The Newsletter of the
NIH Alumni Association

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NIHAA Update

New NIH Deputy Director Raynard Kington Rooted in Science

By Carla Garnett

Stands to reason if your father is a physician, there's one question you'll be asked a lot when you're growing up: "So, are you going to be a doctor like your dad?" Newly appointed NIH deputy director Dr. Raynard S. Kington remembers hearing the query quite a bit in his youth, and given the relatively small number of black doctors at the time, perhaps he heard it more often than most. He also admits to nurturing a healthy curiosity about science as a boy. In fact, he says mischievously, he was probably only about 7 or 8 years old when he first discovered an affection for medical journals.

"Well, my father used to keep stacks of the bound copies of *Medical Clinics of North America* — they were the best because they were a smaller size, perfect for a child's hands — and piles of old issues of *New England Journal of*

*(See **Kington**, p. 12)*

Dr. Raynard S. Kington - NIH Deputy Director

Update on NIH by Gallagher, Award Presentations To Henderson and Schools at 2003 NIHAA Meeting

The specter of bioterrorism again dominated the annual meeting of the NIH Alumni Association, held June 7.

The main speaker, Dr. Thomas Gallagher, director of the NIH Office of Community Liaison, discussed the changing times and the new pressures on NIH, including erection of a security fence around campus and construction of a research laboratory that will partly conduct bioterrorism research.

In addition, the association's Public Service Award for 2003 was presented to Dr. Donald A. Henderson, a senior advisor to HHS Secretary Thompson on bioterrorism matters and public health emergencies. He received the award for his work eradicating smallpox worldwide in the 1970s, and for his work to combat smallpox as a potential bioterrorism agent.

The association's other major award, the NIH Service Award, went to Randy Schools, president of the R&W Association, for his tireless efforts that have added immeasurably to life at NIH for employees, patients, and their families. He has not only been involved in Camp Fantastic and the Children's Inn, but also in the outside community.

In detailing NIH's efforts to prevent bioterrorism, Gallagher said that a

*(See **Annual Meeting**, p. 27)*

Project's Sixth Year

CRC Now Enclosed in Brick, Due for Occupancy in Spring 2004

By Rich McManus

A building is big when you can't see it in one glance, but must crane your neck to take it all in. The new Mark O. Hatfield Clinical Research Center, begun in 1997 and recently enclosed in pink brick, is a big building. And a complicated one. Now about 80 percent finished, with construction due to conclude in spring 2004 and occupancy to commence in summer 2004, the project is at peak employment with respect to trades; some 600-700 workers are onsite daily, said Yong-Duk Chyun, project director for the Office of Research Services. "The exterior masonry is all done, all the windows are in and the interior is advancing rapidly," he said.

Composed of two broad, parallel "bars"—the North Bar and the South Bar—connected in the middle by a 9-story Science Court, the CRC hosts a program that has shrunk somewhat from its original conception as a 250-bed hospital with 100 day stations (by design, inpatient beds and day stations

*(See **Clinical Research Center**, p. 28)*

In This Issue

Dr. Harvey Fineberg To Give Seventh Shannon Lecture

On Wednesday, Oct. 1, 2003, Dr. Harvey V. Fineberg, president of the Institute of Medicine (IOM) since July 2002, will deliver the seventh James A. Shannon Lecture at 3 p.m. in Masur Auditorium, Bldg. 10. The title of his talk will be "The National Academies Advice on the Organization of the NIH."

He served as provost of Harvard University (1997-2001), following thirteen years as dean of the Harvard School of Public Health. He has devoted most of his academic career to the fields of health policy and medical decision making. His past research has focused on the process of policy development and implementation assessment of medical technology, evaluation and the use of vaccines, and dissemination of medical innovations.

Fineberg helped found and served as president of the Society for Medical Decision Making and also served as consultant to the World Health Organization. Before heading the IOM, he had a long affiliation with them, chairing and serving on a number of panels dealing with health policy issues ranging from AIDS to new medical technology. The IOM also advises the government on issues such as vaccine safety, health care delivery and quality, nutrition standards, cancer prevention and management, and military and veterans health.

He also served as a member of the Public Health Council of Massachusetts (1976-1979), as chairman of the Health Care Technology Study Section of the National Center for Health Services Research (1982-1985), and as president of the Association of Schools of Public Health (1995-1996).

Fineberg is coauthor of the books *Clinical Decision Analysis*, *Innovators in Physician Education*, and *The Epidemic that Never Was*, an analysis of the controversial federal immunization program against swine flu in 1976. He has coedited several books on such diverse topics as AIDS prevention, vaccine safety, and understanding risk in society.

In 1997, the NIHAA established a lecture series named in honor of Dr. James A. Shannon, NIH director from 1955 to 1968, to promote public discussion of issues that affect the mission of intramural and extramural NIH.

THIS IS YOUR INVITATION TO THE SHANNON LECTURE

The NIHAA cordially invites you to attend the seventh James A. Shannon Lecture

"The National Academies Advice On the Organization of the NIH"

Dr. Harvey V. Fineberg
Wednesday, Oct. 1, 2003 at 3 p.m.
Masur Auditorium, Bldg. 10

Reception to Follow

NIHAA Update

The NIHAA Update *is the newsletter of the NIH Alumni Association. The NIHAA office is at 9101 Old Georgetown Rd., Bethesda, MD 20814-1616, 301-530-0567; email address: nihalumni@yahoo.com; our URL now is http://www.fnih.org/nihaa/nihaa.html.*

Editor's Note

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

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Research Festival 2003 Slated for Oct. 14-17

By Paula Cohen

The NIH Research Festival, the annual showcase of the NIH intramural research program, will be held Oct. 14-17 on the NIH campus. Cochairs of the festival organizing committee this year are Dr. Joseph Fraumeni, director, Division of Cancer Epidemiology and Genetics, NCI, and Dr. Robert Desimone, scientific director, NIMH.

For details see the boxes (pp. 3 and 4). On Oct. 14, the Clinical Center symposium on clinical research and poster session will be held at the CC. The festival moves to the Natcher Conference Center on Oct. 15-16, for mini-symposia and poster sessions, special exhibits on intramural research resources and the NIH Job Fair for postdoctoral and clinical fellows. The TSA tent show in parking lot 10H will end activities on Oct. 16-17.

NIHAA members are encouraged to attend. For final program, refer to the web site at http:// festival03.nih.gov or call 301-496-1776.

The Past, Present and Future of Clinical Research

Tuesday, Oct. 14, Masur Auditorium, Bldg. 10

8:30 a.m.	**Introductory Remarks** Roadmap for Clinical Research	**Dr. Elias A. Zerhouni** Director, NIH
9:00 a.m.	**Cancer Therapeutics**	
Past	Proving the Point: The Cure of Advanced Cancer with Combination Chemotherapy	**Dr. Vincent T. DeVita, Jr.** Director, Yale Cancer Center
Present	Monoclonal Antibodies and Systemic Radioimmunotherapy	**Dr. Thomas A. Waldmann** Chief, Metabolism Branch, NCI
Future	The Development of Immunotherapy for the Treatment of Patients with Cancer	**Dr. Steven A. Rosenberg** Chief, Surgery Branch, NCI
10:30 a.m.	**Break**	
10:45 a.m.	**Cardiovascular Disease**	
Past	Myocardial Ischemia	**Dr. Eugene Braunwald** Chief Academic Officer, Partners Health System
Present and Future	Genomics, Devices, and Cardiovascular Medicine	**Dr. Elizabeth G. Nabel** Scientific Director for Clinical Research, NHLBI
11:45 a.m.	**Clinical Applications in Neuroscience**	
Past	The Modern Era of Psychopharmacology: the Role of the Clinical Center and NIMH	**Dr. Steven M. Paul** Group Vice President Lilly Research Laboratories
Present and Future	Multiple Sclerosis: A Story of Remarkable Progress	**Dr. Henry McFarland** Clinical Director, NINDS
12:45 p.m.	**Lunch and Scientific Posters**	

*(See **Program**, p. 4)*

Program *(continued from p. 3)*

1:45 p.m.	**The Molecular Basis of Disease**	
Past	Gene Therapy: The Beginning	**Dr. W. French Anderson** Director, Gene Therapy Laboratories, University of Southern California
Present	Endocrine Disorders of Signal Transduction	**Dr. Allen M. Spiegel** Director, NIDDK
Past and Present	The MPS: From Serendipity to Therapy	**Dr. Elizabeth F. Neufeld** Dept. of Biological Chemistry David Geffen School of Medicine at UCLA
Future	Medicine in the Genome Era	**Dr. Francis S. Collins** Director, NHGRI
3:45 p.m.	**Break**	
4:00 p.m.	**Infectious Diseases**	
Past and Present	The Charge of the Yellow Berets: The Battle Against Post-Transfusion Hepatitis	**Dr. Harvey Alter** Chief, Infectious Diseases Section DTM, CC
Past, Present and Future	AIDS: Past, Present and Future	**Dr. Anthony S. Fauci** Director, NIAID
5:00 p.m.	**The Future of Clinical Research**	**Dr. John I. Gallin** Director, CC

2003 NIH Research Festival Schedule, Oct. 14-17

(All Research Festival activities except for the CC Symposium and TSA show will take place in Natcher Conference Center)

Tuesday, Oct. 14 Clinical Center 50th Anniversary Scientific Symposium

8:30 a.m.-5:15 p.m. Masur Auditorium, Bldg. 10

12:30 p.m.-2:00 p.m. Poster Session I
First Floor, Clinical Center

Wednesday, Oct. 15 NIH Research Festival
Natcher Conference Center

8:30 a.m.- 9:00 a.m. Continental Breakfast

9:00 a.m.-10:30 a.m. Poster Session II
Special Exhibits on Intramural Resources

10:30 a.m.-12:00 p.m. Mini-symposium Session I – Six concurrent symposia

12:00 p.m.-2:00 p.m. Poster Session III
Special Exhibits
Festival Food & Music Fair

2:00 p.m.-3:30 p.m. Mini-symposium Session II – Six concurrent symposia

3:30 p.m.-5:00 p.m. Poster Session IV
Special Exhibits on Intramural Resources

Thursday, Oct. 16 NIH Job Fair for Postdoctoral and Clinical Fellows
Natcher Conference Center

10:00 a.m.-11:00 a.m. NIH Job Fair Keynote Address

11:00 a.m.-3:00 p.m. NIH Job Fair for Fellows

Technical Sales Association Research Festival Exhibit Show (Parking lot 10H is in front of CC south entrance)

Thursday, October 16 9:30 a.m.-3:30 p.m.

