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MAUpdate

Breakfast with Roskey

NIH's 'Iron Man' Marks 65th Year of Service

By Carla Garnett

Sitting around a Bldg. 1 cafeteria table at about 7:30 on a recent Friday morning, Roskey Jennings, who'd just finished a week of night shifts, remembered something humorous that former NIH director Dr. James Shannon once said to him: "He said, 'Roscoe, you go outside and hang over the side of the front rail. And you just stay there. And if anyone says anything to you about it, you tell them this building is just as much yours as it is mine. Your name ought to go right along side mine."

Since Bldg. 1 was renamed in honor of Shannon in 1983, that quote has to be at least 12 years old. It's probably not even remarkable to recall the story, except that Jennings can remember NIH tales lots further back than that. He can remember when he used to chat frequently with Shannon—when Shannon was director during NIH's golden days

(See Jennings p. 20)



Roskey Jennings



Dr. Maxine F. Singer

Singer Chosen as 1995 Public Service Awardee

The NIH Alumni Association is pleased to announce that its third Public Service Award will go to Dr. Maxine F. Singer.

Singer, president of the Carnegie Institution of Washington since 1988, graduated from Swarthmore College in 1952, receiving an A.B. with high honors. She proceeded to Yale University for graduate study, where she was awarded a Ph.D. in biochemistry in 1957. Joining the National Institutes of Health initially as a postdoctoral fellow, she was appointed chief, Laboratory of Biochemistry, National Cancer Institute, in 1980. She served in that position until 1987, becoming scientist emeritus the following year, a position she still holds.

An early collaborator with Dr.
Marshall Nirenberg, her research
ranged over numerous areas of biochemistry and molecular biology. Her
recent work has concentrated on studies
of a large family of repeated human
DNA sequences called LINES.

(See Singer p. 2)

From 'Watermelon to Plum'

NIH Edges Closer to 20-Year Master Plan

By Rich McManus

Toward the end of NIH's recent employee meeting on drafting a new 20-year master plan for the Bethesda campus, Steve Ficca, NIH associate director for research services, coined a metaphor that may well have explained the modest turnout for the event. The master plan, he said, could be thought of as a watermelon that, once pared away by budget realities, shifts in science, and vagaries of staffing and planning needs over the next two decades, could shrink to the size of a plum; NIH'ers, it seems, are really more interested in plums than watermelons.

But it was a pretty succulent watermelon that was on view May 16 in Lipsett Amphitheater as planning consultants and NIH authorities unveiled details—collected since the last draft was introduced in 1993—of the Big Picture for year 2015.

(See Master Plan p. 18)

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Singer (continued from p. 1)

Her contributions to the public good have not been limited, however, to her research. From her early days as a scientist, she took a leadership role in speaking out on policy, social and moral issues. In 1957, she interpreted in the pages of Science the research of Dr. Arthur Kornberg and his colleagues involving the synthesis of DNA in vitro. In 1973, she served as co-chair of the Gordon Conference where early concerns about risks in recombinant DNA research were raised. She was an organizer of the landmark Asilomar Conference and one of five signers of the summary statement of the Asilomar Report.

More recently, reflecting her concerns about the country's low level of science education and public understanding, she initiated the project, "First Light." In this effort, Washington 3rd, 4th and 5th graders attend a Saturday science school at the Carnegie Institution's administration building.

She has been the recipient of numerous major honors, including the Distinguished Presidential Rank Award (1988); the National Medal of Science (1992); election to the National Academy of Sciences (1979) and the Pontifical Academy of Sciences (1986). She has served as a trustee of the Yale University Corporation, a chairman of the Smithsonian Council, a director of the Whitehead Institute and of Johnson & Johnson and on the Board of Governors and Scientific Advisory Council of the Weizmann Institute. She has also received numerous honorary degrees.

On Thursday, Oct. 12, 1995, a reception in her honor will be hosted by the NIH Alumni Association at the Mary Woodard Lasker Center (the Cloister) from 5:30 p.m. to 7:30 p.m. Invitations with details will be mailed to members in September.



In a photo, circa 1956, members of the Laboratory of Biochemistry and Metabolism, NIAMD, get together for a musical evening. They are (from I): Maxine Singer, alto recorder; Bruce Ames, alto recorder; Vic Ginsburg, tenor recorder; and Jesse Rabinowitz, soprano recorder.

Update

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.

Editor's Note

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 materials.

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We extend special appreciation to our members who have contributed donations beyond their dues payment.

Members Briefed on NIH Budget, "Reinvention" and Public Education at Annual Meeting

The 1995 annual meeting of the NIH Alumni Association on July 10 offered substantial content, candor and challenge for the more than 100 members and guests who came to the Mary Woodard Lasker Center. The response was uniformly enthusiastic. Rep. Constance A. Morella set the tone of the meeting. She focused on the challenges to NIH funding from the budget cuts required for deficit reduction, and on the implications for NIH of the "reinvention" initiative.

Morella's long-term interest in health matters, she said, led to her appreciation of, and support for, the National Institutes of Health well before she was elected as representative of the congressional district in which the agency is located.

She sees NIH as a major generator of jobs and economic activity for

Maryland and the nation, citing a recent study showing that NIH in 1993 alone contributed nearly \$45 billion to the U.S. economy and 726,000 jobs.



She noted that NIH research spawned the U.S. biotechnology revolution and that biotechnology-derived products are a \$6 billion industry today, expected to grow to \$50 billion by the turn of the century. Far exceeding such gains are the long-term returns from investment in NIH-conducted and supported biomedical research in terms of the health of the current and future generations.

Morella told of her continued efforts in opposing the reduced NIH funding levels in the FY1996 budget resolution. She also reported on her appeals to other members to join in urging Appropriations Subcommittee Chairman John Porter not only to oppose cuts in the NIH appropriation for FY1996, but also to support additional NIH funding. While "cautiously optimistic" about the fate of the NIH appropriation, now under consideration, she pointed out that protection of the agency's funding level will come at a significant cost to other health, human service and education programs. The questions before Congress concern priorities in a time of "universal suffering." She warned of the danger of "everyone thinking that NIH is automatically protected."

With respect to the effect on NIH of administration proposals for "reinventing and downsizing" government, Morella reported that she had urged Vice President Gore to reject any proposal to "privatize" the NIH Clinical Center. Appropriations Subcommittee Chairman Porter and Women's Caucus co-chair Nita Lowey, who is also a member of the Appropriations Subcommittee, joined her in the letter to Gore. She commented that Dr. Thomas J. Kennedy's "thoughtful analysis on behalf of the NIH Alumni Association regarding the critical importance of NIH" had been useful in her efforts to be supportive. She mentioned particularly Kennedy's summary of the effects of the downsizing approach. Morella said that the summary was the source of a number of her questions addressed to HHS Secretary Shalala at a hearing of the Government Reform Subcommittee on Human Resources and Intergovernmental Relations.

Morella told of her co-sponsorship last year of a bill to establish a fund for

(See Annual Meeting p. 4)

Annual Meeting (continued from p. 3) medical research in any health care reform package. The fund so created for medical research would supplement the budget of the NIH through a 1 percent set-aside of health-insurance premiums and a voluntary check-off on income tax returns.

In response to the question "Do we do harm in strong advocacy of research over other national needs?" she responded that "to be quiet would invite the cyclone. Members of Congress respond to the people they represent, especially when they give good reasons for what they request," Morella said, adding, "and you have good reason."

The audience was also given a view of "reinvention," from an operational

perspective by Dr. Wendy Baldwin, NIH deputy director for extramural research. The NIH extramural programs have been



designated one of the several Executive Branch "reinvention laboratories" to lead in the process of change for extramural functions in the Public Health Service. She told how this particular "laboratory" activity, which she heads, has facilitated efforts of the Office of Extramural Research to reevaluate NIH policies and procedures. In her view "reinvention" came along at a good time to give impetus to ongoing efforts to improve the way NIH does business. Baldwin spoke of her long-standing interest in reducing "administrivia."

Initiatives are underway to streamline peer review and processing of research grant applications as well as R & D contract proposals. Beginning with the February 1995 reviews, all Division of Research Grants study sections have employed a streamlined review process that allows for fuller discussion of applications identified in advance by reviewers as the best (approximately half of pending applications.) Only the upper "half" of applications will receive scores. This procedural change followed successful pilot studies conducted on two review rounds in 1994. Under another change, now in effect, all applicants will receive the essentially unedited comments and critiques from reviewers. Scored applications will be given a "Resume and Summary of Discussion" in addition to the critiques.

Experimental procedures are under way to postpone the collection of a fairly substantial amount of the "other support" information and complete budget detail currently required at the time of submission of all grant applications. This would reduce the administrative burden associated with grant application without compromising the initial review for scientific merit. Detailed budget information relevant to an award would be submitted when it is first needed, "just in time" prior to award. This would reduce the administrative burden for the approximately 75 percent of applicants who do not receive an award.

Pilot experiments are under way as a part of the planning process for effective use of electronic communications technologies for the exchange of essential information in the application and grant administration processes. Since there is diversity in the way applicant organizations use systems to create applications, NIH is cooperating with other federal agencies to design and publish Electronic Data Interchange standards.

Access to the NIH Guide and tele-

phone directory is now provided online as well as to the CRISP database which lists all NIH grants and contracts.

The third speaker at the meeting was Dr. Robert N. Butler, founding director of the National Institute on Aging who now heads the Institute on Aging Research at Mt. Sinai School of Medicine, N.Y. He challenged the NIHAA to take a strong role in public education. He warned that the health prospects for our rapidly aging population are in jeopardy, citing the drive to cut Medicare, threats to the support of fundamental and clinical research on aging and gaps in the training of physi-



cians. He
was gloomy
regarding
prospects for
NIH in general and
emphasized
the need for
better public
understanding of the
practical

value of research. Butler said he feels that the NIH Alumni Association can do much in public education, that we should take the lead in helping to find additional sources of financial support for research. "As alumni," he said, "we can be outspoken and maybe outrageous" (See excerpts from his talk starting on page 5.)

At the business meeting part of the program, Dr. William S. Jordan, nominating committee chairman, reported the election by the board of directors of the following officers for two-year terms:

President: Calvin B. Baldwin, Jr. Vice President: Dr. William I. Gay Vice President: Dr. Joseph Perpich Secretary: Storm Whaley Treasurer: Dr. Harley Sheffield.
Noting that, under the NIHAA
Constitution, two-thirds of the vacancies in the board of directors are filled by vote of the board, and one third by a membership ballot, Jordan announced the following were elected by the board to serve a three-year term:

Dr. Peter Condliffe

Dr. Marguerite Coomes

Dr. William Goldwater

Ms. Jane Leitch

Dr. Paul Parkman

Dr. Eugene Weinbach.

The following were elected by ballot of the NIHAA membership:

Mr. Joseph Keyes

Dr. Bayard Morrison

Dr. Joseph Perpich (also elected vice president)

Dr. Marvin Schneiderman.

Following the formal presentations and a business meeting, the members and guests adjourned to a barbecue "picnic" arranged by board member Randy Schools in the Rathskeller Room of the Mary Woodard Lasker Center.

The NIHAA Historical Committee Needs Your Help

The NIHAA historical committee has contracted with NIH to conduct a comprehensive survey of historical memorabilia and objects. If you would like to volunteer to help with this project please contact Richard L. Seggel, chairman of the committee, at (301) 424-6449.

Health Prospects for An Aging Population

By Dr. Robert N. Butler

(Editor's note: This is the excerpted text of a talk delivered by Dr. Robert N. Butler at the annual meeting of the NIHAA on June 10, 1995. If you would like a copy of the entire text please write to the NIHAA, 910l Old Georgetown Rd., Bethesda, MD 20814).

... The ultimate prospect for better health for an aging population resides in fundamental and clinical research. It is for that reason that I took special pride when I had the opportunity and responsibility to direct the National Institute on Aging in trying to build up a field which was then considered both modest and diffuse. Modest in its development and diffuse and capacious in its content and goals.

The National Institute on Aging's status has improved. The field of research in aging is no longer considered second rate. The NIA has made significant contributions to understanding Alzheimer's disease such as the finding that Apolipoprotein E4 is a risk factor. The institute has prospered reasonably well in part because of its dedication to Alzheimer's disease.

However, the institute's extramural grant support is not in balance. As much as 50 percent of its support goes to one disease alone, Alzheimer's disease, despite the myriad diseases and disabilities of age. Moreover the NIA should be able to provide greater support for studies of the basic biology of aging in addition to elucidation of its social and behavioral aspects. Do not misunderstand, I favor every dollar that goes to Alzheimer's disease research. There should be more! But, I am talking about proportionate representation of target topics in a needed agenda for research in aging.

... But we only spend \$50 million a year to understand the basic biology of aging! ...

Research in aging is not only in jeopardy, NIH as a whole is. As you well know despite the passage of the Hatfield Amendment—thankfully—and its possible influence upon the forthcoming conference between the House and the Senate, we are likely to see a real decline of NIH support below inflation. We will likely see a decline in training monies as well as fewer grants.

It is not possible to make up these losses in the corporate, foundation and philanthropic world—although we must try.

Today, we confront a kind of American mindless "Cultural Revolution" with marked anti-intellectualism, rising anti-science, anti-scholarship, anti-humanities, anti-arts, antipublic broadcasting.

Those of us who are in the scholarly and service professions must not become divided, for example, science against service, and service against science. Moreover, the field of science itself must not be divided, for example, with attacks upon the intramural program by the extramural community, by basic scientists versus clinical investigators, etc.

