medical Center in Little Rock has been named to the newly established position of Associate Director for Communications. He will assume his duties at NIH in July.

The NIH Record

U.S. Department of Health, Education, and Welfare
September 19
Vol. 22, No. 12
National Institute of Health

SPRING 1980

On April 22 King Baudouin and Queen Fabiola of Belgium visited NIH, toured the campus and attended research briefings given by NIH scientists ... With the establishment of the Department of Education on May 4, 1980, the Department of Health, Education, and Welfare (HEW) officially became the Department of Health and Human Services (HHS) ... Volcanic ash released into the atmosphere by the eruption of Washington State's Mount St. Helens volcano on Sunday, May 18 forced the temporary closing of NIAID's Rocky Mountain Laboratory in Hamilton, Montana, located 470 air miles away ... The National Library of Medicine's new \$23 million biomedical communications facility—The Lister Hill National Center for Biomedical Communications—was dedicated on May 22.

Attention

NIHAA wants to hear from its members. Please type or print legibly your note for a future issue and mail it to:

Harriet R. Greenwald, Editor
NIHAA Update
 9101 Old Georgetown Rd.
 Bethesda, MD 20814

If you did not receive the first, second or third issue of NIHAA Update and would like a copy, please notify us.

Name

Home address Home phone

News. Include dates/position at NIH.

News About NIH Alumni Association Activities

In March, the board of directors elected officers for 1990-1991. They are president, Dr. Gordon D. Wallace; vice president, Dr. John F. Sherman; and secretary-treasurer, Calvin B. Baldwin, Jr.

The association has had a busy schedule of activities this past spring. Two "mixers" were held at meetings in Washington, D.C. The first was on May 6, at the Clinical Meetings and the second on May 24, at the AACR meeting. They were well attended by a combination of NIH personnel and alumni members. The local chapter of NIHAA held its spring meeting on June 18, with Dr. James O. Mason, HHS assistant secretary for health, as the featured speaker. He spoke about the "Advisory Committee Recommendations and the Status of the Search for the

NIH Director." After the talk, members were invited to tour the Children's Inn at NIH.

On September 10 and 11, NIH will hold its annual Research Day Proceedings. Alumni are cordially invited to attend. As part of the Research Day activities, the scientific directors of NIH have set aside Monday the 10th for a special NIH Alumni Symposium to honor distinguished former NIH scientists. This year's program will honor Dr. Emil Frei and Dr. Emil Freireich, pioneers in cancer chemotherapy. They spent ten years at the NCI (1955-1965) and were largely responsible for establishing the principles for curative therapy of leukemia. A symposium will be held in their honor that will address the current status and future prospects for research in the etiology, biology

and therapy of leukemia.

At the conclusion of the symposium, Drs. Frei and Freireich will receive the NIH Distinguished Alumni Award for 1990. A detailed announcement of the program and other related activities will be mailed to the NIHAA members in the summer.

On Friday, October 19, the Washington Chapter of NIHAA will host a reception at the Japanese Embassy. Invitations and details about the event will be mailed in September.

The response to *Update* continues to be enthusiastic, but we still need more information from our members. We invite you to send in the clip-out form above with your news and views. Please include comments and suggestions both for the association and the newsletter.