Friday, October 17 9:30 a.m.-2:30 p.m.

Please check http://festival03.nih.gov for final schedule and details of the program.

Calendar of Upcoming Exhibits and Events

Exhibits

National Library of Medicine

A new exhibit, *Changing the Face of Medicine: Celebrating America's Women Physicians*, will open at NLM on **Oct. 14** and will run through **Apr. 2, 2005**. For more information about the exhibition, which will include historic artifacts, textile displays, audiovisual presentations, and digital interactives that showcase women physicians' life stories, please call 301-402-8878 or email educator@nlm.nih.gov.

DeWitt Stetten, Jr., Museum

For information about the Stetten Museum exhibits, call the NIH Historical Office at 301-496-6610 or check out http://history.nih.gov.

Other Activities of Interest

Medicine for the Public

A free lecture series on health and disease is sponsored by the CC and presented by NIH physicians and scientists, Tuesday evenings at 7 p.m. in Masur Auditorium, Bldg. 10. For more information call 301-496-2563.

Sept. 16 — Alzheimer's Disease, Dr. Trey Sunderland (NIMH)

Sept. 23 — Smallpox Vaccine Risk, Dr. David Henderson (CC)

Sept. 30— Sickle Cell Disease, Dr. Mark Gladwin (CC)

Oct. 7 — Bone Marrow Transplantation, Dr. Michael Bishop (NCI)

Oct. 21 — Blood Diseases, Dr. Susan Leitman (CC)

Oct. 28 — Alternative Medicine, Dr. Stephen Straus (NCCAM)

October 2003—March 2004 FAES Chamber Music Series

The Chamber Music Series, sponsored by FAES, Sundays at 4 p.m., has had to change its location. The concerts are now held at the Landon School's Mondzac Performing Arts Center. All performances will be on Sundays at 4 p.m. For more information call 301-496-7976 or visit www.faes.org.

Oct. 12— Boris Pergamenchikov, *cello*, Kirill Gerstein, *piano*
Oct. 26 — Brentano Quartet
Nov. 16 — Stephen Hough, *piano*
Nov. 30 — Imogen Cooper, *piano*
Dec. 14 — Concertante Ensemble
Jan. 11, 2004 — Trio di Parma
Feb. 1 — Viviane Hagner, *violin*, Adam Nieman, *piano*
Feb. 15 — Takacs Quartet
Feb. 29 — Louis Lortie, *piano*
Mar. 28 — Mihaela Ursuleasa, *piano*

Music Lecture Series

The FAES graduate school at NIH is offering, starting Monday, Sept. 22, a performance-lecture series about the 16 Beethoven string quartets. The class is usually on Monday night from 5:30 to 7:30. For more information and location, call 301-946-2311 or send an email to skateredge@aol.com or visit www.faes.org.

NIH Events

The NIH Director's Wednesday Afternoon Lecture Series (WALS) is at 3 p.m. in Masur Auditorium, Bldg. 10. For more information, reasonable accommodation, and confirmation of the full schedule, call Hilda Madine, program director, at 301-594-5595 or check www1od.nih.gov/wals/schedule.htm.

Sept. 17— Khoury Lecture: Dr. Peter Gruss (Max-Planck-Institut)

Oct. 1— Shannon Lecture: Dr. Harvey V. Fineberg (IOM)

Oct. 22 — Stetten Lecture: Dr. Andrew Fire (Carnegie Institution of Washington

Oct. 29 — NIH Director's Cultural Lecture: Dr. J.R. McNeill (Georgetown University)

Nov. 5 — Astute Clinician Lecture: Dr. Richard T. Miyamoto (Univ. of Indiana School of Medicine)

Nov. 19 — NIH Director's Lecture: Dr. James Darnell (Rockefeller University)

Dec. 3 — Mahoney Lecture: Dr. Gary Ruvkun (Mass. General)

Other Events

Memorial Program for Dr. Robert Goldberger, Fall 2004, in Wilson Hall, Bldg. 1. For details call 301-496-5408.

NIH History Day will be held on Monday, **Sept. 22**, see p. 21.

Drs. Herbert and Celia Tabor symposium, Friday, **Oct. 10**, Lipsett Amphitheater, see p. 20.

Share the Health has been rescheduled for **Spring 2004.** For more information call 301-496-3931.

Virology Award

Thursday, Nov. 20, Fifth Dr. Norman P. Salzman Memorial Award in Virology Program at 8 a.m. in the Cloister, Bldg. 60. For more information call Carla Robinson at 301-402-5311.

NIHAA Events

The seventh **James A. Shannon Lecture** will be **Wednesday, Oct. 1,** 3 p.m. in Masur Auditorium. Dr. Harvey V. Fineberg is the speaker.

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

News From and About NIHAA Members

Dr. David S. Alberts, who was at NIH as a clinical associate (1966-1968), is professor of medicine, pharmacology, and public health and director, Cancer Prevention and Control, Arizona Cancer Center, University of Arizona College of Medicine, Tucson, Ariz. In July, he received the 8th American Association for Cancer Research-Joseph H. Burchenal Clinical Cancer Research Award for contributions to cancer prevention. The award was presented at the AACR annual meeting in Washington D.C., which was originally scheduled for April in Toronto, but was cancelled because of the SARS epidemic.

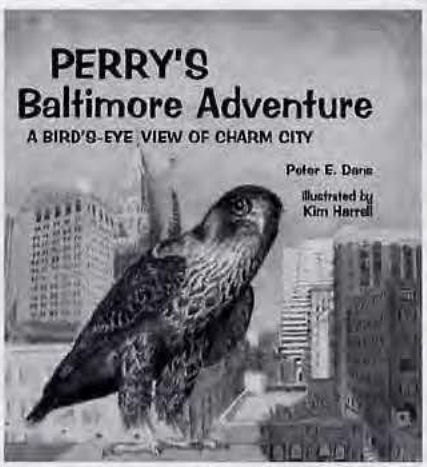
Dr. Norman Anderson, who was the first NIH associate director for behavioral and social sciences research and, founding director of the NIH Office of Behavioral and Social Sciences Research (1995-2000), and a professor at Harvard University, is now CEO of the American Psychological Association in Washington, D.C. APA is the largest scientific and professional association of psychologists in the world. He and his wife, P. Elizabeth Anderson, have written a book, *Emotional Longevity: what really determines how long you live* (Viking, 2003). The science-based book bridges the two poles of scientific research, biological and behavioral science to formulate a new groundbreaking model of what it means to be healthy. Norman Anderson was featured on the "Today" show in March.

Dr. W. French Anderson, who was at NHLBI for 27 years, is now professor of biochemistry and pediatrics, and director of the Gene Therapy Laboratories at the University of Southern California School of Medicine. He is the subject of a biography, *W. French Anderson: Father of Gene Therapy,* (Oklahoma Heritage Association, 2003). The book is coauthored by Bob Burke and Barry Epperson. Anderson, a Tulsa native, was the lead speaker at a luncheon celebrating the book's release in Tulsa on Mar. 28.

Drs. Michael S. Brown and **Joseph L. Goldstein,** Nobel laureates and former NIH'ers, were the recipients of the 2003 Albany Medical Center Prize in Medicine and Biomedical Research. Now in its third year, the $500,000 prize is the largest prize in medicine in the United States. Brown and Goldstein have been research partners since they met as interns at Massachusetts General Hospital. In 1985, they received the Nobel prize for their studies of familial hypercholesterolemia and discovering the low-density lipoprotein receptor. Their research provided a foundation for the development of cholesterol lowering drugs used by millions of people worldwide.

Dr. Robert Butler, founding director of the National Institute on Aging (1976-1982), is now president and CEO of the International Longevity Center, an affiliate of Mount Sinai School of Medicine. He has written a new preface to his Pulitzer prize-winning (1976) book, *Why Survive? Being Old in America* (JHU Press, 2003). In it, Butler writes about "ageism" (a term he first coined, meaning prejudice against old persons) and remarks that although there have been many gains and advances, there is the danger that there could be erosion. "I'm afraid ageism is alive and well," he says.