What can we do to support science at NIH in general and aging research in particular that would help build health prospects for an aging America? We must be more willing as scientists and scholars to help educate the American community about science. This will take time and energy. Obviously we cannot assume that money will simply be given to us. We must translate our technical knowledge into clear understandable terms for the public. The NIH Alumni Association could help accomplish this. We must not be

(See Butler p. 6)

Butler (continued from p. 5)

arrogant about patronage. Understand that just as Joseph Haydn had an Esterhazy family, we need our patrons, too. We should actively seek individual philanthropic support. Science should not and cannot depend upon government alone. Before the reinvention of government sweeps us away we should take leadership in helping to define what we think NIH should be. I challenge the NIH Alumni Association. As alumni we can afford to be outspoken, perhaps even outrageous. We have the freedom to speak. We should be strong NIH advocates.

How could NIH change its extramural programs? It could be more proactive: NIH could carefully review its extramural holdings and fill in the gaps, scientific opportunities and needs. Not just institute-by-institute but across institutes. Trans-NIH efforts such as aging are illustrative. NIH could develop a new training system, a "coupling system," to ensure that those who win training grants will also receive start-up support grants based on systematic annual re-evaluation. Clearly it is socially unwise and personally disastrous to train people if there are no opportunities for them to pursue research careers. Young people need something like a 5 year start-up to build competitive careers. NIH could develop stronger partnerships with the foundation and individual philanthropic organizations. NIH should work to secure additional funding via the Health Care Financing Administration (HCFA). An example: One percent of health costs under Medicare should be invested in research in aging and agerelated diseases. A wise investmentsince successful research is the ultimate cost containment.

Within the intramural program atten-

tion must be drawn to those activities that are difficult or impossible to do in the academic world. This is not a new idea at NIH. Studies that require the longitudinal perspective are illustrative. AIDS research may be one example. We need to study the immune and other biological functions of those who are HIV positive for years before sero-conversion. Longitudinality is certainly quintessential to gerontological research, which requires many measurements over time. We must better understand the natural history of the menopause. Second, the NIH needs to focus more on chronic, multi-system diseases. Third, diversity, to be certain that varied populations-by age, gender and ethnicity-are represented in studies at NIH. Fourth, interdisciplinary research, often difficult to accomplish in academia where one's promotions are dependent upon one's status within one's own disciplinary specialty. The NIMH Human Aging Study, 1955-66, catalyzed by the Kety-Schmidt method of measuring blood flow, oxygen and glucose consumption is an example of a successful NIH interdisciplinary program. Fifth, NIH should deal with orphan or rare diseases. Sixth, further collaboration with industry including animal models, especially aging animal models whose husbandry is very expensive. Consider the McCay effect studies at Poolesville, Maryland-testing of the effects of low-calorie diets on life expectancy in non-human primates. Pharmaceutical companies are necessarily devoted to application and depend upon NIH. An estimated \$100 billion of NIH funding helped build the biotechnology industry. Seventh, NIH must maintain breadth-from basic science to clinical application and expand specialized training opportunities. Eighth, NIH

must be willing to take chances—for science tends to become more conservative when money is tight.

As an advocate of the modern new biology, molecular genetics and molecular biology in general, I agree enthusiastically that the building blocks of life must be understood. At the same time, we must not lose sight of the building as well as the milieu or field in which the building resides.

We need the nexus of the basic biologist working with the clinic where searching questions arise. The Clinical Center was set up that way and in 1955 when I first arrived, it was a state-of-the-art building. We need a similar state-of-the-art (new) Clinical Center once again!

We must not only reap the findings in molecular biology but test their general applicability through clinical investigations and trials as well as establish their appropriateness to specific conditions, often called outcomes research. We certainly need the new Clinical Center and a range of clinical programs in the country financed possibly by new mechanisms and funding (perhaps under the DRG methodology.)

It is not my view that NIH should literally take on all these responsibilities at once and work in all areas, but NIH and its leadership must have a vision of the entire spectrum of basic research to application to care in its direction of both the extra- and intramural programs.

To return to the issue of chronic diseases—they should certainly be studied at NIH to a greater extent given the revolution in longevity. In 1975 the admission of those over 65 to the Clinical Center was less than 2 percent. This was defended, by saying that it is difficult to study older people because of their frailty and many confounding

variables. But that is precisely why older and frail persons must be studied to understand better multi-system diseases, their impact upon homeostasis and the different nature of the presentation and course of diseases in old age.

Ultimately, we must have a vision of what we think are the proper functions of the National Institutes of Health at this time. It is called the National Institutes of Health, not of diseases. Its job is to address the health of the American people with respect to prevention as well as care and treatment. This requires a spectrum of types of research, which ultimately should result in more effective services. But never at the expense of inadequate investment in undifferentiated, curiosity-driven basic science ...

The great 21st century issue will be aging. (Unless we lose the battle against infectious diseases.) We have

gained nearly 28 years of life expectancy from birth in this country since 1900. And more than 5 years from base year 65. The revolution in longevity will become even more intense in the next century. NIH should be in the lead with studies of the fundamental processes of aging as well as the many associated diseases. The diseasemission institutes have already contributed enormously to building up population aging. Now we need coordination amongst the NIH institutes to address this new public health challenge, specifically the interacting of aging and diseases. To do so we must be proactive, not passive. There should be an NIH-wide aging initiative as I already emphasized.

Emerging populations like emerging diseases require special attention as we move into the 21st century. The Decade of the Brain has never been fully realized but is of added importance given the rise of the devastating dementias with aging.

It has been said that NIH is a victim of its own successes by building extramural competitors. It is good that NIH did so. So now we have to find new opportunities to make new successes. NIH is a great national treasure that must not be put at risk. We must all respond to Tom Kennedy's "A Call to Arms" Spring 1995 issue of the NIHAA Update.

The Congressional commitment to reducing the federal deficit, downsizing the federal government and emphasizing the power of the private marketplace is vastly changing our country at large, including its science. Since science and technology are the engines of economic growth and change, our nation had best be careful that we do not stifle them. Since the health industry is one-seventh of the nation's economy, its biggest industry and largest employer, we best beware of the law of unintended consequences when we introduce radical changes of constraint. We need a national effort, perhaps a commission on the role of biomedical science in America-an engine to the economy as well as the basis of a healthy America.

The NIH Alumni Association should have a political arm and lobby on Capitol Hill. You also have the historic memory of value to contribute wise counsel to NIH planning.

I challenge all of us who love this great institution to do all we can to preserve that which is great and develop new directions where appropriate to build a new 21st century NIH. This is essential to ensure the health prospects of an aging population, indeed, to the nation's population as a whole.

Thank you. Good health.



Among the attendees at the NIHAA annual meeting on June 10, 1995, are (from I) Toby Hertz, Dr. Robert N. Butler, Dr. Thomas Malone, co-chair of the annual meeting committee, and Dr. Roy Hertz.

Research Festival '95 Schedule Announced

Mark your calendars for the 1995 NIH Research Festival, scheduled for the week of Sept. 18-22. Dr. James Battey, scientific director for NIDCD, chairs this year's organizing committee.

The annual festival features NIH's intramural research programs.

Organizers plan to include 2 days of scientific meetings on Sept. 18 and 19, with 2 major symposia, 24 workshops, and 4 poster sessions. All these events are to be held in the Natcher Bldg.'s conference facilities.

The week concludes with a Scientific Equipment Show, sponsored by the Technical Sales Association. Displays and information booths are held in the Research Festival tents located in parking lot 10D.

"The festival has always been a popular format for NIH researchers to develop new contacts and establish networks," said Tom Flavin, chairman of the committee that coordinates the festival each year. "It's a great chance to connect real people and faces with the names you read in research papers."

The Research Festival was begun 10 years ago by Dr. Abner Notkins, chief. Laboratory of Oral Medicine, NIDR. Efforts by Notkins, subsequent committee chairpersons, the addition of the Alumni Symposium first presented in 1990, and the NIH Special Projects Office headed by Flavin, have made the event a great success. This year, however, because of the newness of the sponsoring institute, NIDCD, there will not be a Distinguished Alumni Symposium and Award.

The booklet detailing the final scheduling is now available. For more information call the NIH Visitor Information Center at (301) 496-1776 or the NIHAA office at (301) 530-0567.

NIH Research Festival '95 General Schedule of Events

All activities will take place in the William H. Natcher Bldg. (near the Metro station), unless otherwise noted.

SATURDAY, SEPT. 16

10:00 a.m.-3:00 p.m. Public Open House All are invited to attend. NIHAA will have a table.

MONDAY, SEPT. 18

8:30 a.m.-11:00 a.m. Symposium - Neuroscience, An NIH Sample

Chair: Dr. Robert Wurtz, NEI

11:00 a.m.-1:00 p.m. Poster Session 1 1:30 p.m.-4:30 p.m. Workshop Session 1 4:30 p.m.-6:30 p.m. Poster Session 2 6:30 p.m. Evening Picnic*

* All attendees are welcome; sponsored by the Technical Sales Association (TSA). Tickets, available for a nominal fee, must be purchased in advance on the campus.

TUESDAY, SEPT. 19

8:30 a.m.-11:00 a.m. Symposium - Regulation of Cellular Functions by

Protein Phosphorylation and Dephosphorylation

Chair: Dr. Jacalyn Pierce, NCI

11:00 a.m.-1:00 p.m. Poster Session 3 1:30 p.m.-4:30 p.m. Workshop Session 2 4:30 p.m.-6:30 p.m. Poster Session 4

THURSDAY, SEPT. 21

9:30 a.m.-3:30 p.m. Technical Sales Association (TSA) Scientific

Equipment Show

FRIDAY, SEPT. 22

9:30 a.m.-2:30 p.m. Technical Sales Association (TSA) Scientific

Equipment Show

Exhibits located under the tents in Parking Lot 10-D, near the Clinical Center.

Calendar of Exhibits and Upcoming Events

SEPTEMBER-DECEMBER

"Here Today, Here Tomorrow: Varieties of Medical Ephemera," an exhibit of printed medical ephemera from the collections of William H. Helfand and the National Library of Medicine now on display in the front lobby of NLM (Bldg. 38, 8600 Rockville Pike) until Sept. 11. Opening later in September will be an exhibit on "Medicine in India in the Nineteenth Century." The exhibit will feature photographs, books and memorabilia from the NLM and the collection of Dr. Kenneth Robbins. For more information call the History of Medicine Division, NLM, (301) 496-5405.

SEPTEMBER—NOVEMBER

Medicine for the Public:

Oct. 10—AIDS: Can We Boost the Immune System?

Dr. Joseph Kovacs,

NIH-Clinical Center

Oct. 17—Melanoma and the Suntan Generation

Dr. Stephen Katz

NIAMS and NCI

Oct. 24—Sickle Cell Anemia: New Treatments and the Search for a Cure

> Dr. Griffin Rodgers NIDDK

Oct. 31—Understanding Infertility and the Ovary

Dr. Lawrence Nelson NICHD

Nov. 14—Drug-Resistant Bacteria: Old Foes with New Faces

> Dr. David Henderson NIH Clinical Center

Nov. 21—Depression

Dr. Philip Gold NIMH This is a lecture series on health and disease presented by NIH physicians and scientists sponsored by the Clinical Center, NIH. The lectures are free and held on Tuesday evenings beginning at 7 in Masur Auditorium, Bldg. 10. For more information call (301) 496-2563.

SEPTEMBER-MARCH 1996

The Foundation for Advanced Education in the Sciences, Inc., will sponsor eight concerts in the 1995-96 season.

Sept. 17-Richard Goode, piano

Oct. 8—Pamela & Claude Frank, violin and piano

Oct. 22-Raphael Ensemble

Nov. 19-Pamela & Claude Frank

Dec. 3-Vermeer String Quartet

Feb. 4-Radu Lupu, piano

Mar. 3-Ysaye String Quartet

Mar. 17-Pamela & Claude Frank

Concerts are held on Sunday at 4 p.m. in Masur Auditorium, Bldg. 10. Tickets are required. For more information call (301) 496-7976.

SEPTEMBER

The First Robert S. Gordon Lecture will be Wednesday, Sept. 13 at 3 p.m. in Masur Auditorium, Bldg. 10. The speaker will be Dr. Charles Hennekens who will speak on "Aspirin in the Secondary and Primary Prevention of Cardiovascular Disease." This is an annual NIH epidemiology award to recognize and honor a prominent epidemiologist/clinical trialist.

Research Festival '95 Sept. 18 and 19—Symposium, Poster Sessions, Workshops, Picnic Sept. 21 and 22—Technical Sales Association Scientific Equipment Show

OCTOBER

On Oct. 12, "The First NIH
Postdoctoral and Clinical Fellows
Symposium," a day-long program featuring 7 nationally recognized scientists from a diverse range of biological disciplines, will focus on the latest developments in molecular biology, especially those that contribute to an understanding of the etiology of major diseases. It will be held in the Natcher Auditorium from 8:00 a.m. to 5:15 p.m. This program is sponsored by the NIH Office of Education and the NIH Fellows Committee. For more information call (301) 496-3887.

Oct. 12, reception in honor of Dr. Maxine F. Singer, recipient of the 1995 NIHAA Public Service Award. It will be held at the Mary Woodard Lasker Center (the Cloister), Bldg. 60, on the grounds of the NIH campus, from 5:30 p.m. to 7:30 p.m. Details will be sent to members in September.

* * *

There is a series at NIH called the Wednesday Afternoon Lectures, held at 3:00 p.m. in Masur Auditorium, Bldg. 10. For information call Hilda Madine at (301) 594-5595.