Dr. Gail Cassell, a member of the advisory committee to the NIH director (1993-1996), was the speaker at the Fifth FIC 35th Anniversary Global Health Lecture. She spoke on June 12 in Masur Auditorium on "Global Health Inequities and the Critical Role of Public/Private Partnerships: Challenges and Opportunities in the Next Decade." Cassell is vice president for scientific affairs and distinguished Lilly research scholar for infectious diseases at Eli Lilly and Co.



Dr. Peter Dans, who was at NIAID, has written the following note: "The latest news involves the publication of my new children's book, *Perry's Baltimore Adventure: A Bird's-Eye View of Charm City* (Tidewater, 2003). The idea was generated in the early 80s when I read about the peregrine falcons nesting in downtown Baltimore and through happy memories of reading to our four children. It got pushed to the back burner by my activities directing the Office of Medical Practice Evaluation and the required medical ethics course at Hopkins. The birth of our first grandchild in 2000 increased its priority. By the time of its publication, we had three grandchildren. By the way, my wife Colette is also an NIH alumna. She worked in Building 5 from 1960 to 1967, and I worked in Building 7 from 1964 to 1967." The book is illustrated by Kim Harrell. Scarlett and Beauregard are the parent falcons and their offspring is Perry. His first flight takes him across Baltimore with stops at the Maryland Science Center, Fort McHenry, Camden Yards, the B&O Railroad Museum, Mt. Vernon Place, and the Inner Harbor.

Dr. Vincent DeVita, Jr., former director of NCI (1980-1988), stepped down as director of the Yale Cancer Center on June 30. He had completed his second term and led the cancer center for the past 10 years. He will remain at Yale University School of Medicine as a professor of internal medicine, epidemiology, and public health.

Dr. Kenneth A. Foon, who was at NCI (1981-1985), has joined the University of Pittsburgh Cancer Institute (UPCI) as codirector of two programs: biological therapeutics and hematologic malignancies. He has also been appointed professor, division of hematology/oncology, UP School of Medicine. At UPCI, his research will focus on lymphomas and chronic lymphocytic leukemia. His recruitment was supported partly by a $5 million gift from the Mario Lemieux Foundation. Before going to Pittsburgh, Foon was clinical professor, department of internal medicine, Stanford University and director of clinical development at Abegenix, Inc.

Dr. Michael A. Friedman, who was at NCI in the Division of Cancer Treatment (1983-1993), and then at the FDA as deputy director for operations, and acting commissioner for 21 months, has left his position at Pharmacia Corp. He also served as chief medical officer for biomedical preparedness at the Pharmaceutical Research and Manufacturers of America after Sept. 11. Friedman has been named president and CEO of City of Hope. Located northeast of Los Angeles in Duarte, City of Hope, which was founded in 1913, is an innovative biomedical research, treatment, and educational institution. Designated as an NCI-designated Comprehensive Cancer Institute, it is dedicated to the prevention and cure of cancer, HIV/AIDS, and other life-threatening diseases through its biomedical and clinical research, patient care, and philanthropy.

Dr. Leonard G. Gomella, who was a medical staff fellow (1986-1988), in the Surgery Branch, NCI, has been named chair of the department of urology at Jefferson Medical College of Thomas Jefferson University, Philadelphia. He will also serve as chair of urology at Thomas Jefferson University Hospital.

Dr. Jane E. Henney, who was at NCI as a medical oncologist (1975-1985), deputy director (1980-1985), and later appointed FDA commissioner (1998-2001), has recently been a senior scholar in residence at the Association of Academic Health Centers in Washington, D.C. Henney has recently been named senior vice president and provost for health affairs at the University of Cincinnati. In this position she is responsible for the colleges, programs and activities of the UC Medical Center. The Medical Center contains UC's colleges of medicine, nursing, pharmacy and allied health sciences, as well as Hoxworth Blood Center. Affiliated entities include Cincinnati's Children's Hospital Medical Center, UC Physicians, the Health Alliance, Cincinnati's Hospital, Veterans Affairs Medical Center and BioStart.

Dr. Ronald B. Herberman, at NCI (1966-1985), is now director of UPMC Cancer Centers and UPCI, and associate chancellor for cancer research. On Apr. 30, he was honored by the Carnegie Science Center when he received the Carnegie Science Center Award for Excellence in the biomedical category for outstanding achievements that have led to significant business, economic, and societal benefits in the biomedical industry throughout the region. UPCI and UPMC Cancer Centers treat more than 25,000 new cancer patients annually through a network of 40 community-based cancer centers.

Marilyn B. Hoffman, who was at NINDB and NIMH (1962-1970), writes: "I'm back in Boston. Resuming research on the health effects of environmental toxins; and renewing affiliations with colleges, universities and cultural groups. Hello to old friends on and off campus. I'd be glad to hear from them."

Hannah Faye Jackson was with the CC (1970-1975), lastly with Special Events. She is now working, and continuing her studies at Trinity College in Washington, D.C., for an M.B.A. She is going to perform at Strathmore Hall in the fall with a musical program. A portion of the proceeds will benefit the Friends of the Clinical Center.

Brian R. Johnson, who was in the Division of Intramural Clinical and Biological Research, NIAAA, as a psychologist (2000-2003), is now working for Cephalon, Inc. in the department of medical affairs. Cephalon, an international biopharmaceutical company, is located in West Chester, Penn. It is dedicated to the discovery, development, and marketing of innovative products to treat neurological and sleep disorders, cancer, and pain.

Dr. Asma Khan, a clinical resident at NIDCR (2001-2002), is now at the University of Texas Health Sciences Center at San Antonio in the department of endodontics.

Dr. William E. Lands, who was director of the Division of Basic Research and then senior scientific advisor (1990-2002) to the NIAAA director became a fellow of the American Society of Nutritional Sciences in April 2003, at the group's annual meeting in San Diego. He was honored for his investi-

gations focused upon metabolism of fats, phospholipids, and prostaglandins. He has been a mentor to young investigators and has developed workshops and presentations that were creative and led other scientists to consider research questions within the field of fatty acid and prostaglandin metabolism.

Dr. Leonard Laster, who was at NIAMD (1953-1969), now lives in Woods Hole. He retired as chancellor and professor of medicine and health policy at UMass Medical School in Worcester. He writes: "I have become a columnist for the Times — not the London or New York version, but the *Cape Cod Times*." Last August he wrote a reminiscence of Dr. Donald Fredrickson with whom he worked at the NIH Clinical Center. Laster's column runs the first Monday of the month. Reach him at llaster@aol.com.

Dr. Donald L. Morton, who was at NCI as chief, tumor immunology section, Surgery Branch, NCI (1960-1971), is now head of the John Wayne Cancer Institute in Santa Monica. In April, the institute sponsored a conference on the "Development of Therapeutic Cancer Vaccines," which brought together industry, regulatory, government and academic professionals to share clinical and regulatory information on therapeutic cancer vaccine development.

Dr. Frank L. Meyskens, at NCI in the Medicine Branch, Laboratory of Tumor Cell Biology (1974-1977), is now director of the Chao Family Cancer Center and associate dean of research, College of Medicine, University of California, Irvine. This spring, he did a sabbatical in the Division of Cancer Prevention, NCI, where he analyzed methods for more efficient design of phase II clinical trials of cancer prevention agents.

Dr. Norman Salzman, an NIHAA member, a pioneer in the field of virology, and a noted teacher and mentor died in December 1997. His family established a fund at the Foundation for the NIH to support a memorial award in his honor.

Dr. Sonja M. Best, a Fogarty visiting fellow at the Rocky Mountain Laboratories in Hamilton, Mont., received the fourth annual Norman P. Salzman Memorial Award in Virology. Best's mentor, Dr. Marshall E. Bloom, associate director of RML, also received the Salzman award in recognition of their collaborative research on Aleutian mink disease.

NIAID's Dr. Sonja M. Best accepts the fourth annual Norman P. Salzman Memorial Award from Dr. Alonzo Garcia of the FDA who won the prize last year.

The next presentation, which is part of the Norman P. Salzman Symposium in Virology, is on Thursday, Nov. 20, at 8 a.m. in the Cloister, Bldg. 60. It is organized by the NIH virology interest group and administered by FNIH. For more information call 301-402-5311.

Dr. Fitzhugh Mullan, who was at NIH (1982-1984), in the Office of Medical Applications of Research, OD, is now professor of pediatrics and public health at George Washington University. His latest book, *Big Doctoring in America: Profiles in Primary Care* (California/Milbrank Books on Health and the Public, 2002), profiles fifteen primary care physicians and emphasizes that "primary care provides a foundation for health care that blends good science with good judgment."

Dr. Paul Parkman, who was on campus from 1963 until his retirement in 1990 as director of the FDA's Center for Biologics Evaluation and Research, is now a consultant. Last October, he received the 2002 Lifetime Achievement Award from the American Academy of Pharmaceutical Physicians. The award cited his unrelenting commitment to public health and biologics research. In the early 1960s, Parkman and his colleagues isolated the Rubella (German measles) virus, developed an antibody test and the first successful Rubella virus vaccine.

Dr. Lewis P. "Bud" Rowland, who was at NIH (1953-1989), is a professor and former chairman of neurology at Columbia University School of Medicine. He is codirector of the H. Houston Merritt Clinical Research Center for Muscular Dystrophy and Related Diseases. He has written a book, *NINDS at 50: An Incomplete History Celebrating the Fiftieth Anniversary of the National Institute of Neurological Disorders and Stroke* (Demos Medical Publishing, 2003). The history covers not only NINDS as an institute, but also places its development within the context of concurrent advances in neuroscience and neurology.

Dr. William Sansalone, a health scientist administrator with NIDR, DRG, NCI, NHLBI and NIAMS (1971-1996), recently began his fifth year at Georgetown University. He joined the Georgetown Center for Nutrition Policy as a senior fellow May 1, 1999. While there,

he edited and produced proceedings of center-sponsored conferences. In June 2001, he was transferred to the medical center's grants and contracts office, where he counsels faculty on submission of grant applications. This spring, he was appointed adjunct professor in the medical center's department of biochemistry and molecular biology. Before joining NIH, Sansalone was associate professor of biochemistry at the SUNY Downstate Medical Center in Brooklyn, N.Y.

Dr. Leon G. Smith, Sr., former staff fellow at NIAID (1957-1959), is now chairman of medicine at Seton Hall postgraduate school and preventive medicine at New Jersey Medical School. He was featured in a CBS "60 Minutes" program on Mar. 9, 2003. The interview by Mike Wallace profiled Smith and four of his five children who have become physicians. It illustrated the adverse impact frivolous lawsuits, malpractice premiums, and paperwork are having on medical practice. Smith's daughter Ann says that she needs a business degree as well as her medical degree to deal with the paperwork required by HMOs and insurance companies. Smith supports a cap on the amount of money a patient can receive for pain and suffering.

Dr. James Steele, who worked at NIH with Dr. Charles Armstrong on brucellosis and infectious diseases (1945-1947), and then established the Veterinary Public Health Division of the Centers for Disease Control and Prevention, is professor emeritus at the University of Texas School of Public Health. This year he was honored on the occasion of his 90th birthday with the Eleventh Annual James H. Steele, D.V.M. M.P.H. Lecture. It was entitled "The Greatest Gift" and given by Dr. William Foege who ended with this statement: "And so our tribute to a long life well lived as generalist, specialist, globalist, futurist, moralist, optimist and gift giver...is mixed with gratitude, gratefulness and the anticipation of the next decade being the best ever."

Dr. Harold Varmus, former NIH director (1993-1999), and a Nobel laureate for cancer research, is currently president and chief executive officer of Memorial Sloan-Kettering Cancer Center in New York City. He is chairman of the scientific board of "Grand Challenges in Global Health," a $200 million initiative of the Bill and Melinda Gates Foundation. It will be run in partnership with NIH and the Foundation for the NIH. The board will identify and publish a list of specific public health challenges in areas that receive a disproportionately small share of research attention and then provide competitive grants of up to $20 million to teams of scientists to search for solutions.

Dr. Gary Williams, who was at NCI (1969-1971), is now professor of pathology and director of environmental pathology and toxicology at New York Medical College. He is serving as a World Health Organization temporary advisor to the joint expert committee on food additives. He will also hold a symposium "Chemical Safety Assessment: Contributions of Toxicological Pathology and Mechanistic Investigations" at the New York Medical College, Sept. 22-23, 2003. For more information contact Ms. Kathy Woodley, 914-594-3084, or email: KathyWoodley @nymc.edu.

What's Your News?

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

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Distinguished Alumni Return

History Office Examines Fifties Intramural Research

By Ingrid Farreras

On Apr. 11, the Office of NIH History, along with NIMH and NINDS, sponsored a special symposium called "NIMH and NINDB Intramural Research in the 1950s." The purpose was to open the door for historical research on how the basic and clinical investigations programs at both institutes emerged and changed over the first decade of their existence. Alumni from the basic and clinical programs of each institute presented talks followed by discussion. Many scientists brought personal historical photographs, correspondence, unpublished documents, laboratory notebooks, artifacts, memos, and other items from this time period to add to the collection of the Office of NIH History.

A dearth of trained mental health providers to treat the large number of military discharges and casualties related to psychological problems during World War II spurred Robert Felix, director of the Public Health Service's Division of Mental Hygiene, to propose a bill to create a National Neuropsychiatric Institute. The bill was introduced in 1945 and had three purposes: to promote research relating to the cause, diagnosis, and treatment of neuropsychiatric disorders, to grant individual fellowships and institutional grants to train mental health personnel, and to provide financial aid to States for the formation or improvement of community mental health services, clinics and treatment centers.

On hand for the meeting were NIMH alumni (from l) Dr. Mortimer Mishkin, Dr. Allan Mirsky, Dr. Theodore Zahn, Dr. Eugene Streicher, Dr. Irwin Feinberg, Dr. Louis Sokoloff, Dr. Virgil "Ben" Carlson, and Dr. James Birren.

When President Harry Truman signed the act on July 3, 1946, the institute had been renamed the National Institute of Mental Health, to reflect a broader and more optimistic mission of promoting mental health and combating mental illness. While the act appropriated funds for the erection and equipment of hospital and laboratory facilities, it was not until three years later, on Apr. 15, 1949, that funding was obtained to carry out the institute's program, leading the PHS's Division of Mental Hygiene to be abolished in favor of an NIMH administratively joined to the National Institutes of Health. Developed with the philosophy that the government should provide scientists the maximum amount of freedom and not hamper their progress by directing or regimenting their activities, the creation of the NIMH marked the beginning of the federal government's large-scale support of research in mental health.

The need to supplement and expand the existing PHS's existing research programs to tackle the country's major causes of crippling and disability led Congress to establish the National Institute of Neurological Diseases and Blindness (NINDB, the predecessor of today's National Institute of Neurological Disorders and Stroke, or NINDS) on Nov. 22, 1950. Because no funds and staff were available for the new institute's operation during its first year, the surgeon general designated NIMH to administer the NINDB's intramural program. Dr. Seymour Kety was appointed scientific director of the joint institutes' basic research program and the neurological and blindness research that had, until then, been supported by NIMH and the NIH's Division of Research Grants, were transferred to NINDB's intramural program.

Scientist emeritus Dr. Julius Axelrod (l), who was in NIMH's Laboratory of Clinical Science, chats with Dr. Irwin Kopin, formerly of the same lab, and subsequently NINDS scientific director.

Laboratories and branches were established along disciplinary rather than disease-oriented lines. The intramural research program continued to emphasize a broad and multidisciplinary approach to basic and clinical research throughout the 1950s until the joint NIMH-NINDB basic research program was separated and each institute developed its own basic research program in 1960.

A Grants Program Footnote

An Unlikely Hero in the History of NIH

By Don Luckett

It began with a mistake. Ernest Allen was teaching French after receiving a master's degree in French literature from Emory University in 1937. Since he enjoyed working with students, he didn't hesitate when asked to assist the National Youth Administration (NYA), a Federal program created in the depression to provide part-time jobs to struggling college and graduate students. Allen didn't realize his life would never be the same: he had unknowingly taken a full-time job running an NYA center. He never could have imagined how biomedical research—from coast to coast—would eventually benefit from his mistake.

Allen liked helping students find work, but he soon faced a new job crisis when NYA was liquidated in 1943. Before turning off the lights for the last time, he heard the U.S. Public Health Service (PHS) was looking for centers to dispense newly developed antibiotics to treat a nationwide epidemic of venereal disease. Allen convinced PHS that his soon-to-be-defunct center would make a perfect VD clinic. Though he knew little about setting up such a facility, he knew what he needed to know. He sent a letter with 68 questions to Dr. Rod Heller, chief of the PHS Division of Venereal Diseases. In a few days, Allen received an invitation to Washington. Before long, he was a PHS administrator, working to help set up all the new VD clinics.

Dr. Ernest M. Allen

Another unexpected gust of fate came in 1945. World War II was ending, and the military was trying to unload 66 medical research contracts. NIH director, Dr. Rolla E. Dyer, had them transferred to NIH with the hope of developing an extramural program. He didn't think this would be a difficult job, so he recruited a respected administrator and scientist who was recovering from a heart attack to do it part-time: Dr. C.J. Van Slyke of the PHS Division of Venereal Diseases. Van Slyke, however, took up the task with both hands and recruited Allen to be his deputy.

Many of the transferred contracts involved the use of penicillin, and when its price suddenly skidded, the program's $917,000 budget was cut in half. To make the best use of the surplus, Allen drafted the first NIH request for applications: a letter to medical school deans that said "limited funds were available for research" and NIH would like to know if they could use some extra money. Applications soon flooded the small office. As Allen and Van Slyke waded through them, they sought to develop grant policies that wouldn't overburden researchers and review procedures that wouldn't be skewed easily by bureaucratic or political influences. Above all, they wanted to find and fund research that would do the most to help those threatened by disease.

From 1951 to 1960, Allen served as the chief of the NIH Division of Research Grants (DRG), which is now the Center for Scientific Review (CSR). This was the time when the NIH grants program experienced its most dramatic growth. He championed the two-tiered peer review system that NIH still uses to assess research proposals for merit and relevance. Allen accepted the Lasker award given to DRG by the American Public Health Association in 1953. Later in life, he received honorary doctorates from Emory and Clemson universities.