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

News From and About NIHAA Members and Foreign Chapters

Dr. Cosimo Ajimone-Marsan, chief of the Electroencephalography & Clinical Neurophysiology Branch, 1954-1979, is now professor of neurology, University of Miami, School of Medicine, department of neurology, and head of the EEG Laboratory, Jackson Memorial Hospital. He recently published in the Journal of Clinical Neurophysiology 12(1):46-56, an historical article entitled "National Institute of Neurological Diseases and Stroke. National Institutes of Health: Clinical Neurophysiology and Epilepsy in the First 25 Years of Its Intramural Program." Address correspondence and reprint requests to Dr. C. Ajimone-Marsan at 5895 SW 117th St., Miami, FL 33156-5007, U.S.

Dr. Serena M. Bagnasco, who was a visiting associate in the Laboratory of Kidney and Electrolyte Metabolism, NHLBI, from 1982 to 1987, is now in the department of pathology and laboratory of medicine at Emory University School of Medicine in Atlanta.

Dr. Paul Calabresi, who was a field investigator at NCI from 1956 to 1960, is professor and chairman emeritus, department of medicine at Brown University. He has been named to the President's Cancer Panel. He also was recently elected president of the New England Cancer Society, having served on the executive committee of the society since 1992, and was president-elect last year. He also has received the St. George Medal from the American Cancer Society National Division. This award is given to ACS volunteers for distinguished local service and 10 of the awards have been given since 1965.

Dr. Bruce A. Chabner recently retired from the National Cancer Institute after 23 years. He first joined NCI in 1967 as a commissioned officer and clinical associate. He served as director of NCI's Division of Cancer Treatment since 1982 and retired as a rear admiral in the U.S. Public Health Service. In June he became chief of hematology and medical oncology at Massachusetts General Hospital Cancer Center in Boston.

Dr. Pierre De Meyts came to NIH in January 1973 as a Fogarty International Postdoctoral Fellow to work with Jesse



Roth in the Clinical Endocrinology Branch, where he developed the concept of negative cooperativity in insulin binding. He became a visiting associate in 1975. In July 1976, he went back to the International Institute of Cellular and Molecular Pathology in Brussels. In 1986, he left to become director of the department of diabetes, endocrinology and metabolism at the City of Hope National Medical Center in Duarte, Calif. In 1990 he became director of the Hagedorn Research Institute in Copenhagen, Denmark, a basic research institute devoted to diabetes research, affiliated with the danish pharmaceutical company Novo Nordisk. He is also professor in the sciences faculty at the Catholic University of Louvain in Belgium. He recently won the 1995 Quinquennial Joseph Maisin Scientific Prize in Biomedical Sciences from the Belgian National Fund for Scientific Research for his work on the structure and function of insulin and growth hormone receptors. The prize, which carries a cash award of about \$80,000 U.S. dollars, was given at an official ceremony by the King of Belgium in Brussels on July 5, 1995.

Dr. Sara Fuchs reports that the NIH Alumni Association of Israel will sponsor the first Christian B. Anfinsen memorial lecture on Nov. 16, 1995, at the Weizmann Institute of Science. Dr. Harold Varmus, NIH director, has agreed to speak. "Anfinsen's students and friends feel his loss very much."

Dr. Harry A. Gallis, who was a staff associate in the Laboratory of Microbiology, NIAID, from 1968 to 1970, writes that he is "currently on the faculty in Internal Medicine at Duke University School of Medicine." His current research interests and research are administrative director of the Duke AIDS Clinical Treatment Unit (NIH-ACTG); director of Clinical Research at Duke Center for AIDS Research, and director, antimicrobial evaluation unit.

Dr. Thomas Q. Garvey, III, a research associate at NCI from 1969-72 and a guest investigator at NIADDK, 1976-81, is now a clinical professor at George Washington University Medical School. He and his wife, Carol Wilson Garvey, have moved their practice into the university health plan facility in Rockville, Md. She will teach in GW's new family practice residency program, while he, in addition to maintaining his practice, continues as a consultant on drug development to the pharmaceutical industry.

Dr. Leonard G. Gomella, a medical staff fellow in the Surgery Branch at NCI from July 1986 to June 1988, has recently been named the first "Bernard W. Godwin, Jr., Associate Professor of Prostate Cancer" at Thomas Jefferson University in Philadelphia.

Dr. Bernadine P. Healy, former director of NIH from 1991 to 1994, has been named the new dean of the Ohio State University College of Medicine. Healy will start Sept. 25. "This is a major commitment and an opportunity to lead an institution into the next century," said Healy in an interview in the Cleveland *Plain Dealer*. OSU's College of Medicine has an enrollment of about 900 students and more than 1,000 full- and part-time faculty.

Dr. Gregory R. Hook, who was an NIH staff fellow from 1982 to 1987, is an attorney with Campbell and Flores in San Diego, Calif., specializing in biotechnology patent law. He writes that he received his JD in 1993 from George Mason University Law School. He received his Ph.D. from the University of California, Berkeley, bio-



physics group in 1973. From 1987 to 1990, he was a scientist at the Naval Medical Research Institute, Bethesda, Md., and from 1990 to 1994, he was a patent examiner at the U.S. Patent and Trademark Office, Arlington, Va., in the pharmaceutical part.

Dr. Alfred S. Ketcham reports that "having completed 38 years as a surgical oncologist, I retired from the faculty at the University of Miami School of Medicine on Apr. 30, 1995." He had



been professor of surgery and chief of the division of oncology since joining the Miami faculty in 1974. He had served at the National Cancer Institute from 1957 through 1974, first as a surgical investigator under Bob Smith, the first chief of surgery at NCI, then progressing to chief of the Surgical Branch of NCI in 1962. He was also appointed clinical director of the National Cancer Institute in 1970, a position he held until retiring to a second career at the University of Miami.

Dr. Edwin H. Kolodny, a special fellow, Laboratory of Neurochemistry (Dr. Roscoe Brady), NINDS, from 1967 to 1970, formerly was the director of the Eunice Kennedy Shriver Center for Mental Retardation in Waltham. Mass. Since 1991, he has been the Bernard and Charlotte Marden professor of neurology and chairman of the department of neurology at New York University School of Medicine. He received the Solomon A. Berson Medical Alumni Achievement Award in Clinical Science from NYU School of Medicine in 1993. He is also coauthor with professors Raymond Adams and Gilles Lyon of the forthcoming second edition of The Neurology of Inherited Metabolic Diseases of Children.

Dr. Arthur Kornberg, a current NIGMS grantee who won the 1959 Nobel Prize in physiology or medicine, is an emeritus professor in the biochemistry department of Stanford University. He was at NIH from 1942 to 1953. Recently he received the 1995 Cosmos Club Award "in recognition of his internationally renowned contributions to defining the role of chemistry

(See Members p. 12)

Members (continued from p. 11) in understanding life." He also was selected to receive the Gairdner Foundational International Award for his contribution to the understanding of DNA synthesis. He is one of three recipients of the award. In October 1995, during a ceremony in Toronto, Canada, he will receive \$22,500, a framed inscription and a sculpture.

Dr. Thomas J.A. Lehman, a medical staff fellow with NIDDK from July 1981 to June 1983, reports that he was recently promoted to professor of clinical pediatrics at Cornell University Medical Center.

Dr. Arthur W. Merrick, who was a health science administrator at NHLBI from 1972 to 1985, writes that he is sorry to have missed the "annual meeting and picnic ... my wife, all five offspring (from Montana, Kansas, Oregon, and Maryland) ... will be in Santa Barbara, Calif., winding down a celebration of our 50th wedding anniversary ... I marvel at the incredible professional beginning of the NIHAA and the newsletter. All of your hard work obviously will reap great dividends."

Dr. Harry M. Meyer, who was an NIH/FDA scientist from 1959 to 1986, writes that "My wife and I moved from our longtime home in the Washington, D.C. area to San Juan Island in Washington State this spring. We are building a new home on the west side of the island looking over the Haro Strait at Vancouver Island, some eight miles away. It is the best location in the 50 states to whale-watch. Orcas swim right into our cove. After retirement from PHS after 31 years service

in 1986, I worked as president of the Medical Research Division of American Cyanamid Co. from 1986 until I reached age 65 and retired in December 1993. Since then, in addition to planning our new house, selling the old one and moving, I work as a part-time research consultant."

Dr. Karen (Chayt) Marcus, who was a clinical associate at NCI Pediatric Branch from July 1983 to June 1986, is now at the Dana-Farber Cancer Institute. She writes "an update of where I have been and what I have been doing since leaving the NCI Pediatric Branch. In July of 1986, after completion of my NCI pediatric oncology fellowship, I began a residency in radiation oncology at Harvard Medical School's Joint Center for Radiation Therapy (JCRT). Upon completion of that training in 1989, I was invited to join the JCRT faculty where I have remained. I am division chief of radiation oncology at the Dana-Farber Cancer Institute and an associate in radiation oncology at the Boston Children's Hospital. I am an assistant professor of radiation oncology at Harvard Medical School. I am also very active in the pediatric oncology group and am on the executive committee for the radiation oncology discipline. In 1990, I married Michael Marcus, who was originally from Manchester, England. We live in Brookline, Mass., but make regular visits to Israel where Michael's family has lived since 1973."

George "Pat" Morse, who was at NIH as head of Protection and Safety Management, 1955-1970, is now director of his own company that consults in protection. Recently he has written a book, America, Twice Betrayed -

Reversing Fifty Years of Government Security Failure. The book details not only a half century of spies and traitors, and their exploits, but the reasons and circumstances that made their actions possible. An interesting feature of his book is the foreword written by John A. Walker, Jr., the convicted spy who is serving a life sentence after his conviction for stealing and selling U.S. secrets to the Soviets over a period of 18 years whom Morse interviewed. Morse is also the president and publisher of an eleven-volume series of Precis of Official Catholic Teaching that are summaries of Papal encyclicals, and other documents of the Magisterium of the Catholic Church. They are now sent throughout the Catholic world for use by seminaries, bishops, Papal Nuncios and others. Morse and his wife have been cited by the Pope on a number of occasions during Papal audiences at the Vatican.

Dr. Donald L. Morton, who was at NCI from 1960 to 1971, is now medical director of the John Wayne Cancer Institute, Santa Monica, Calif. He was recently presented the University of Texas M.D. Anderson Cancer Center's Jeffrey A. Gottlieb Award for his work in surgical oncology and immunotherapy of solid tumors.

Dr. Raj K. Narayan, who was a special expert, NINDS, Surgical Neurology Branch. July 1982 to June 1985, has recently been named professor and chairman, department of neurosurgery, Temple University Hospital, Philadelphia. Prior to that he was a professor of neurosurgery at Baylor College of Medicine in Texas, chief of neurosurgery at Ben Taub General Hospital and attending neurosurgeon at Methodist Hospital.

H. Kenneth Painter, who was at NIH from 1946 to 1978, is now retired. He identified one of the people (middle of the second row) in the photo on p. 38 of the Spring 1995 *Update* as James ("Jimmy") Marshall, who worked as a laboratory technician in the National Microbiological Institute. In May 1995, Painter was the subject of an interview in the *Bethesda Gazette* recalling his experiences as part of an Allied unit that liberated Dachau.

Dr. Aurora K. Pajean, who was a clinical associate in the Neuroepidemiology Branch, NINDS, from 1991 to 1994, is now in the neuroepidemiology unit, cerebrovascular section at the Neurology-Rush Medical Center in Chicago.

Dr. Barbara L. Parry, a senior staff associate in clinical psychology, NIMH, from July 1982 to October 1985, writes that she recently received from "the National Alliance for Research on Schizophrenia and Depression, an award for established investigators."

Dr. Dolores J. Patanelli who was at NICHD's Center for Population Research, Contraceptive Branch, writes that, "while at NICHD, I was responsible for implementing an extensive program for the development and clinical testing of new and improved barrier contraceptives. I was project officer on clinical studies that led to the FDA approval of the Today Contraceptive Sponge and the Cervical Cap. Before leaving NIH, I initiated studies with condoms made from polyurethane polymers. An important issue in these studies is the acceptability of the polyurethane polymers as a condom

membrane. Studies to date are quite encouraging, and my guess would be that at least two polyurethane condoms will be on the market within a year or two. Other activities included interactions with the FDA to develop appropriate study protocols for both premarket testing and postmarket testing of barrier contraceptive devices, especially those intended to prevent sexually transmitted diseases."

Dr. Saul A. Schepartz reports that on "Dec. 30, 1994, I retired from my position as deputy associate director for the NCI Developmental Therapeutics Program and am starting a consulting activity from home. Altogether, I spent over 31 years at NCI, 1958-1995 (I was away in academia, 1984-1989)."

Dr. S. Stephen Schiaffino, who was deputy director of DRG and then senior science advisor for Extramural Programs, OD, NIH, until his retirement in 1987, retired last year from his position as executive officer of the American Society for Clinical Nutrition. He is currently a volunteer at the National Museum of Health and Medicine located on the campus of the Walter Reed Army Medical Center. He reports "the museum is urgently in need of docents (tour leaders). Anyone interested in the volunteer activity should call the director of volunteer activities at the museum (202) 782-2201) for information. Several NIH alumni are currently serving as volunteers at the museum."

Dr. Louis M. Sherwood, who was at NIH as a clinical associate working with Dr. John Potts, National Heart Institute, 1963-1966, is currently senior vice president, medical and scientific



affairs, U.S. Human Health, Merck & Co., and adjunct professor of medicine, University of Pennsylvania. He was chair-

man, department of medicine, Albert Einstein College of Medicine before going to Merck in 1987.