Dr. Martin Cummings, director emeritus of NLM, says that Allen was a man who "had a true appreciation of the role of science in advancing the health of society...He was kind, caring, thoughtful and uncommonly modest." He died at the age of 94 in 1999, but applications continue to come into NIH. Each new wave seems to say Allen made no mistake.

NIH director Rolla E. Dyer (seated c), DRG chief C. J. Van Slyke (seated, 5th from r), and deputy chief Ernest M. Allen (standing, far l) with study section representatives, about 1947.

Kington *(continued from p. 1)*

Medicine and *Science* in a closet in our attic," he explains, smiling broadly. "Long before I knew they had any other significance, my younger brother and I loved to go up there and use them to build houses, forts, and mountains and climb them. We loved them."

In his first full week in his new post, Kington appears relaxed and well-rested, despite the long days he assumed on Feb. 10, when NIH director Dr. Elias Zerhouni appointed him as deputy. Two years ago, when Kington first joined NIH as associate director for behavioral and social science research, the prospect that he could hold the Number Two spot at the nation's premier biomedical research enterprise was not on his radar screen. Still — similar to early predictions by neighborhood friends that he'd naturally pursue a medical career — there may have been a prescience about the extraordinary upward turn he would take when he was appointed acting head of NIAAA from January to September 2002 by then-NIH acting director Dr. Ruth Kirschstein.

"As recently as 6 months ago," he says, "it never crossed my mind that this job was a possibility. I was very happy with my other job (head of the Office of Behavioral and Social Sciences Research). In addition, the experience as acting director of NIAAA made last year a busy, but also an incredibly interesting and great year. I had an opportunity to be exposed to a large cross-section of NIH. I bring to the job a range of experiences and backgrounds, from managing fairly large units to dealing with a wide range of scientific issues. All of that prepared me for this position. I still had no idea about this. There certainly was no grand plan."

Kington recalls a childhood not unlike many other kids of his generation, growing up in a working-class neighborhood of Baltimore. His dad, now approaching his 80th birthday, had a solo general internal medical practice in one of the poorest neighborhoods in the city for more than 40 years. His mom served as a school teacher and later a community worker. Kington is one of five children — four sons and a daughter. Mathematics and other scientific and academic pursuits were a natural part of life around the house. He easily recalls how excited his dad was when Raynard came home with a 7th-grade assignment to prepare a report on venereal diseases.

"My father really got into it," Kington says. "He got out all of these medical texts and journals and spread everything out on the table. Of course I had no understanding of most of it, but I remember at least scanning *Science* and *New England Journal of Medicine* when I was 12 years old."

Kington's three brothers all worked at one time as engineers, but he was the only sibling to follow in his father's footsteps as a physician. The path to medicine was not necessarily direct, he remembers. During his adolescent days, when he and his father butted heads regularly, Kington says he swore he would never become a doctor.

"I got over that, though for many years my sister never failed to remind me of it," he says. "I thought about medicine, but I also knew there were many other things as well. My parents allowed me great room to imagine careers that in many ways would have been inconceivable for even a well-educated black person in their generation."

Kington finished high school at age 15 and medical school at 21. He spent a couple of summers in college doing internships on Capitol Hill. That's when he began to get interested in health policy. After earning his undergraduate and medical degrees at the University of Michigan, he did his residency training in internal medicine at Michael Reese Medical Center in Chicago.

Later, he completed a fellowship at the University of Pennsylvania as a Robert Wood Johnson clinical scholar, which allowed him to earn a master's degree in business administration and his doctorate in health policy and economics from the Wharton School.

"I must give my parents great credit for somehow conveying the message that I could have a different career," he says, describing the valuable detours that offered him the chance to explore many jobs. "They made it clear that I didn't have to do what they did, or what other people expected me to do. I know there were also times when they probably regretted that I was so independent, but that enabled me to have a very unusual career thus far. I've been incredibly lucky. I've had great mentors and great opportunities, many of them the result of the opportunities my parents gave me. I don't ever forget that."

Kington's new post seems ideally suited to him in a lot of ways, he says. Though all are fully packed, no 2 days are exactly alike, and he tackles myriad tasks — reading financial statements and budgets, sitting in on meetings about scientific issues and how to advance specific initiatives, brainstorming about communication strategies such as how NIH interacts with the world at large and with the department — from about 7 a.m., when his office day begins, to 6 or 7 p.m., when he usually leaves campus, many times only to stay in touch via email from his Takoma Park home.

In many senses, Kington explains, he serves as the "director" of the Office of the Director, which is a large enterprise in itself. He also is involved in a range of activities from practical operational concerns to scientific strategic plan-

ning. As deputy, he works closely with all of the senior staff — for instance, the offices that handle legislative matters and science policy issues — as well as the intramural and extramural deputy directors.

"I function in a broad role across all of those," Kington points out, "helping Dr. Zerhouni to implement his vision for what NIH can be. I've always liked jobs that use really different skills and this one allows me to use very different skills in a short period of time. You run the gamut from very practical operational issues, to complex management and financial issues, to dealing with scientific policy to frank scientific issues. Over the course of a day, I see the full range. I must admit that although I respected [former NIH deputy director] Dr. Kirschstein before, I really respect her now, seeing how hard a job it is."

Before coming to NIH, Kington got his first experience as a federal employee at the Centers for Disease Control and Prevention where he became director of the Division of Health Examination Statistics at the National Center for Health Statistics. Before the CDC, he worked for several years as a senior scientist at the RAND Corp., a non-profit think tank that seeks to improve policymaking through research analysis. Kington says he had already developed a keen appreciation for the work of NIH, having won grants from NIA and other HHS and private organizations for his studies on the use of health services by the elderly and the health status of poor people and racial minorities in the late 1980s and mid-1990s.

"NIH is an extraordinary place full of really bright people who work really hard," he says. "That goes for everyone from the administrative and support staff to legislative and policy people to communications people to bench and public health scientists doing research. It makes a big difference to work in a place like that. I've always had tremendous respect for the institution, especially when I was a grantee."

Kington, who is even now completing edits on a paper he cowrote that has been accepted into a leading journal, hopes to continue with his own investigations involving medicine, health and social factors such as age, income and race. Since his research usually involves work with large epidemiologic and social science data sets and not direct lab work, he hopes that he will be able to continue to pursue some opportunities to collaborate with other scientists, just to keep his hand in. Probably his only limitations will be time and scheduling; the main goal, though, is clear.

"I think it is important to keep active the parts of your brain that are about addressing scientific problems — asking questions and answering them in a rigorous way," he explains. "The scientist's life of the mind is an extraordinary thing. Usually, in answering one question, you will raise five more questions. At its best, it's just an incredible life and I will certainly miss that on some level.

"However," he concluded, "NIH is facing unique challenges right now. We're coming to the end of a period of rather rapid and substantial growth. We're facing a very different economic position for the country as a whole, and for the institution as well. My goal is to assist Dr. Zerhouni in managing the organization. I'm really looking forward to learning a lot about the institution. I plan to work very hard. I do take the term 'civil servant' very seriously. It is all about serving."

NIAAA director Dr. T.K. Li (r) presents NIH deputy director Dr. Raynard S. Kington with a proclamation citing Kington's service as acting director of NIAAA for close to a year before Li's appointment as director. The proclamation reads in part, "We, the National Advisory Council on Alcohol Abuse and Alcoholism, commend Dr. Kington for his exemplary stewardship and outstanding public service as Acting Director of NIAAA. You have given so much to NIAAA, for which the Council is both grateful and indebted. We shall miss your comradeship and the pleasure of your leadership of Council meetings. As a consequence of our association with you, the Council and NIAAA are better able to serve this nation."

Nobelist Marshall Nirenberg Honored at NHLBI Symposium at Natcher

By Miriam Sander

It is often said that scientific discoveries are made by a collective process that moves forward in many small incremental steps. But it is also said that the exception proves the rule. At a recent symposium honoring Nobel Prize-winning NIH scientist Dr. Marshall Nirenberg, NIH director Dr. Elias Zerhouni pointed out that some scientific discoveries are more important than others. He was referring to Nirenberg's discovery of the universal genetic code, which was described by symposium cochair Dr. Samuel Wilson of NIEHS as "a monumental step forward which is now an essential part of the intellectual framework of modern medical investigation and practice."

Dr. Marshall Nirenberg

National Academy of Sciences president Dr. Bruce Alberts said the impact and implications of Nirenberg's discovery were so immediately obvious that he remembers to this day exactly where he was and what he was doing when he learned of Nirenberg's seminal result.

Nirenberg's prize-winning work began in the early 1960s when he was a newly appointed research biochemist at the National Institute of Arthritis, Metabolic and Digestive Diseases (NIAMDD, later NIDDK). His laboratory was working on one of the major scientific problems of the time: how does DNA and/or possibly RNA direct the synthesis of proteins? How can a polynucleotide composed of the four deoxyribo- or ribonucleotide bases (G, C, A and T or U) be decoded by the cellular protein synthesis machinery to produce a protein composed of up to 20 different amino acids? Unlike other scientists who were trying to understand protein coding, Nirenberg took a biochemical approach. According to Dr. Thomas Caskey, now with Cogene, Inc., Nirenberg "saw the opportunity to take biochemistry to an extremely elite level" by breaking the genetic code.

Nirenberg told the symposium audience that one of his colleagues cautioned him that his experimental approach to this question "was suicidal." Despite this warning, he "went ahead and did it anyway!"

In collaboration with postdoctoral scientist J. Heinrich Matthaei, Nirenberg set up an *in vitro* protein synthesis system using synthetic polynucleotides as templates and a mixture of the 20 amino acids, one of which was radioactively labeled. The now famous "poly U experiment" led to the momentous discovery in 1961 that runs of U direct the synthesis of polyphenylalanine. From 1962 to 1966, Nirenberg and his colleagues at the National Heart Institute deciphered the code for all 20 amino acids. This work led to many insights about the genetic code, demonstrated that the genetic code is degenerate and universal, and earned him the 1968 Nobel Prize in Physiology or Medicine, which he shared with Robert W. Holley and Har Gobind Khorana. Symposium cochair Judith Levin of NICHD described the atmosphere in Nirenberg's laboratory at the heart institute as "exhilarating and intense."

Nirenberg's discovery was a major step in the path from classical genetics to molecular genetics, from biology to molecular biology and into the age of genomics and functional genomics. The sequencing of the human genome, which will reach completion in 2003, has also played a huge role in the recent transformation of biological science. NAS's Alberts described the conceptualization of the Human Genome Project (HGP) in the late 1980s. He chaired an NAS committee whose charge was to reach consensus on the value of pursuing such a project Consensus was reached with great difficulty; but in the end, Alberts said that the committee "got it right" when they recommended that the entire human genome, including both gene and intergenic regions, should be sequenced. The committee also made a remarkably accurate prediction of how long it would take to complete the human genome sequence, estimating in 1988 that it would take approximately 15 years.

Dr. Francis Collins, NHGRI director, pointed out that the genome era has just begun and that there is still much to discover about the human genome. Ongoing projects at his institute include comparative genomics, the HAPmap project, analysis of the mammalian gene collection and continuing study of the ethical, legal and social implications associated with genomics information and technology; projected initiatives include characterization of the proteome, identification of environmental risk factors for human disease and development of animal models of human disease.

Dr. J. Craig Venter of the Center for the Advancement of Genomics emphasized the importance of technology development to the success of the HGP and many other sequencing efforts. He and his colleagues developed EST mapping and shotgun DNA sequencing, two critical technologies that have enhanced the rate of DNA sequencing and analysis considerably.

The universal genetic code deciphered by Nirenberg and his colleagues is the best known code in bio-

logical systems. However, Dr. Eric Lander of the Whitehead Institute at MIT suggested that the genetic code is one of several important biological codes. He proposed that genes, gene regulation, genetic variation and biological function all have their own distinct codes. Lander also thinks one of the key challenges facing researchers in genomics is to understand the significance of the large number of non-coding DNA sequences conserved between the human and mouse genomes. When the functions of these sequences are understood, the code of gene regulation and gene regulatory networks may begin to unravel.

Dr. Leroy Hood of the Institute for Systems Biology also emphasized the importance of higher levels of biological organization including gene regulatory networks. He contrasted traditional hypothesis-driven biological research with discovery-based approaches, which produce large datasets that can be used to describe an entire biological system. Systems biology, a method he promotes, interrogates an entire biological system and "ascertains the relationships between all its parts." Hood said systems biology is only possible now that genomic sequences are available, and that the development of systems biology depended on discoveries such as the genetic code, which allow us to decipher the information contained in DNA sequences.

The scope of the NHLBI-sponsored symposium (formally titled "The Genetic Code Revisited: The Impact of Functional Genomics in Medical Research," also cochaired by NCI's Dr. Dolph Hatfield) was broadened by the remaining five speakers, who, with the exception of Dr. Susan Taylor of the University of California, San Diego, were former Nirenberg lab members. Taylor, an expert on protein kinase A and related kinases, discussed structure, function and regulation of this protein kinase family. She emphasized that protein covalent modifications are a non-linear function that is critical to cell signaling. She also pointed out the importance of understanding protein kinases as structurally dynamic proteins.

Dr. Philip Leder of Harvard Medical School pioneered the study of cancer-susceptible strains of mice, in part based on the concept that an oncogene is "necessary but not sufficient" to produce cancer. He used cancer-susceptible mouse strains and an assay based on functional genomics to identify a range of cancer protagonists.

Dr. Edward Scolnick of Merck Research Laboratories discussed the emerging role of functional genomics in drug discovery. He said the challenge of the genomic era is to facilitate identification of therapeutic targets. Several hundred validated therapeutic targets have been identified in the past two decades, but many putative targets fail during clinical validation; functional genomics has the potential to reduce the rate of failure significantly. Recent drug success stories that depended on genomic information include statins, antidepressants, Gleevec, Herceptin and Cox-2 inhibitors.

Nobel laureate Dr. Joseph Goldstein of the University of Texas Southwestern Medical Center demonstrated that sterol regulatory binding proteins (SREBPs) play a key role in controlling the fluidity of the plasma membrane. SREBPs monitor and control production of cholesterol and fatty acids by salvage and *de novo* synthesis pathways. Dysregulation of these cellular functions plays a role in important human diseases including heart disease, diabetes and obesity.

The last speaker was Dr. Sidney Pestka of the University of Medicine and Dentistry of New Jersey, who demonstrated that fluorescence resonance energy transfer (FRET) enables scientists to look inside living cells. FRET can be used to demonstrate protein-protein interactions and to measure intermolecular distances. Pestka emphasized that FRET can be used for high-throughput screening and has the advantage that it works with a single cell.

All of the speakers at the symposium strongly asserted that Nirenberg's discovery of the genetic code is a seminal scientific achievement that has had enormous impact on modern science. In addition, Nirenberg's colleagues and former postdoctoral fellows uniformly acknowledged that he is an excellent mentor with extraordinary scientific vision as well as a wonderful friend. NICHD's Levin added that Nirenberg inspired his fellow scientists because he "taught, by example, how to be a true scientist." By the end of the gathering, it was clear that NHLBI director Dr. Claude Lenfant was correct in stating that "people like Marshall Nirenberg make the NIH the great institution it is today."

Nobel laureate Dr. Joseph Goldstein (r) of the University of Texas Southwestern Medical Center pauses to chat with NHLBI scientist Dr. Earl Stadtman.

Varmus Portrait Dedicated in Bldg. 1 Ceremony

By Rich McManus

Three years after leaving directorship of NIH to head Memorial Sloan-Kettering Cancer Center in New York City, Dr. Harold Varmus returned on Jan. 15 for the formal unveiling of his portrait — a tradition observed by all past NIH directors. At a Wilson Hall ceremony attended by many of his former colleagues and recruits, Varmus gave an art history lesson explaining the portrait, which includes him in the foreground, seated and looking gregarious in an open-collared shirt, and a prominent backdrop featuring a famous painting, executed by Jacques Louis David in 1788, of French scientist Antoine Laurent Lavoisier and his wife Marie Anne Pierrette Paulze.

The Varmus portrait is the work of artist Jon R. Friedman, whose renderings of former National Academy of Sciences president Dr. Frank Press and of Dr. Maxine Singer, an NCI scientist who now heads the Carnegie Institution of Washington, had impressed Varmus. Friedman spoke briefly at the ceremony, also attended by Varmus's wife Connie Casey, who unveiled the artwork.

NIH director Dr. Elias Zerhouni emceed the affair, and read a letter from former Rep. John E. Porter (R-Ill.), a prominent friend of NIH while on the agency's congressional appropriations committee, who could not attend. Porter's letter hailed Varmus as the model and "gold standard" of an NIH director, and praised his organizational skill — "closely analogous to herding cats." Even greater than Varmus's success winning large NIH budgets from Congress, Porter said, was his ability to achieve "vastly increased public awareness of the benefits of science."

Offering more of a traditional roast of the day's honoree was Dr. Steven Hyman, whom Varmus recruited to direct NIMH, and who now is provost at Harvard University. "So what do you say about a man who is truly larger than life?" he began. Hyman said NIH appeared, at least from an extramural perspective, to be in the doldrums prior to Varmus's arrival in 1993. "With Harold's arrival, things really seemed to change quickly and with an upward trajectory that I don't think anyone could have predicted."

Varmus and Zerhouni stand beside the finished work, which features Varmus sitting before a famous old painting by French artist Jacques Louis David.

Hyman said Varmus's great gift was an insistence on quality science and its benefits for society. "He believed in talking honestly and directly, with no funny business...Nothing is more effective than frank communication.

"The thing about Harold," he continued, "is that he is relentlessly about content." Varmus was rather less tolerant of the minutiae and procedure of bureaucracy, Hyman added. "When that stuff came up, his eyes glazed over and a look of boredom and disapproval swept over his face...If you were so dense that you didn't know your conversation with him was over, he'd give another hint by going over to his desk and reading his email.

"Harold was all about high standards and being honest about what good science was — this, and his integrity, made him a great boss. Harold always protected your back. Even remarkably radical reforms could go forward (under his direction), if they bettered science. He really made the job of being an institute director incredibly rewarding."