Dr. Lawrence Shulman, who recently retired as director of NIAMS, has been appointed director emeritus. He is now serving as the NIH director's emissary to the clinical research community. Recently he was honored by two groups: The American Academy of Dermatology (AAD) and the Orthopaedic Research Society (ORS). The AAD organized a symposium titled "What's New and Hot in Clinical Research? A Tribute to Lawrence E. Shulman, M.D." where accolades were presented by representatives of medical centers and major dermatology organizations. The ORS dedicated the transactions of its 41st annual meeting to Shulman and to Ileen Stewart, who recently retired from her position as scientific review administrator in DRG. ORS's dedication to Shulman stated that "during his tenure as NIAMS Director, Dr. Shulman successfully guided the development of the Institute through its formative years. He played a pivotal role in facilitating the growth of both the intramural and extramural research area of the Institute by developing new programs, encouraging innovation, and seizing scientific opportunities."

(See Members p. 14)

NIHAA UPDATE

Members (continued from p. 13)

Dr. Marc A. Silver, who was a medical staff fellow in the NHLBI Pathology Branch from 1982-1984, is now with the Heart Failure Program at Loyola University in Illinois. He has recently published a book (Plenum) about congestive heart failure written for patients and families titled: Success with Heart Failure.

Dr. Charlotte Silverman, who was at NIMH from 1962 to 1967 in the community services branch in various positions, finally becoming chief of epidemiologic studies, received an Alumni Life Achievement Award from Brooklyn College last year.

Dr. James A. Steele, who worked with Dr. Charles Armstrong in brucellosis and infectious diseases from September 1945 to September 1947, is now professor emeritus at the University of Texas School of Public Health. Recently, he was involved with the editing of two books: Mycobacterium bois Infection in Animals and Humans that was published by Iowa State University Press, and the second edition of The Handbook of Zoonoses Section A: Bacterial, Rickettsial, Chlamydia, and Mycotic, Section B: Viral.

Dr. Harold L. Stewart, who has had a long and distinguished career at the National Cancer Institute since 1937, still works on campus as an NIH scientist emeritus. A special supplement of Cancer, Jan. 1,1995, issue, was dedicated to him. The monograph titled "Histology of Cancer Incidence and Prognosis: SEER Population-Based Data 1973-1987," brings together 38 experts in pathology and epidemiology

who analyzed SEER data on frequency, incidence, and survival by cell type and cancer site.

Dr. John P. Utz, chief, infectious disease service, NIAID, 1952-1965, and currently professor emeritus, School of Medicine, Georgetown University, Washington D.C., has moved to Naples, Fla. He continues to serve on the boards of directors for: National Foundation for Infectious Diseases, National Institutes of Health Alumni Association and Data and Safety Management Board, NIAID.

Dr. P. Roy Vagelos, senior surgeon and then head of the section of comparative biochemistry, Laboratory of Biochemistry, NHLBI, from 1956 to 1966, is now chairman of the board of Regeneron Pharmaceuticals, Inc. He recently joined the research advisory board of the Institut de Recherche Cliniques de Montreal. Dr. J. Craig Venter, who was chief, receptor biochemistry and molecular biology section, NINDS, from 1987 to 1992, is now director of the Institute of Genomic Research, Gaithersburg, Md. Recently he was featured in a cover story in *Business Week*, May 8, 1995. He also received wide coverage for his deciphering of the entire DNA sequence of the bacterium, *Hemophilus influenzae*, a feat never before achieved in a free-living organism.

Dr. Barbara A. Ward, a clinical staff fellow at NCI in the Surgery Branch from 1985 to 1987, has been named director of the Comprehensive Breast Care Center at the Yale University Cancer Center. She also is an assistant professor of surgery at the center.

Dr. Robert Warren, who was in the Medicine Branch, NCI, from 1974-77, recently has been named clinical affairs director of the Georgetown University



Rachel Thrasher, who from December 1958 to March 1978 was at the Clinical Center affiliated with NINDB, NIAID, and NEI, where she retired as head nurse, now lives at Asbury Methodist Village in Gaithersburg. She is very much involved in activities there as you see in the above photo (she is in back of the # 4) appearing in a production of Campus Capers. Other former NIH staff now living at Asbury include: Mary Daniel (NIMH), Dr. Robert Ing (NCI), Rachel Larson-Henry (NIDR), Dr. Donald M. MacCanon (NHLBI and DRG), Dan Rice (OD) and Del Thrasher (NIDR and NIAMD).

Lombardi Cancer Center, Washington, D.C. In this newly created position, he will oversee cancer patient care services and resources.

Dr. Gary M. Williams, who was at NCI in the Etiology Division, 1969-1971, writes that the "April 15, 1995, cover of Cancer Research featured Dr. John Weisburger (NCI 1949-1972) and me for our work on mechanisms of carcinogenesis. We are now at the American Health Foundation, Valhalla, N.Y., and recently were invited speakers at the 2nd Conference of the International Federation of Societies of Toxicologic Pathology, in Tours, France. The conference focused on cancer risk assessment and its application to sound regulatory policies."

Mary Woodside, who worked at the Clinical Center in the department of pathology with Dr. George Williams, from 1964 to 1974, reports that she has finally been able to move back to where she and her husband lived before Hurricane Andrew hit. "I've been in East Ridge Retirement Village since Gilbert and I moved here in January 1989. Hurricane Andrew did a lot of damage. We had been evacuated ahead of the storm. But the church we were sheltered in was itself in line with the storm, so we were taken care of but didn't miss the excitement!!! Our damaged apartments were emptied, things put in storage, and we were housed in a Holiday Inn in Delray Beach for five months; while we were there. Gilbert had another stroke from which he could not recover. It was February 1993 before I returned to East Ridge with the others. I've enjoyed reading the NIHAA Update. The news and pictures helped bring me into the present."

A Message From the New NIHAA President

On June 1 of this year, I replaced Thomas J. Kennedy, Jr., as the president of the NIH Alumni Association. Other new officers are William I. Gay, vice president; Joseph Perpich, vice president; and Storm Whaley, secretary. Harley G. Sheffield continues as treasurer.

I want to pay special tribute to Tom Kennedy who, during his two years as president, emphasized by example how the NIHAA can support the NIH within the constraints placed on 501 (c) 3 nonprofit organizations. The necessity for NIH alumni to speak out in support of the NIH mission also was a theme of two of our speakers at the 1995 annual meeting of the NIHAA, held at the Mary Woodard Lasker Center on June 10, 1995. Rep.

Connie Morella said that while she is "cautiously optimistic" about the fate of the FY 1996 NIH appropriation now under consideration, she is concerned about "everyone thinking that NIH is automatically protected," Dr. Robert Butler, former director of the National Institute on Aging, stressed that the NIHAA should take the lead in helping to find additional sources of financial support for research. "As alumni," he said, "we can be outspoken and maybe outrageous." In a recent editorial in Science, Congressman John E. Porter, current chairman of the House Appropriations Subcommittee responsible for the NIH. notes that House and Senate budget committees have recommended cuts in the NIH budget and "that these proposed cuts would be disastrous. Award rates would drop, young researchers would choose other careers, and momentum and poten-



Calvin B. Baldwin, Jr.

tial successes would be lost."

As the new president of NIHAA, I am sorry to greet you with a message of concern over the fiscal prospects for NIH. This is very different from my experiences during 33 very happy years as an administrator at NIH when the problem we often faced was how best to use our increased appropriations. I welcome any advice from our members about how the NIHAA can be an effective advocate for the NIH.

The strength of our organization is in its members. And, as one of the enthusiastic founders of the NIHAA, I am frankly disappointed at our inability to attract a larger membership. About 1,800 persons have joined the NIHAA since its inception in 1987; presently we have about 1,400 active members. That is a rather poor showing, consider-

(See President's Letter p. 16)

NIHAA UPDATE

President's Letter (from p. 15)

ing the 50,000 or more people who have at one time worked at NIH.

A major problem is that NIH has neither a record of who has worked on the campus nor how former staff can be located. The NIHAA has offered to assist NIH is establishing a system of maintaining the addresses of alumni which we believe could be of immeasurable help to both the NIH and NIHAA. Tom Malone, former NIH deputy director and currently chairman of the NIHAA membership committee, and I have both had considerable success in attracting members by simply writing or calling acquaintances to urge them to join. I urge you to do the same to encourage membership. We will be happy to assist any of you who are willing to volunteer to help boost recruitment.

The past year has been a productive one for the NIHAA. We have published two copies of our newsletter. NIHAA Update, that have kept you informed about activities at NIH and individual alumni; Tom Kennedy testified for the NIH appropriation before the House Appropriations Committee; Roy Vagelos was the second recipient of the NIHAA Public Service Award; we assisted NIH in the 1994 Research Festival and held a reception for new clinical research associates; Tom Kennedy prepared an important paper, published in the Update, concerning current issues facing the NIH and the biomedical research community; and the NIHAA historical committee has contracted with NIH to conduct a campus-wide survey of historical objects and memorabilia.

The NIHAA board and officers welcome any thoughts you may have to make the association both more effective and attractive to its members. Please renew if you have not done so.

Attention

NIHAA wants to hear from its members. Please type or print your note for a future issue and mail it to *Update* at 9101 Old Georgetown Rd., Bethesda, Md 20814-1616

Name	
Home Phone	
Home address	
News, including dates/position at NIH and photo if possible	
Suggestions to newsletter	
Suggestions for NIHAA	

Science Research Update

Researchers Identify Hip Fracture Risk Factors

By Dr. Elia Ben-Ari

A host of readily identifiable factors, many of which can easily be modified, increase the risk of hip fracture in older women, according to researchers participating in the Study of Osteoporotic Fractures (SOF). The study, funded by NIH, involves more than 9,500 women age 65 and older and suggests that there are a number of steps women can take that may decrease their fracture risk. These include staying active, walking for exercise, getting treatment for impaired vision, quitting smoking. stopping use of certain medications, reducing caffeine intake, maintaining body weight and taking steps to maintain bone density, with estrogen replacement therapy or other treatments.

The researchers found that women who have five or more risk factors have an increased likelihood of suffering a hip fracture. Previous results from this group and others show that women with low bone density have a greater risk of hip fracture. This new study finds that assessing risk factors in addition to bone density further improves the ability to predict a woman's risk.

The results by Dr. Steven R.
Cummings of the University of California, San Francisco (UCSF), and his colleagues at UCSF and four participating clinical centers in Baltimore, Minneapolis, Pittsburgh, and Portland, Ore. were reported in the Mar. 23 issue of the New England Journal of Medicine. SOF is a multicenter study in which over 9,500 white women age 65 and above and not living in nursing homes have been participating for 6 to 8 years. The study is supported by grants from

NIAMS and NIA to help understand who is at risk for hip fracture.

"The finding that there are many things that a woman can do on her own that may decrease her risk of hip fracture is extremely important," said Dr. Michael D. Lockshin, former acting director of NIAMS. "Also important is the idea that in the future it may be possible to identify specific women—and perhaps men—who are at especially high risk for hip fracture, and target them for intensive prevention efforts."

"Avoiding hip fracture is a life and death issue for many older people. It's a devastating injury," said Dr. Richard J. Hodes, director of NIA. One of every six white women will have a hip fracture during her lifetime. Of the more than 250,000 people each year who have hip fractures, up to 20 percent will not survive more than a year. Of those who do survive, many are left unable to walk and are forced to enter a nursing home. "Focusing on the prevention of hip fractures is an important element in our efforts to promote independence and an enhanced quality of life for older people," noted Hodes.

Researchers at the four participating clinical centers did tests for bone density and assessed other potential risk factors through physical examinations, questionnaires and interviews in 9,516 older women who had no previous hip fracture. They contacted these women at 4-month intervals for an average of 4.1 years to determine the frequency of hip fracture.

The SOF investigators identified 16 independent factors besides bone density that increased the risk of hip fracture in older women. The effect of most individual risk factors was modest, but together their impact was substantial. Fifteen percent of the women in the study had five or more risk factors (not including low bone density); these women had an 18 times greater occurrence of hip fractures than the 47 per-

cent of women with two or fewer risk factors. "A very small number of women with a lot of the risk factors plus low bone density account for most of the fractures," Cummings said. "The six percent of women who had five or more risk factors in addition to low bone density accounted for one-third of the 192 hip fractures we observed during the study period."

Because many of these risk factors can be identified by a simple physical examination and patient interview, they can provide health-care practitioners with valuable and easily obtained information that can help identify those older women who most urgently need to take steps to reduce their fracture risk.

Cummings and colleagues found that a woman whose mother suffered a hip fracture has twice the risk of hip fracture, and that this risk factor is independent of a woman's bone density. "Everyone has believed that family history is important, but this is the first time anyone has shown that it is in fact important and just how important it is," said Cummings. "What's surprising is that if your mother broke her hip, you're at higher risk of breaking your hip regardless of what your bone density is." Cummings emphasized, however, that "although you can't change your family history, you can reduce your risk in other ways. Taking precautions to reduce the risk of hip fractures is even more important for those with a family history."

Other factors that increased the risk of hip fracture were poorer health as rated by the women themselves, a history of hyperthyroidism, a history of any other fracture since age 50 and therapy with anticonvulsants or certain long-acting medications commonly taken for anxiety or insomnia. The risk of hip fracture also increased with caffeine intake, lack of exercise and smoking.