Hyman praised Varmus's skills as a recruiter, noting that candidates should have interpreted it as a sign of respect when Varmus met them while still dripping wet from exercise, or when Varmus took them to Bethesda's no-frills restaurants for recruitment pitches. He noted that, under Varmus, "the necktie was demoted at NIH as a symbol of polite dress."

Hyman concluded, "Harold was all about substance, content, high quality science, and he was entirely unapologetic about it. He wasn't about marketing or making compromises. His tenure led to enormous morale and camaraderie. That sense of putting science first was such a positive influence, and a spectacular asset for NIH and the American people."

Zerhouni then spoke of how influential Varmus had been in helping him to decide to take NIH's directorship. He divulged that he at first turned down the position, but reconsidered when the White House approached him again. Zerhouni won an exception to the White House rule barring nominees from talking with anyone about their job offer; "I told them I needed to talk to Harold Varmus about it, and they agreed. We met at the Harvard Club in New York, and those hours were very influential," Zerhouni said. "Ninety-five percent of what he told me turned out to be true."

Zerhouni said Varmus's major strength was "winning bipartisan support for NIH. He created a safe harbor for politicians at NIH. They can meet here with no overriding political stress." Zerhouni said one could measure Varmus's status by the number of new buildings he launched, or by his effort to double the budget within 5 years, but posited another way to measure the outcome of his tenure: "What if the director's portrait changed in size, relative to his or her accomplishments?" he wondered. "The portraits would range in size from postage stamps to frescoes. And you, Harold, would cover all the wall downstairs."

Varmus then took the podium, thanking everyone for attending. "This is a very happy event for me, in part because I really like this portrait...I didn't expect to say that. I'm also glad that it hangs here, not me."

He credited NIH with turning him into a scientist, while he served as a clinical associate here from 1968 to 1970 as a way of avoiding the Vietnam war. He then described why the background portrait of Lavoisier — "founder of modern chemistry and reductionist science" — was important to him. "The painting celebrates science in four ways," he said: it emphasizes the connection between science and art; it highlights the relationship between science and words; it depicts the benefits of science and marriage; and it shows the relationship of science to politics (Lavoisier was a member of the French ruling class).

Varmus concluded that it was important to him that the portrait "puts me in the backdrop of my own image." He noted, ironically, that both he and the original David portrait occupy opposite ends of 84th St. in New York — his apartment is at one end, and the Metropolitan Museum of Art, which displays the roughly 7x9-foot portrait, is at the other.

Who's That Hanging in Wilson Hall?

Former NIH director Harold Varmus (r) shakes the hand of portraitist Jon R. Friedman. Current NIH director Elias Zerhouni is in the background, and facing them all is the solemn likeness of Luke Ingalls Wilson, after whom Wilson Hall is named and whose visage reflects the more somber mode of traditional portraiture.

Luke Wilson (1872–1937) was a wealthy man who owned the property on which NIH now sits. He inherited his wealth from a Chicago family that made men's clothes (particularly, men's underclothes). He did not do anything related to science.

In the 1930s, he and his wife, Helen Woodward Wilson (of the Woodward & Lothrop department store family), whose portrait also hangs in Wilson Hall, owned property with other wealthy Washingtonians along Rockville Pike, when it was a rural area. These estates were used primarily as summer homes. In 1935, Wilson offered his estate, called "Treetops," to the federal government, hoping that it would be used as a place for an institute to promote peace (he was active in left-wing peace movements between World Wars I and II; he also no doubt appreciated the tax relief he would get by donating this land).

No one in the State Department was interested in the offer, so it was circulated around the government. The NIH, then located at 25th and E Sts., N.W., in the District, was experiencing a shortage of space for housing research animals. Then-assistant Surgeon General Lewis Ryers Thompson, soon to become NIH director, followed up on the Wilsons' offer and obtained the land for this purpose. In 1936, however, the more conservative Surgeon General Hugh Cumming was replaced by a Roosevelt New Dealer, Thomas Parran, who promptly appointed Thompson, another liberal Democrat, to head NIH, and the two of them seized the opportunity afforded by the Wilson offer to rebuild the entire NIH in Bethesda.

In 1937, as construction began, Luke Wilson died of cancer at about the same time the National Cancer Institute was created. Helen Wilson was then motivated to donate extra land to build Bldg. 6, the original Cancer Institute Building, along with the five buildings and the PHS officers' quarters (along W. Cedar Lane) included in the first wave of construction.

The Stetten Museum has a web site in the early stages of development called "Seventy Acres of Science" about this story—stay tuned.

— *Dr. Victoria Harden, NIH historian and director of the Stetten Museum*
(This box from *NIH Catalyst* - March-April 2003 issue)

A Perfect Place for Zebrafish

Renovations, New Wing Coming to Bldg. 6, a Former NCI Laboratory

By Rich McManus

Big changes are coming soon to staid old Bldg. 6, one of the original campus laboratory buildings, completed in September 1939 (only 7 months after Bldg. 1) as a research facility for the National Cancer Institute. The 7-level-plus-attic red-brick structure, long eligible for the National Register of Historic Places, is due to be gutted down to bare concrete and completely renovated by 2005. Its two newer wings, 6A, completed in 1978, and 6B, grafted on in 1990 primarily to house lab animals, will remain largely untouched but will gain a third wing, 6C, now known as the NMR/Zebrafish addition, on its southeast corner. This new low-rise addition—so ground-hugging that its floors have already been designated B1, B2 and B3 will house perhaps half a million of the species *Rerio danio*, or zebrafish, who will cavort in thousands of 1- and 2-liter tanks, managed by NICHD and NHGRI. The new wing will also house a massive NMR (nuclear magnetic resonance) imaging magnet for studies by scientists from NIDDK, NCI, NHLBI and NIDCR.

The renovations involve multiple institutes and scientific programs, temporary migration to swing space, and a level of complexity—largely due to the special needs of both the magnet and the fish—that tantalizes project officer Jim Lewis of the Design, Construction and Alteration Branch, ORS. A mechanical engineer with 13 years of experience at NIH, Lewis, who recently completed a biosafety level-3 facility at the Rocky Mountain Laboratories, is in charge of the multifaceted project, by far his largest yet.

Back in March 1998, NICHD cut the ribbon on a new zebrafish facility in Bldg. 6B. Dozens of scientists and veterinarians hailed the opening of a facility that would enable genetic studies on the fast-breeding fish to take place. It would complement a second zebrafish lab that the institute runs in the Bldg. 14 complex.

Trouble is, the 6B fish space came to be coveted by several institutes and centers that badly need space for their rodent populations, Lewis recounted. Bldg. 6B was ideal for this purpose, having been built to satisfy AAALAC accreditation standards for such use.

NICHD, according to Lewis, wanted to consolidate and expand its fish programs in 6B and 14. And NHGRI, which had fish facilities in both Bldgs. 49 and 50, also wanted in on any new aquatic addition to Bldg. 6. So the idea of an NMR/Zebrafish addition (55 percent belonging to NHGRI and 45 percent to NICHD) was conceived back in 2000 to satisfy multiple needs, including a new 900-MHz magnet for a thriving on-campus NMR program.

Meeting Some Unusual Needs

To build a cutting-edge magnet facility, you need a lot of room. Powerful magnets exert such tremendous force that they require shielding; the iron rebar typically used to reinforce concrete is unsuitable in this instance — stainless steel rebar is substituted. Calculating the magnet's force in Gauss units, building designers measure concentric circles representing Gauss values; the 5-Gauss line represents the minimum safe-exposure distance. Therefore the 6C addition has an exterior retaining wall — coinciding with the 5-Gauss line — that blocks pedestrian access to the corner of the building where the magnet is located.

An architect's drawing shows the new Bldg. 6C addition poking out of a hillside on Bldg. 6's southeast side.

The Bldg. 6C addition will occupy this site on building's east side.

"It's so unique a space," Lewis says. The magnet sits deep within a pit, atop a specially crafted block of concrete designed to be virtually vibration-free. "It would be impossible to put (a magnet) in an existing building without major renovation work," he adds. The magnet will reside on the B2 level of Bldg. 6C and take up only 1,080 square feet of space. Dr. Ad Bax, chief of the biophysical NMR spectroscopy section, is project officer for the magnet purchase. He noted, "The magnet will be used for studying the three-dimensional structure and motional properties of proteins and nucleic acids. The magnetic field strength is the highest commercially available to date, and the field is extremely homogeneous at its center, varying by less than 1 per 1,000,000,000 over a 0.5 cc volume."

The B3, or lowest, level of the addition will house life-support systems for the zebrafish. These consist of six separate water treatment systems, in two groups of three, which provide a steady supply of fresh water to an array, two floors above, of some 17,000 2-liter fish tanks and 8,000 1-liter tanks. Modeled on a similar, but smaller, facility at the University of Oregon, the zebrafish facility required the design advice of two outside aquatics experts, Lewis said.

In order to prevent and isolate disease among the fish, water in the system passes through two filters — a bead filter nabs particulates and a sand-bed filter screens out biological detritus. An ultraviolet-light sterilizer also treats the water, but the goal is not utter sterility; a certain amount of flora is good for the fish.