Master Plan (continued from p. 1)

Reflecting largely what is hoped for rather than what may actually come to pass, the new draft—premised on 10 percent growth in employee population by 2015, mainly intramural researchers (18,000 workers, total)—includes:

- •A new, smaller inpatient hospital facility (600,000 square feet) and associated labs (250,000 square feet) to be appended to the current Bldg. 10 complex within a zone that encompasses the north and west faces of the existing building, which will be retained and could be renewed in phases.
- •One new office site and 11 new laboratory buildings, including the Consolidated Laboratory Facility (Bldg. 50), which is envisioned at the site of the present parking lot at the corner of South and Center Drives. This would house workers from Bldgs. 3 and 7, as well as other temporary spaces on campus.
- Relocation of some intramural research programs from off-campus back to NIH; no specific program is currently targeted.
- •Abandonment of Phase II of the Natcher Bldg. (which was to have been finished by 1997 as new quarters for approximately 3,000 NIH'ers currently occupying rental buildings in the area.)
- Stay the current course with the campus Infrastructure Modernization
 Program, which restores, renovates and replaces mechanical and electrical utility systems.
- Redevelop the Bldg. 14/28 site as a lab quad for up to four buildings. A replacement animal facility would be built into a hillside near Bldg. 41.
- •Bldg. 12/13 complex to be replaced; area is redeveloped for more intense lab development near Clinical Center complex and Metro. A new office for relocated employees would be constructed adjacent to the Natcher Bldg.'s east

side.

- •Central core of campus to be redeveloped as Central Mall connecting north and south ends of campus through open space and pedestrian paths. Bldgs. 29 and 30 to be replaced (they, along with Bldgs. 7 and 9, were deemed "beyond redemption as lab buildings"). Campus Center/Fitness Center replaces Bldg. 34 at mall's south end.
- •Loop road to be created for improvement of campus circulation and organization. Roadway is pushed north of CC expansion (eliminating Apartment Bldg. 20, incidentally).
- •Stormwater control pond created near corner of Cedar Lane and Rockville Pike.
- A new fire station and two new day care sites are needed, as are expansions to the present Power Plant.

"It's important to realize that we are not talking about a budget or program plan," cautioned Ficca. "This is simply a concept, a way to move forward in an organized fashion. It doesn't necessarily mean that all of this will come to fruition."

Ficca said several key elements contributed to the need to redraft the master plan—originally designed along themes dubbed "The Park," and "The Quad"—presented to employees on May 27, 1993.

"The desire to reflect the reality of budget and other resource constraints initially prompted by the President's 1995 budget was one of the things that made us rethink our plan," he said. Until that time, the plan was developed without resource constraints and based purely on research opportunities, which resulted in a 40 percent growth over 20 years; that figure has since been trimmed to 10 percent by such emerging realities as streamlining, downsiz-

ing and reinventing government phases I and II. Also contributing to the belt-tightening has been community input through local commissions and neighborhood groups. The concerns of the latter prompted NIH to add an Office of Community Liaison, headed by Jan Hedetniemi, to manage NIH's relations with its neighbors (See box on p. 19).

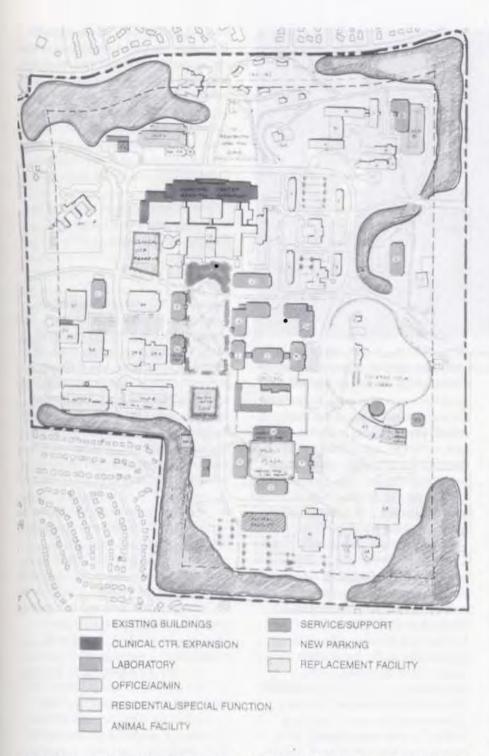
According to Stella Serras-Fiotes, master planner with the Facilities Planning and Programming Branch, Division of Engineering Services, NIH's draft plan went to Congress on June 30 for review. On July 15, NIH submitted the draft plan to both the "ultimate reviewer," the National Capital Planning Commission, and the public, along with an associated Environmental Impact Statement.

Copies are available for review at the NIH library (Bldg. 10), the NLM, the Environmental Reading Room (Bldg. 31/Rm 2B04), and the local public libraries.

After a summer of review and comment, September will feature more meetings with the public, she said, followed by finalization of documents in October. On Dec. 7, an approved master plan for the next 20 years is anticipated by NIH.

When the final plan emerges, it will be subject to review by NIH every 5 years, said Serras-Fiotes.

As a part of the review process, NIH has scheduled a public hearing on the Draft Master Plan and Draft Environment Impact Statement Supplement (DEISS) for Sept. 12, 7:30 p.m., at the William H. Natcher Auditorium on the NIH campus. NIH staff and representatives of the Community Working Group will be present prior to the hearing from 5:30 to 7:30 p.m. to provide information and respond to questions.



This is a drawing of the preliminary master plan for the Bethesda campus of NIH. Sketched by consultants to the Office of Research Services, it represents a vision of what the campus could look like in 2015. A final, approved version of the plan is expected by the end of 1995.

Office of Community Liaison Established by NIH

In September 1994, Janyce Hedetniemi was appointed first

director of NIH's newly established Office of Community Liaison, located in the Office



of the NIH Director.

Among her responsibilities are the oversight and monitoring of activities such as: NIH's disposal of medical and pathological waste; the development of NIH's campus master plan, including construction and transportation issues; and improvement in the way NIH interacts with people who live and work near NIH. Also, the office will be involved in the conduct of ongoing and planned studies related to testing of soil for possible environmental impact, recycling programs, standards related to noise levels, "green" buffer zones on the campus perimeter, and projection of NIH employment growth.

The office will interact with residents of the nearby community, the neighborhood advisory groups, the regulatory, appointed and elected bodies that advise and govern Montgomery County, the State of Maryland, the National Capital Planning Commission, and members of Congress.

On Mar. 11, 1995, the office held an NIH-Community Forum to discuss issues and set an agenda to promote and maintain communication between NIH and the neighboring communities.

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Jennings (continued from p. 1) from 1955 to 1968, about 30 years back. In fact, Jennings can remember hearing a kind word from almost every NIH director since Monday, Mar. 25, 1930. That's the day Roskey Jennings first reported for work at NIH's precursor, the Hygienic Laboratory on 25th and E Sts., in Northwest Washington, D.C.

"Sure, Dr. Shannon, Dr. [William] Sebrell [NIH director, 1950-1955], Dr. [Thomas] Parran [U.S. surgeon general, 1936-1948], all of them talked to me, treated me like a human being," said Jennings, recently holding court as the most senior and longest surviving member of Bldg. 1's unofficial breakfast club, the "Kitchen Cabinet." Most of the other dozen or so faithful Cabinet members have long since begun breaking their fasts at home-in the sweet "Land of the Retired." Only Jennings, who in March marked his 65th year working here, and two or three others still gather every weekday to start the morning with casual camaraderie and a hot meal. On Aug. 11, he turned 86 years old; do thoughts of retirement ever cross Jennings' mind?

At the utterance of the R-word, an expectant hush fell over the table. The 'Iron Man' looked up immediately from his plate of steaming grits and sausage, peered earnestly at the questioner, and said in a deadpan manner, "I want to wear out, not rust out." Then, he and his breakfast companions broke out in smiles and laughter.

* * *

"Oh, let's see, they started calling me the Iron Man in around 1950," recalled Jennings, an NIAID biological laboratory technician whose steel-trap mind can remember exact dates like welllearned history lessons. "The people in Bldg. 13 started calling me that 'cause they'd see me around there working every day."

In fact there are several reasons for comparing the spry Jennings to the durable metal: He uses sick leave only once about every 43 years. He uses annual leave only at the end of every year when he takes some $2^{1}/_{2}$ months off in pure use-or-lose leave.

"Tell them about your leave," coaxed fellow breakfast clubber Kevin Yeargins of NIH's Office of the Director. "He's got amazing leave."

"Oh, I've got about 10,000 hours of sick leave," he jokes, winking his eye, "and I've gone through about a hundred supervisors." In truth, Jennings' sick leave balance once reportedly topped 4,100 hours.

Another of the breakfast crew, NIAID's Al Gam, told a Roskey endurance story: It seems that once, following one of the area's bittercold snowstorms, the pavement around campus was covered in ice. Gam, concerned about Jennings' mobility in such slick conditions, asked him how he managed to stay upright when those around him slip and slide. "He said, 'Oh, I never fall on the ice—I don't walk fast enough.' We really laughed and laughed about that one."

Jennings has not used a day of sick leave since a 6-week stay in the hospital in 1986, when his family tricked him into seeing a doctor, having long overdue surgery and recuperation. Before that, he said, he had a streak of 43 years without using any sick leave. Even a 1964 on-the-job accident couldn't sideline Jennings, who reportedly returned to work from the hospital later with his injured hand in a sling.

Once, when because of a clerical mistake Jennings was cheated out of some annual leave, he took off some time in protest. His supervisor hired two people to replace him. Both fell ill—one with a serious fever and one

with polio—and were unable to work. The supervisor called Jennings at home and begged him to come back to work, promising to fix the leave error. Jennings still remembers the boss' frantic phone call: "He said, 'Seems like you're the only guinea pig that's left. You're the only one that can stay healthy enough to work around here. Come on back and I'll get everything straightened out.'

"I went back that next week, but he never did straighten out my leave," Jennings said, grinning ruefully.

* * *

Jennings was one of four children born to a farmer and his wife in Danville, Va., in 1909. At the age of 12, he said that he asked his father to allow him to work his way through Hampton College. His father refused, saying the boy was too young and was needed to help work on the farm. Later that year, after consulting with his teacher, Miss Hattie, Jennings collected what he had been saving of his allowance for weeks, snuck off his father's farm, and paid his train fare to a Pennsylvania town where an aunt lived. Immediately he went in search of work, despite his aunt's pleas for him to return home. At the first place of business he came to, he asked for a job and in turn was asked his age. "I said I was 16," Jennings said, smiling at the memory. "And the man, laughing, said, 'You're a 16 lie. You should be in school, boy.' I had to laugh then, too."

Eventually, after persuading his aunt to vouch for him, Jennings landed that job, which was as a waterboy, toting icy pailfuls for thirsty manual laborers. The job was tough and the workers initially antagonized Jennings, enjoying the plight of the young boy struggling to and fro under the weight of the buckets. But then, payday came.

"I didn't know it, but the supervisor had been watching me all the time," Jennings said. "He told me I was a hard worker and he liked that. He threatened to fire any of the workers that gave me a hard time.

"I remember when I got my first tendollar bill, too. They used to be gold certificates in those days, you know. I stared at that gold and ran all the way to my aunt's house."

Eighteen months later, Jennings returned to his family's farm and gave them \$270 he had saved up from his wages.

"My father was real happy to have the money. He looked me over real good and said, 'You've got a lot of my blood in you. When you get your mind fixed on something, there's no stopping you.' My father lived to be 103. He stopped working at 102. He knew what he was talking about."

Interested in science since coming to work here, Jennings started his NIH career on a 3-month temporary assignment. He worked as an animal caretaker for several years and in NIH's library for 16 years until a position nearer to scientific work—washing glassware—opened in NIH's Laboratory of the Biology of Viruses. Currently his duties include sterilizing glassware used in experiments and providing technical support to scientists in NIAID's Laboratory of Viral Diseases in Bldg. 4.

"I've never been without a job since I was 12 years old," Jennings continued proudly. "All through the Depression, I had a job. I've been lucky."

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If a person can be known by the company he keeps, then Roskey Jennings is NIH director, institute researcher, secretary, surgeon general, administrative assistant, as well as cam-



Roskey Jennings (seated), who on Mar. 25 celebrated his 65th year of working at NIH, shares most weekday mornings with other members of Bldg. 1's "Kitchen Cabinet" (from I) Kevin Yeargins, Al Gam and Gerry Carter.

pus chief cook and bottle washer. On any given morning any one of these folks can be seen stopping by to chat with an NIH institution.

"You're looking beautiful this morning," Jennings said, smiling slyly as he greeted a well-wisher.

"God bless him," said Janet Pritts of the Office of Research Services and the most recent in a long series of that Friday's Roskey admirers. "Is he smooth or what? That's why I come in here. He knows just what to say."

"Oh, he's real smooth all right," agreed breakfast club member Gerry Carter of NIAID. "You should see him around the holidays. Women line up to bring him things for Christmas and Thanksgiving."

Yet another group interrupted Jennings' stroll down memory lane to josh him about treating them to breakfast. "He's a real big spender," one of them said, laughing as she passed through.

"I lined up many a day outside this

building," Jennings said, sobering.
"They wouldn't let us eat in here then.
I remember when there were Colored
and White toilets here. I was with the
first group that broke that down. I
think it was Dr. Parran and some others
writing and calling on our behalf. They
didn't believe it was right. It finally
got changed. I was glad to be here
when it changed."

* * *

In 1957, Jennings went on the night shift, working through the early morning hours. Over his 65-year career, he has seen nearly every building on campus rise from just a big hole in the ground. He can recall the dates that most of them were built and about how much construction cost at the time.

"Bldg. 7," he said, "that's about the toughest building on campus. Truman dedicated that building. It cost over a million dollars to build and it's solid, probably the most solid ever built.

(See 'Iron Man' p. 22)

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'Iron Man' (continued from p. 21)

There's not a window in it that you can raise."

Jennings once went on a stretch of 32 years without a grade change. Most of his former supervisors he has not only outworked, but also outlived. He still hears from one, however—Dr. Victor Haas, who retired in 1957 from the Laboratory of Infectious Diseases.

"His wife writes me a card every Christmas," Jennings said. "She said Dr. Haas doesn't get around as well as I do. I'm real lucky. I'm glad to have as many friends as I do and I'm glad to have a job.

"The only advice I can offer to young people is to start now by changing your attitude. Get a job and stay with it. Don't ever give up. A person that gives up is beat before he starts. The life you live is the life you die. Working never hurt anybody. I have a lot of faith and when I die I want the Lord to say your job has been well done."

On June 13, Jennings was honored as part of the NIH Director's Awards Ceremony.

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Clinical Center Town Meeting Addresses Budget Realities

By Sara Byars

How do we cope with today's federal budget realities while continuing service as the country's only hospital devoted entirely to clinical research?

That's the essential question surrounding the Clinical Center today, and it topped the agenda at the June 7, 1995, town meeting.

Dr. John Gallin, CC director, shared the podium in Masur Auditorium with Dr. Helen Smits, deputy administrator of the Health Care Financing Administration, who chairs a CC Options Committee looking for ways to help the Clinical Center to do its vital business better.

"The incentive is to improve the Clinical Center. It's not to dismantle it, it's not to close it. It's to make it stronger, make it better," Gallin said. "And we will look at all alternatives that are needed to do that."

"Our aim is . . . to find methods, to find legal flexibility," added Smits, "to let this place be for the next 25 years just as great as it's been for the last 25 because you've got a lot of very important work to do."

Medical and scientific discoveries that have unfolded and are being developed at the CC have revolutionized biomedical research and clinical care in everything from cancer to infectious diseases. "At the same time," Gallin continued, "our government is in the midst of the most dramatic fiscal crisis of our lives, and the NIH and the Clinical Center will not be immune

from the impact of all these events."

"The Clinical Center is the world's largest hospital devoted to clinical research and an invaluable asset to the nation," HHS Secretary Donna Shalala said in a May 11 broadcast message to employees. "However, rising costs at the Clinical Center have forced us to scale back some of our research programs. To preserve, protect, and strengthen our research we have to minimize overhead and hospital operating costs."

The second phase of Vice President Gore's reinventing government initiative, dubbed REGO-II, fuels this drive for increased efficiency at the Clinical Center. But, there will be no quick and global fix.

"Yes, we will be looking at whether contracting out portions of the Clinical Center is a wise direction," Gallin explained. "But, we will not do anything if it can't be shown to be cost-effective and if we can't clearly convince ourselves that the recommendations will result in a better research enterprise. Contracting out the entire Clinical Center would clearly, in my opinion, disrupt the delicate and valuable relationships between the Clinical Center and institute staff that makes our facility so special and so successful."

"Remember, half—50 percent—of your budget," added Smits, "is not personnel costs. It's other costs. It's possible to find tremendous savings in there which help become the cushion that allows you to maintain the employment, retain good staff, and keep good people here."

Options team members will scrutinize how other similar institutions operate to help determine strategies for savings that would work here.

(See Clinical Center p. 24)



Dr. Helen Smits, who heads a committee looking for ways to make the CC operation more efficient, joins Dr. John Galin, CC director, at the podium during June 7 town meeting to update employees on future directions.

Clinical Center (continued from p. 23)

"That's very important for people here, many of whom have grown up in this culture over many years, to see what it's like outside, to see what infomation systems are like, to see how people do budget control," Smits explained.

"Research centers nationwide are dealing with these challenges in different ways because they are experiencing many of the same challenges," Gallin said. "Some academic centers are merging to alleviate problems. Other hospitals are closing and eliminating their research enterprises. But the Clinical Center must stay open. It must stay open as both a symbol of what we represent to the clinical research process in this country and because of what we do in clinical research," he said.

Several factors have conspired to drive up the cost of clinical research, including a decline in the patient census due to:

 The elimination of omnibus protocols, which covered patients admitted to the Clinical Center for standard, routine care.

 An increase in the number of patients seen as outpatients rather than as inpatients.

 A reduction in money available for patient travel.

 Competition with managed-care health plans.

Even so, Gallin added, Clinical Center costs have grown at a significantly slower pace between 1990 and 1995 than has the NIH management fund, money used to support the campus infrastructure and the entire intramural program. During this time the management fund grew by about 25 percent and the intramural budget by 27 percent, while Clinical Center overall costs increased by only 17 percent.

NIH Notes —February 1995 to July 1995

AWARDS AND HONORS

Dr. Bruce Baum, NIDR clinical director, is the first recipient of a new award from the International Association for Dental Research Award for geriatric oral research. He was selected because of his "outstanding research accomplishments in the field of geriatric oral research" ... Dr. Paul Didisheim, medical officer in NHLBI's Division of Heart and Vascular Diseases, has received the first C. William Hall Award from the Society for Biomaterials for his outstanding contributions in advancing the field of biomaterials and the society's scientific goals ... Dr. Anthony S. Fauci, NIAID director, recently received a plethora of awards both in the U.S. and abroad. In the U.S., he received four distinguished awards: the Honorary Fellow Award from the American Academy of Allergy and Immunology, the Richard and Hinda Rosenthal Award from the American College of Physicians, the Theobald Smith Award from Albany Medical College, and the Ellis Island Medal of Honor for Medical Research. In Europe, he received three more awards for his contributions to science and medicine: the Ernst Jung Prize for Medicine in Hamburg, Germany and in Spain, he accepted the Gold Medal of the Autonomus University of Barcelona and membership into the Spanish Royal Academy of Medicine of Barcelona ... Dr. Joseph F. Fraumeni, Jr. director of epidemiology and biostatistics at NCI, and Dr. Frederick P. Li, chief of epidemiology and control at the Dana-Farber Cancer Institute and formerly in charge of field studies for NCI in Boston, received the Charles M. Mott Prize for cancer research. The awards are given by the General Motors Cancer Research Foundation. Fraumeni and Li received the award for their "studies of genetic and environmental determinants in cancer prone families, leading to the identification of the novel syndrome of diverse cancers that bear their names, using a combined clinical, analytic, and experimental approach that predated the evolving field of molecular and genetic epidemiology" ... Dr. Harvey Klein, chief of the Department of Transfusion Medicine, received the Mid-

Atlantic Association of Blood Banks' Charles E. Walter Memorial Award. The award goes to association members who make exceptional contributions to blood banking, donor recruitment, and immunohematology. He also has been elected to the 1995-2000 committee of revision of the United States Pharmacopoeial Convention, Inc. ... Dr. Harvey J. Kupferberg, chief of the preclinical pharmacology section of NINDS's Epilepsy Branch, recently received the first American Epilepsy Society Service Award for his outstanding contributions to the field of epilepsy in developing new antiepileptic medications. He is responsible for NINDS Antiepileptic Drug Development Program's preclinical development of new drugs for the treatment of seizures ... Rosemary McCabe Hamill, a section chief with NIAID's Contract Management Branch, was recently named a fellow of the National Contract Management Association (NCMA). She is only the third NIH'er to receive this award, which is based on academic achievement, work experience and contributions to the contract community ... Dr. Richard Leapman, a physical scientist in NCRR's Biomedical Engineering and Instrumentation Program, has won the Samuel Wesley Stratton Award from the National Institute of Standards and Technology. He is the first person outside of NIST to be so honored. He shared the \$5,000 prize with Dr. Dale Newbury of NIST for their development of a trace elemental analysis technique that works at the nanometer scale, measuring in billionths per meter ... Dr. Claude Lenfant, NHLBI director, was awarded the Distinguished Executive Service Award from the Senior Executive Association (SEA), a nonprofit, professional association that represents the interests of more than 7,000 senior executive service men and women. SEA recognized Lenfant's overall career achievements and cited his skills in initiating and managing highly visible, complex, and sensitive programs of national and international scope, as well as for a history of outstanding leadership and management and development of research programs ... Dr. Donald H. Luecke, DRG deputy director and acting DRG director, was recently promoted to the rank of rear admiral in the Public Health Service's Commissioned Corps. One of 15 corps flag officers at NIH, he has been engaged in many important activities related to improving peer review and the extramural programs at NIH ... Dr. Ronald P. Mason, a research chemist at NIEHS, has received the American Chemical Society's 1994 Southern Chemist Award. The prize confers a gold medal and an award and recognizes distinguished service to the profession. Mason, on the staff of the Laboratory of Molecular Biophysics, has been among the pioneers in the application of electron spin resonance techniques to biochemical, pharmacological, and toxicological problems ... Dr. Bernard Moss, chief of NIAID's Laboratory of Viral Diseases, received the 1994 ICN International Prize in Virology, consisting of an award and \$50,000. The prize recognizes Moss's many fundamental contributions to knowledge of vaccinia virus-well-known for its role as the vaccine that eradicated smallpox-and for the worldwide impact of his research ... Dr. Robert Nussenblatt, director of NEI's Division of Intramural Research, received a docteur honoris causa (honorary doctor of science degree) from the University of Paris, France, in recognition of his lifelong work in intraocular diseases ... Dr. Joost J. Oppenheim, chief of the NCI Laboratory of Molecular Immunoregulation in the Biological Response Modifiers Program, was recently honored during a 2-day "festschrift" international symposium on "Cytokines and Chemokines" convened in his honor in Lubeck, Germany. He was honored for his research accomplishments and his role in training young scientists in immunological research during his more than 30 years at NIH ... Donald R. Shopland, coordinator of NCI's Smoking and Tobacco Control Program, was recently awarded the 1995 Joseph W. Cullen Award. He was honored with the Cullen Award in recognition of his lifelong contributions to the field of smoking and tobacco ... Dr. Cynthia Sung, a senior staff fellow with the National Center for Research Resources, has recently been named one of Maryland's Distinguished Young Engineers for 1995. She received the award for her ability to apply engineering principles to the problems of drug delivery in the body as well as for her academic accomplishments and professional integrity ... Dr. Federico Welsch, associate director for international affairs, NCI, received from the Slovak Academy of Science the Johannes Jessenius Medal of Honor for his support of cancer research in Slovakia ... Dr. Robert Wurtz, chief of NEI's Laboratory of Sensorimotor Research, was

recently honored with the Karl Spencer Lashley Award by the American Philosophical Society, for "brilliant technical innovations in recording the activity of single visual neurons of alert behaviorally trained monkeys that made possible salient scientific discoveries relating individual nerve cells to visual perception and the generation of eye movement."

APPOINTMENTS AND PERSONNEL CHANGES

Dr. Norman B. Anderson has been named to the newly established position of NIH associate director for behavioral and social sciences research. He was an associate professor in the departments of psychiatry and psychology: social and health sciences at Duke University. He is also founder and director of Duke's Program on Health, Behavior, and Aging in Black Americans and director of Duke's Exploratory Center for Research on Health Promotion in Older Minorities ... Colleen Barros, chief administrative officer for the Office of the Director, NIH, for the last 6 years, has been named executive officer for the National Institute on Aging ... Dr. James Battey has been named director of the NIDCD's Division of Intramural Research. He came to NIH in 1983, first on the staff of the National Cancer Institute, where he rose from senior staff fellow to senior investigator. In 1988, he moved to NINDS as chief of the molecular neuroscience section in the Laboratory of Neurochemistry. In 1992, he returned to NCI to head the molecular structure section of the Laboratory of Biological Chemistry and became chief in 1993 ... Dr. Anne Bavier has been named deputy director, Office of Research on Women's Health, OD ... Evelyn R. Burrell was recently appointed chief, Administrative Management Branch, Division of Intramural Research, NICHD. This office provides services and support to NICHD's Intramural Research Program ... Dr. Richard J. Davey, who served the Clinical Center's department of transfusion medicine as chief of the laboratory services section, left recently to become chief medical officer of the American Red Cross ... Dr. Mary C. Dufour has been named deputy director of the National Institute on Alcohol Abuse and Alcoholism. She is a nationally recognized expert in alcohol epidemiology

and served from 1987 to 1993 as chief of the Epidemiology Branch in NIAAA's Division of Biometry and Epidemiology, Among her special research interests are alcohol-related morbidity and mortality, especially alcoholic liver disease, breast cancer, alcohol liver disease, breast cancer, alcohol and women, alcohol and nutrition, and risks and benefits of moderate alcohol consumption ... Dr. Chhanda L. Ganguly, formerly a scientific review administrator (SRA) at NCRR and a senior staff fellow at NHLBI, has joined the Division of Research Grants as a SRA for the biochemistry study section ... Michael Goldrich has been named NIAID's deputy director for management and operations. Prior to the appointment he was the executive officer for the institute ... Dr. Patricia Grady has been named to head the National Institute of Nursing Research. She had been the NINDS deputy director and is nationally recognized for her broad academic and clinical research background and experience in conducting and managing neurological research ... Dr. Stephen I. Katz, chief of the Dermatology Branch, NCI, has been named director of the National Institute of Arthritis and Musculosketal and Skin Diseases. An internationally known dermatologist and immunologist, he succeeds Dr. Michael D. Lockshin, acting director, NIAMS, and Dr. Lawrence E. Shulman, the first and founding director of the institute who retired. Katz will maintain his branch at NCI ... Dr. Thomas J. Kindt, chief of NIAID's Laboratory of Immunogenetics, has been appointed director of the Division of Intramural Research at NIAID, succeeding Dr. John Gallin. He has long been recognized for his expertise in the field of immunology and has made seminal contributions in understanding human T-cell leukemia virus-1 ... Dr. Matthew Kinnard recently assumed the role of director of the Extramural Associates Program within the Office of Extramural Research, OD. Established in 1978, EAP provides opportunities for greater awareness of and participation in PHS-sponsored biomedical and behavioral research at minority and women's institutions throughout the country. He comes to EAP from NIDR where he was director of the oral soft tissue diseases and AIDS research area ... Dr. Richard D. Klausner has been named director of the National Cancer Institute. He has been chief of the Cell Biology and Metabolism Branch of NICHD since 1984. He is an

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internationally recognized scientist who has made major contributions in the fields of immunology, cell biology and molecular biology. He is the immediate past president of the American Society for Clinical Investigation and, for the past two years, has been chairman of the National Science Education Standards Project of the National Academy of Sciences ... Dr. Ira Levin was recently appointed deputy director of NIDDK's Division of Intramural Research. Former deputy chief of the Laboratory of Chemical Physics and chief of that laboratory's section on molecular biophysics, he succeeds Dr. Edward Steers, Jr., who retired in September ... Francine Little, was named director, Office of Financial Management, OD. She has been acting director of the office since June 1993 ... Dr. Yvonne T. Maddox, chief, Pharmacology and Physiological Sciences Branch, NIGMS, has been named deputy director of NICHD. She has been active in many trans-NIH activities, including women's health, the trauma task force, nutrition, the

grants associates board, and the STEP program ... Dr. Percy Manchand recently joined NIGMS as a health scientist administrator in the Division of Pharmacology, Physiology, and Biological Chemistry. His portfolio of grants will focus on synthetic and medicinal chemistry. He comes to NIGMS from Hoffman-LaRoche, Inc., where he served as the head of synthesis research ... Dr. Louis H. Miller has been named chief of NIAID's Laboratory of Parasitic Diseases. Since 1992, he has been chief of NIAID's Laboratory of Malaria Research, which is merging with the Laboratory of Parasitic Diseases. He is replacing Dr. Franklin A. Neva, who after 25 years as chief of LPD plans to focus on his own research projects in clinical parasitology and on his role as director of NIAID's Intramural Center for Tropical Disease Research ... Dr. Harold C. Slavkin has been named director of the National Institute of Dental Research. He was director of the Center for Craniofacial Molecular Biology at the University of Southern

California School of Dentistry. He assumed his new position in July. He replaced Dr. Harald Löe, who retired in June 1994 ... Dr. Robert H. Stretch has recently joined the Grants Associate Program, Office of Extramural Research. Following his release last September from active duty as an Army research psychologist for nearly 15 years, Stretch has been a research assistant professor of psychiatry at the Uniformed Services University of the Health Sciences. The major emphasis of his research as been on the etiology and epidemiology of post-traumatic stress disorder and other reactions to traumatic stress ... Dr. Susan Streufert was recently appointed director of the Division of Scientific Review, NICHD ... Diane Shartsis Wax was recently appointed NIH associate director for legislative policy and analysis, a position she has held in an acting capacity since July 1994. In this post, she provides leadership in all aspects of legislative activities for NIH, acts as a liaison between agency officials and members of Congress and develops strategies and poli-

Drs. J. E. Rall (c) and Jacob Robbins (r) were both honored with a special symposium entitled "Celebrating the Mentors: The Global Village of J.E. Rall and Jacob Robbins." They are shown here with Dr. Phillip Gorden, NIDDK director. The symposium was held on June 17 in connection with the Endocrine Society annual meeting, held this year in Washington, D.C. Rall began his 40year NIH career as chief of the Clinical Endocrinology Branch. He later became NIDDK scien-



tific director for 21 years and in 1983 was named NIH deputy director for intramural research, where he served for the next 8 years.

Robbins followed Rall as chief of CEB and led the scientific achievements of the branch for 28 years. Together, Rall, Robbins and collaborators performed fundamental studies of thyroid function and pioneered the use of radioactive iodine in the treatment of thyroid cancer.

Both Rall and Robbins recently retired and are scientists emeritus at NIDDK. Rall and Robbins are holding charcoal portraits done by Al Laoang, NCRR, which were presented to them at the symposium.

cies to deal with Capitol Hill's everchanging environment ... Dr. Janna Wehrle recently joined the staff of NIGMS as a health scientist administrator in the Division of Cell Biology and Biophysics, Prior to joining NIH, she served as an associate professor in the department of radiology in the division of nuclear magnetic resonance research at Johns Hopkins University School of Medicine ... Dr. Terrie Wetle, a gerontologist who most recently was director of the Braceland Center for Mental Health and Aging in Connecticut, was named deputy director of the National Institute on Aging ... Dr. Scott Whitcup, NEI associate clinical director since October 1993, has recently been named clinical director. As NEI clinical director, he is responsible for the intramural clinical research program and has established a section to provide resources for the design and conduct of intramural clinical trials ... Dr. Jack Yanovski, an NICHD pediatric endocrinologist since 1989, has been named chief of 11 East, the Clinical Center's first multi-institute unit designed and staffed especially for children.

RETIREMENTS

J. Harrison Ager, NIDDK minority program specialist, retired after 42 years of government service, 38 with NIH. By training, he is a research scientist and came to NIH in 1956 to work in the Laboratory of Chemistry, but he gave up bench work in 1973 to become NIDDK's first EEO coordinator ... Dr. Benjamin Burton, NIDDK associate director for disease prevention and technology transfer, has been named NIH scientist emeritus after retiring. During his 34-year career, he helped develop protein supplements to fight malnutrition in developing countries, and helped develop new technology for kidney dialysis. His textbook, Human Nutrition, now in its 4th edition, has been translated into Spanish, Portuguese, and Arabic. At 75, he plans a fifth edition of his text and will continue his research ... Dr. George J. Cosmides, deputy chief of NLM's Specialized Information Services, has retired. He plans to continue to pursue scholarly interests and his passion for writing ... Dr. Monique Dubois-Daleq, chief of NINDS' Laboratory of Viral and Molecular Pathogenesis, recently retired after 22 years in the NIH community. Upon leaving her NINDS post, she became professor and chief of the unit on neurovirology and regeneration of the nervous system at the Pasteur Institute in Paris, France ... Dr. Jerome G. Green recently retired after 40 years at NIH. For the past 9 years, he was director of Division of Research Grants. Prior to becoming the DRG director, he spent 31 years with the National Heart, Lung, and Blood Institute, where he occupied several positions. His retirement plans include travel and time to study history and archeology ... Dr. James C. Hill, NIAID institute deputy director since 1987, has retired after 20 years at NIH. He looks forward to travel ... Shirley Hopkins, who worked in the Office of Human Resource Management in NIH's Division of Career Resources, fondly known as the "recruitment lady," has retired after 25 years of government service ... Dr. Arthur Hoversland, scientific review administrator of the human embryology and development study section, Referral and Review Branch, DRG, has retired after 17 years. In retirement, he will continue to live in the Frederick area and has plans to travel, including visits with his children in Indiana, Oregon, and Hawaii. ... Dr. Morris Jones, head of the Special Foreign Currency Program at the Fogarty International Center, and a champion of international scientific cooperation, retired after more than four decades of service to the U.S. government. The past 30 of these years were spent at FIC and its predecessor, the Office of International Relations, NIH ... Richard J. Kagan, health physicist with NIH's Office of Research Services, retired on June 30. One thing he will not miss is an hour and half commute from the Ferndale, Md. area (near Baltimore) that he has been doing since 1966. He is looking forward to traveling with his wife ... Dr. Anthony R. Kalica has retired from NIH after a 31-year career that spanned two institutes and many scientific interests. Most recently he served as senior scientific advisor in NHLBI's Division of Lung Diseases. He started his career at NIH and while working here earned his Ph.D. His plans after retirement include continuing his professional interests, spending more time with his family, and enjoying such hobbies as running, gardening and traveling ... Dr. Melvin Ketchel of the Referral and Review Branch, DRG, has retired after 13 years of federal service. Since 1981, he was scientific review administrator of a special study section that reviewed rehabilitation and vision Small

Business Innovation Research Applications. He plans to travel and spend time in the library on research projects ... Dr. Zaven Khachaturian, associate NIA director for neuroscience and neuropsychology and head of NIA's Office of Alzheimer's Disease Research, has retired after 18 years of government service. Once retired, he plans to remain active in the fight against Alzheimer's disease. He will be working with a former NIA colleague, NINR's Dr. Theresa Radebaugh, in a new consultancy called Khachaturian Radebaugh Associates, Inc., based in Potomac, Md. ... Robert N. "Knick" Knickerbocker, administrative officer for the NINDS Division of Intramural Research, has retired after 38 years of government service. His retirement plans include traveling, learning oil painting, sailing and golfing. He also will try to work part-time and volunteer ... Dr. Keith L. Kraner, scientific review administrator of the surgery, anesthesiology, and trauma study section, Referral and Review Branch, DRG, has retired after 28 years of active duty in the uniformed services. His future plans include writing a book, restoring a vintage car and farmhouse, and traveling ... Dr. Charles Lowe, associate director for special projects at NICHD, retired after 27 years of government service. Although he brought his expertise to a number of federal and private institutions through his career, he both began and ended his service with NICHD. In retirement, he will divide his time between Woods Hole and Cambridge, Mass., pursuing his many interests in public issues, as well as enjoying his hobbies ... Constance A. Matthews, a computer specialist for NCI's Research Analysis and Evaluation Branch, part of the Division of Extramural Activities, retired Apr. 14 after 31 years of service. For three decades, she analyzed and indexed NCI's scientific grants, tracked the published results through literature searches, maintained the office's GENIUS computer programs and flow charts, corrected computer malfunctions, and designed modifications to make the computer run smoother. Once retired, she is looking forward to spending more time with her children, her church and swimming ... Dr. Donald Murphy, director of the Office of Extramural Research's Extramural Staff Training Office, has retired after a 28-year NIH career ... Marian Park, an NINDS grants management officer, recently retired, ending a 35year career of dedicated service to NIH ...

Dr. Richard J. Podolsky, a muscle biologist who served as chief of the Laboratory of Physical Biology at NIH for 20 years, has retired. He was appointed scientist emeritus upon his retirement and he will continue his research ... Dr. Wilfred Rall, senior research physicist, Mathematical Research Branch, NIDDK, has retired after 37 years of service with NIH and more than 40 years of research on the theoretical foundation of dendritic function in neurons. Rall will continue his research as scientist emeritus ... Dr. Gerassimos Roussos, a health scientist administrator at the National Institute of Dental Research, retired recently after 32 years of federal service. His government career included 21 years at NIH, 12 of which were with NIDR ... John Small, a public health advisor in NIDR's Disease Prevention and Health Promotion Branch, has retired after 47 1/2 years of federal service, almost 30 of them with the U.S. Public Health Service. Most of his PHS career focused on fluoride. He has all sorts of retirement plans including one project, already under way, to work with the planning board for an aviation technology museum in College Park. He will also have more time to devote to his family, his antique car, travel, and his hobbies, especially photography and dancing ... Eileen Smith, secretary in the Office of Policy for Extramural Research Administration, Grants Policy Office, OD, retired after 26 years of service. Her retirement plans including painting (oils and watercolors), travel, and family.

DEATHS

William Oliver Allen, 75, a retired grants management official, died May 27 at his home in Bethesda following a heart attack. After retiring from the Navy in 1960, he joined NIH where he worked until retiring in 1984 ... Dr. Christian B. Anfinsen, 79. died suddenly on May 14. He was professor of biophysical chemistry at the Johns Hopkins University, a position he had assumed after his retirement from NIH in 1981. In 1972, he shared with Stanford Moore and William H. Stein of Rockefeller University the Nobel Prize for Chemistry. He had been cited by the Swedish Royal Academy of Sciences for his "studies in ribonuclease, in particular the relationship between the amino acid sequence and the biologically active conformation." He had first come to NIH in 1950 from Harvard to

become chief of the Laboratory of Cellular Physiology in the heart institute. During the 1950's and 1960's, his work -part of the explosive growth of biomedical research and scientific accomplishments- was capped by his sharing of the Nobel prize, He influenced NIH on many other fronts: he help create the Foundation for Advanced Education in the Sciences, he supported international scientists, and he involved himself in political issues and human rights activism ... Dr. A.L. Loomis Bell, Jr., 72. who developed new diagnostic methods during his 46 years as a heart and lung specialist at St. Luke's Hospital in New York, died from pulmonary fibrosis Apr. 25 at his home in Birdsboro, Pa. He was a postdoctoral fellow at the National Heart Institute in the USPHS in the early 1950's ... Dr. Orvil E.A. Bolduan, 78, who retired in 1984 as executive secretary of the visual sciences study section of NIH's research grants division, died of a heart ailment Apr. 7 at Suburban Hospital. Bolduan, who had a doctorate in physical chemistry from Stanford University, also worked for the National Eye Institute before becoming executive secretary of the visual sciences study section in 1973 ... Dr. Robert W. Bowman, 79, who retired in 1989 as chief of the Technical Development Laboratory at the National Heart, Lung and Blood Institute, died of pneumonia Feb. 27 at Suburban Hospital. A scientist at NIH since 1950, he became chief of the Laboratory of Technical Development in 1956. He developed the Aminco-Bowman spectrophotofluorometer. For that invention, he received the American Chemical Society award in chemical instrumentation and the meritorious service and the distinguished service awards of the Public Health Service ... George Henry Brockelbank, 91, a certified public accountant and lawyer who retired from the office of management survey and review at NIH in 1973, died May 27 at Montgomery General Hospital. He had joined NIH in the mid-1960's ... Frederick S. Buschmeyer, Jr., 69, assistant chief of the Audiovisual Program Development Branch of the National Library of Medicine, died of cancer Apr. 11 at his home in Washington. He transferred to NIH in 1970 from the U.S. Information Agency where he had worked as a TV production chief and information officer ... Dr. Jerry W. Carter, Jr. who served as chief clinical psychologist at NIMH from 1948 to 1962 and then as program and personnel

scientist administrator until he retired in 1968, died Apr. 6 in Tallahassee, Fla. ... Carolyn B. Casper, 82, died of respiratory failure July 27 at George Washington Hospital. She lived in Washington. From 1960 to 1975 she was the director of NIH's Office of Management Policy, ... Dr. John W. Diggs, 59, former NIH deputy director for extramural research, died of colon cancer, at his home on May 15. During his 20year NIH career he also held positions in NIAID and NINCDS. In 1993, after nearly 35 years of federal service, Diggs left NIH to become vice president for biomedical research at the Association of American Medical Colleges in Washington, D.C., where he was responsible for the development of research and administrative policy for the nation's medical schools and teaching hospitals ... Celia Camine Dorn, 91, a retired NIH employee who lived in the Washington area from 1932 to 1982, died of pneumonia Apr. 17 at a nursing home in Concord, Mass. She worked for NIH, where she did library services clerical work for about a decade, before retiring in 1966. Her husband, Dr. Harold Dorn, a longtime NCI scientist and statistician, died in 1963 ... Dr. Charmian Elkes, 75, a psychiatrist who conducted early drug studies, died of a heart attack Mar. 19 at Suburban Hospital. In 1957, she moved to the Washington area from England, where she joined the National Institute of Mental Health. In 1963, she joined the medical faculty at Johns Hopkins as an associate professor of psychiatry. Beginning at NIMH and later at Johns Hopkins, she played a major role in starting programs to train mental health counselors ... Godfrey Frankel, 82, a social worker who was a program director for the National Institute on Drug Abuse for 20 years, died of congestive heart failure July 11 at George Washington University Hospital. He had a lifelong interest in photography and after his retirement in 1982 began to exhibit his photographs of Washington scenes. He received critical acclaim and this fall, the Smithsonian Institution Press will publish a book of his photographs, "In The Alleys: Kids in the Shadow of the Capitol" ... Dr. David M. Fried, 86, who retired from NIH in 1974, died in February 1995 of a brain tumor in Majorca, Spain. He was chief of the Rehabilitation Department in the Clinical Center from 1953 to 1974 ... Dr. George G. Glenner, 67, died July 12 at his home in San Diego of complications from systemic

senile amyloidosis, a disease that he had researched. From 1968 to 1980, he worked at NIH as chief of the section of experimental pathology, NIDDK. After he left NIH, he was appointed attending physician and research pathologist at the Medical School of the University of California at San Diego. He continued his research into the molecular structure of the protein amyloid and its relation to Alzheimer's disease ... Margaret Lillian Harris, 94, a registered nurse at NIH in the mid-1950's and 60's. died of cerebrovascular arteriosclerosis July 31 at Kensington Gardens Nursing and Rehabilitation Center. In the 1950's, she moved to Washington from Philadelphia and joined NIH's Institute of Arthritis and Metabolic Diseases ... Dr. Clifton Keck Himmelsbach, 88, a retired physician in the U.S. Public Health Service who was the founding director of the Addiction Research Center in Lexington, Ky., and later the associate director of the Clinical Center, died of respiratory failure Mar. 20 at Sibley Memorial Hospital. After a long career in the Public Health Service, he became in 1955 the associate director of the Clinical Center until he retired in 1965. Following his retirement he taught from 1965 to 1977 at Georgetown University Medical School where he was former associate dean and professor emeritus of pharmacology ... John Jackson, 68, a laboratory technician who retired from NIH in 1992, died of cancer June 27 at his home in Mitchellville. He joined NIH in the early 1960's and worked there 29 years before retiring ... Isabel Jennings, institutional reference assistance, data management and control section, DRG, died at the end of January 1995 ... Charles "Chuck" L. Knicley died Feb. 1. He worked in the Laboratory of Cellular and Molecular Biology, Division of Cancer Etiology, National Cancer Institute, from December 1973 until he retired in June 1994 ... Dr. Louisa Laue, 37, an associate professor of pediatrics and endocrinology at Georgetown University Medical School, died of cystic fibrosis July 19 at Fairfax Hospital. From 1984 to 1990, she held fellowships in pediatrics and endocrinology at NIH ... Dr. Nathene Turk Loveland, 85, a clinical psychologist who practiced in the Washington area for 55 years, died June 13 at Walter Reed Riverside Hospital in Gloucester, Va. after a stroke. Early in her career, she worked at the National Institute of Mental Health ... Doris E. McGuire, 80. a former teacher who retired in 1980 after

15 years as a grant administrator with NIH, died of complications from bronchitis and emphysema Mar. 7 at a hospital in Boca Raton, Fla. She moved to Delray Beach, Fla. in 1980 ... Dr. Ralph Meader, 90, a medical research administrator and investigator, died May 5 at Franklin Regional Hospital in Franklin, N.H. In 1948, Meader became a research grants executive at the National Cancer Institute. He left in 1965 to become deputy director of research administration and executive secretary of the Committee on Research at Massachusetts General Hospital. He retired in 1976 ... Dr. Alton Meister, 72, a biochemist who was at NIH from 1945 to 1957, died on Apr. 6 at the Mediplex rehabilitation center in Stamford Ct., of complications from a stroke. He began his research career at NIH in 1945 and in 1957 left to become chairman of the department of biochemistry at Cornell ... Dr. Meihan Nonoyam, 57, cofounder and president of the Tampa Bay Research Institute in St. Petersburg, died Mar. 24 of cancer at his home. His research in molecular biology and viral oncology was supported by grants from NIH. He also served on various NIH and NCI boards. He was especially known for his original studies of the Epstein-Barr virus ... John James Norton, 80, a retired NIH employee, died in his Rockville home on Mar. 2. He worked at NIH in planning and control in the Division of Research Services before retiring in 1974 ... Marie O'Neil, 64, died July 19 of cancer at her home in Bethesda. A secretary in the Laboratory of Molecular Biology, NIDDK, for the past 14 years, she received outstanding performance awards in 1991 and 1995 and the special act service award in 1993 ... Edith Pruden, 50. personnel management specialist in the Office of Human Resources Management, Office of the Director, died at Washington Hospital Center. She had been employed at NIH since 1967. She was responsible for managing many of the career development programs such as Career Curricula, STRIDE, and the Training and Development Services Program ... Dr. Lewis "Lew" Joseph Sargent, 85, a scientist who retired from NIH in 1973, died on Apr. 27. Sargent began to work at NIH in the early 1940's on the synthesis of new antimalarial drugs. After the war, he returned to research on the structure of alkaloids, including morphine derivatives. He was appointed assistant chief of the Laboratory of Chemistry in 1956 ... Dr.

Robert Thaddeus Scanlon, 68, a pediatric allergist and clinical professor at Georgetown University Medical School, died of lymphoma Feb. 23 at Georgetown University Hospital. After finishing Georgetown University Medical School in 1954, he studied allergy and immunology at NIH ... Dr. Matthew Suffness, 52, an NCI cancer therapy researcher, died of pneumonia June 14 at Holy Cross Hospital. In November, he had received a bone marrow transplant. He came to NCI in 1976 as head of the plant and animal products section. In 1981, he became chief of the Natural Products Branch and in 1989 became natural products grants program coordinator. He was involved in the development of taxol and was the editor of and contributed to the 1995 text "Taxol-Science and Applications" ... Rose Tortorella, 77, a medical librarian at NIH from 1956 to 1968, died of cancer May 9 at a nursing home in Boynton Beach, Fla. ... Rolf Versteeg, 59, a retired NIH program analyst, died May 1 at Holy Cross Hospital after a heart attack. After he retired from the Air Force in 1961, he joined NIH and retired as a program analyst in 1992 ... Hania M. Warfield, 89, a former scientific translator for NIH, died Mar. 16 at Rockville Nursing Home of complications related to a stroke suffered in 1990. She was a scientific translator at NIH from 1949 until 1954 and again in the late 1950's and early 1960's ... Elsie Irene Weide, 84, a secretary who retired in 1974 from NIMH after 10 years of service, died of pneumonia July 30 at a hospital in Hendersonville, N.C. ... Dr. Harold M. Weintraub, 49, died Mar. 28 of brain cancer. He was a professor of genetics at the University of Washington and a molecular biologist whose work advanced understanding of cell development by providing the experimental framework for defining how embryonic cells develop into specialized cell types. He received from NCI an outstanding investigator grant in 1986 ... Margaret Mackin Williams, 81, a retired administrative assistant at NIH, died of cancer May 26 at her home in Silver Spring. She worked for NIMH from 1961 until she retired in 1978 ... Wright Williamson, 61, a clinical social worker and scientific review administrator who had worked at NIMH for 15 years, died of heart ailments on May 8 at Shady Grove Adventist Hospital. He also maintained a private practice and worked as a legislative fellow with the staff of the Senate Committee on Labor and Human Resources,

NIHAA UPDATE

NIH Retrospectives



Summer 1955

By a departmental order dated June 8, 1955, DHEW Secretary Oveta Culp Hobby created a new organization at NIH-the Division of Biologics Standards. Established to reflect the expanded NIH program in biologics control, the Division replaces the former National Microbiological Institute's Laboratory of Biologics Control. The new program has divisional status (comparable organizationally to an institute) and thus will be responsible to the NIH director. Dr. Carl L. Larson, director of the NMI Rocky Mountain Laboratory, in Hamilton, Mont., has been named chief of the Division and will be responsible for planning and organizing the new program.

mals (see photo below) ... According to a recent survey, the typical Federal career employee retiring in 1964 after age 60 with at least 30 years service was male, married, 65 years old, and entitled to an annuity of \$402 a month based on an average of about 38 years of Federal service.



Summer 1975

President Gerald R. Ford and HEW Secretary Caspar W. Weinberger participated in ceremonies held at NIH on July 1 to administer the oath of office to Dr. Theodore Cooper, the new HEW assistant secretary for health, and Dr. Donald S. Fredrickson, the new NIH director. At the ceremony, President Ford noted that in "honoring the two men who are taking office today, we are paying a long-deserved tribute to NIH because both of them are products

of this institution which is testimony to its greatness as a training ground for leaders in health and in medicine" ... On Aug. 1, Dr. Dorland J. Davis retired as NIAID director, a position he had held since 1964. His retirement completed a 36-year PHS career marked by scientific achievements and administrative innovations.

The NIHRecord

Section 1 Sectio

Summer 1985

The Howard Hughes Medical Institute and the National Institutes of Health have chosen 25 medical students who will participate in the first year of the HHMI-NIH Research Scholars Program ... American and Japanese scientists met July 18 and 19 to celebrate 20 years of international biomedical cooperation begun with the U.S.-Japan Cooperative Medical Science Program.



Summer 1965

Dr. Helen M. Dyer of the Nutrition and Carcinogenesis Section in NCI's Laboratory of Biochemistry, retired May 31. She came to NCI as a research fellow, recruited by Dr. Carl Voegtlin, the first NCI director. Her research focused on the metabolism of the carcinogen fluorenylacetamide and chemically related compounds in ani-



On May 26, 1995, Dr. Helen M. Dyer celebrated her 100th birthday. She is shown here in a photo taken by Dr. Mairin Brennan, senior editor at **Chemical & Engineering** News. Dyer who received the 1962 Garvan Medal for her pioneering research in biochemistry, is still active, reports Brennan. Dyer "... reads C&EN, follows the DNA evidence being presented at the O.J. Simpson trial, and is learning all about e-mail." Photo courtesy of Chemical & Engineering News.

SUMMER 1995



NIH HISTORICAL OFFICE DEWITT STETTEN, JR. MUSEUM OF MEDICAL RESEARCH OFFICE OF COMMUNICATIONS

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Mullan, Fitzhugh. *Plagues and Politics: The Story of the United States Public Health Service*. New York: Basic Books, 1989. Photo essay prepared for the centennial of the PHS Commissioned Corps.

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Strickland, Stephen P., Politics, Science, and Dread Disease: A Short History of United States Medical Research Policy. Cambridge: Harvard University Press, 1972. Covers emergence of modern NIH after World War II.

Strickland, Stephen P., *The Story of the NIH Grants Program*. Lanham, Md.: University Press of America, 1989. Based largely on oral histories with key figures who shaped the grants program.

For a copy of the NIH Historical Office's annotated bibliography of selected NIH history references, write to Dr. Victoria A. Harden, NIH historian, at Bldg. 31, Room 2B09, NIH, Bethesda, MD 20892-2092; (301) 496-6610. The bibliography is also available to be downloaded from the NIH Information Center computer bulletin board. To access it, set you communications parameters for: 8 databits, 1 stop bit, and no parity; terminal emulation to ANSI; highest speed supported is 14,400 bps. The local number in Bethesda, MD, is (301) 480-5144. If you live outside the local calling area, dial 1-(800) NIH-BBSI (644-2271).