Despite the high-tech water quality management, the fish still need to be fed manually, Lewis reported; caretakers visit each of the thousands of tanks daily, administering food with medicine droppers. Fish also require carefully adjusted light cycles, which is why there are no windows on their floor. Light is provided artificially, in measured doses. Red lights, such as are used in photographic darkrooms, enable employees to make their way around the facility during hours when the fish are in their "dark" cycle.

A Shell Game with People, Programs

Science can't stop while improvements are made to Bldg. 6, so a complicated *pas de deux* is planned to accommodate all parties obliged to move. ORS is renovating swing space in Bldgs. 7 and 14A to suit those scientists from 6 who didn't migrate to Bldg. 50 when it opened two summers ago. The occupants of Bldg. 7 also decamped for Bldg. 50, leaving room for newcomers displaced from 6.

Bldg. 6 is occupied mostly by workers belonging to NEI, but there is also a small group from NIAMS, and an NIDDK small-scale biotechnology "pilot plant" unit headed by Dr. Yossi Shiloach. The unit is dealing with the production and purification of biological products from various sources; it has big bioreactors used for producing large quantities of microorganisms and mammalian cells and the needed equipment for recovery and purification. The products made in the facility are used for vaccine development and structural studies. This unit will move to swing space in Bldg. 14A. NICHD, too, has part of the action in Bldg. 6.

Lewis says the construction schedule for Bldg. 6 is currently at 21 months, and is set to start in spring 2003. Most of the employees displaced by the construction work will eventually return to Bldg. 6.

The 6C addition will connect to Bldg. 6A at the B1, or top level, Lewis said. The highest level of the new addition will line up with the B1 level of Bldgs. 6 and 6A. "The addition will sort of poke out from the side of the hill," on the east side of Bldg. 6. Only the B1 level of Bldg. 6A will be affected by renovation; the rest will remain untouched.

This photo of Bldg. 6, taken shortly after it was built, shows what was then a lab facility for NCI.

For Your Information

President Bush Visits NIH, Tours Vaccine Research Center and Announces 'Project BioShield'

On Feb. 3, NIH received a very distinguished guest— President George W. Bush along with HHS Secretary Tommy Thompson and Homeland Security Secretary Tom Ridge accompanied NIH director Dr. Elias Zerhouni, on a VIP tour of the Vaccine Research Center. Following the tour, the president took some time to speak to a packed crowd of scientists and government officials in the Natcher Auditorium on the main NIH campus. President Bush hailed the leadership efforts of Elias Zerhouni saying his work had "far exceeded" his expectations. He also took the opportunity to thank NIH's employees for working long hours to help secure the nation against the threat of bioterrorism. Outlining his plans for "Project BioShield," a plan to protect Americans from weapons of bioterrorism, President Bush called upon NIH's expertise to further drug research and vaccine production.

"Now our scientists have been called to meet a different kind of challenge: man's efforts to use diseases as weapons of war and terror," President Bush explained. "This threat has placed research scientists at the center of our mission to defend the American people. It has put NIH squarely in the midst of our war to defend America and to defeat international terrorism," he added.

President Bush said the $6 million plan would make safer and more effective vaccines and treatments against agents such as smallpox, anthrax, botulinum toxin, Ebola and plague by committing the federal government to purchase the medicines that combat bioterror. He concluded, "I look forward to working with the United States Congress to get Project BioShield out of its committees, onto the floor, onto my desk, so you all can work on behalf of the American people, so you can use your God-given talents, your fantastic brains, your clear vision to better protect America. This is the right course of action; this is what we owe the American people; and this is what we will deliver."

President Bush looks through a microscope while touring the NIH Vaccine Research Center.

NIDDK Symposium to Honor The Tabors on Oct. 10

The Tabors

Mark your calendar now for an all-day symposium to honor Drs. Tabor, Celia and Herbert, on Friday, Oct. 10, 2003, in Lipsett Amphitheater, Bldg. 10. This event will celebrate their 111 (person) years of research in the intramural program of the National Institute of Diabetes and Digestive and Kidney Diseases (and its predecessors). All NIH researchers and alumni are invited to attend.

The program will feature presentations by noted colleagues, friends, and coworkers of the Tabors, including Bruce Ames, Jerard Hurwitz, Arthur Kornberg, Robert Lehman, Chris Raetz, Howard Schachman, Jack Strominger, Stanley Tabor, and other NIH investigators.

The symposium will highlight outstanding research and illuminate retrospective views of NIH and its coevolution with the Tabors over the last sixty years.

NIH Federal Credit Union's New Clinical Center Branch Now Open

The NIH Federal Credit Union is now open in the vacated SunTrust bank space, located outside the cafeteria on the B-1 level of the CC. After a renovation, the space opened for business in May. In addition to the regular banking services provided by the credit union, they offer safe deposit boxes and foreign currency purchase and exchange. A new full service ATM Internet kiosk and after hours deposit box are located to the left of the branch. Hours of operation are Monday-Thursday, 8 a.m. to 4 p.m., Friday 8 a.m. to 6:30 p.m., and Saturday, 8:30 a.m. to 1 p.m. (note: no Saturday hours during orange alert level). The branch manager is Sharyn Hartsfield, who was in that position in the Bldg. 13 credit union branch. For more information visit www.nihfcu.org or call 301-718-0208.

Electron Microscope Leaves Bldg. 7 for History

By Michele Lyons

Workers recently winched an electron microscope out of the sub-basement of Bldg. 7 through a trap door and into NIH history. The rigging company used the same supporting bolts from when the microscope was first lowered into the cramped basement in the mid-1960s.

The scope, a Siemens 1-A, was used in many groundbreaking experiments. In 1972, Dr. Albert Kapikian of NIAID and coworkers discovered the Norwalk virus on the microscope. The virus was the first to be associated with viral diarrheas. The Norwalk and Norwalk-like viruses are now considered to be the major cause of non-bacterial epidemic diarrhea around the world. Because the virus did not grow in any tissue culture system, Kapikian and colleagues used a technique called immune electron microscopy, which led to the virus' discovery by enabling it to be seen and showing that individuals who were infected with the virus developed antibodies to it.

NIAID's Dr. Albert Kapikian (l) and technician Siemer Siems prepare to bid microscope farewell.

Drs. Stephen Feinstone, Kapikian and Robert Purcell discovered the hepatitis A virus with the same technique in 1973. Kapikian and colleagues also visualized rotavirus, which was discovered by others in Australia, for the first time in the United States on this electron microscope. These viruses have emerged as the single most important cause of diarrhea in infants and young children around the world.

The electron microscope was also used as an epidemiologic tool in studies of specimens from various parts of the world. Pinpointing the viruses responsible for diseases enabled researchers to gather information about the viruses, to develop additional tests and to begin to develop vaccines for them.

The microscope was in working condition until the day it was dismantled. Kapikian praised technician Siemer Siems, who had kept the microscope in excellent condition for about 30 years. Siems changed filaments or fixed the microscope when called, day or night. With some regret and reminiscing, Siems skillfully took the microscope apart in Bldg. 7 for the move and reassembled it in the storage area of the DeWitt Stetten Jr. Museum of Medical Research. The museum hopes eventually to be able to exhibit this important microscope.

Siems kept the microscope working for 30 years.

Save the Date!
NIH History Day on Sept. 22

The first annual "NIH History Day" will take place on the NIH campus in Bethesda on Monday, Sept. 22, 2003. At 3 p.m., in Lipsett Amphitheatre, Bldg. 10, NIH director Dr. Elias Zerhouni will present opening remarks at an NIH History Lecture, which will be given by Professor Alan Kraut of American University. Entitled "Goldberger's War: The Life and Work of a Public Health Crusader," the lecture will be based on his new biography of Dr. Joseph Goldberger, who demonstrated that pellagra was a dietary deficiency disease. Copies of Kraut's book will be available for purchase and signing at a reception following the lecture.

Before NIH History Day, a special web page will be posted at http://history.nih.gov to gather information about "NIH families." NIH staff and alumni with family members who have worked for NIH in any capacity at any time will be able to fill out a form describing their work for the agency, and adding to our knowledge of NIH history. From 11 a.m. to 2 p.m. staff from the Office of NIH History will be available in several buildings on campus to talk with people who might have photographs, artifacts, or documents to contribute to the collections.

All participants in any of these events may enter the free raffle for a tee shirt commemorating NIH History Day.

NIH Notes January 2003 - July 2003

Appointments and Personnel Changes

Dr. Alexandra Ainsztein is the new scientific review administrator for the cell development and function 4 study section at the CSR, after participating in CSR's Review Internship program. Before joining the internship program she was an intramural research training associate at NICHD, where she worked in its section on cell cycle regulation studying the role of SUMO-1 enzymes in cell division ... **Dr. Sally M. Anderson** has been appointed deputy director of NIAAA's Division of Basic Research. Her duties include the supervision and management of staff overseeing portfolios in support of behavioral and biomedical research, neuroscience, genomics, proteomics and multidisciplinary research focusing on aspects of alcohol abuse, alcoholism or other alcohol-related problems. Most recently, she served at the Walter Reed Army Institute of Research ... **John Burklow** has been named associate director for communications and public liaison at NIH. He had been deputy associate director and director of the Public Information Division within the NIH Office of Communications and Public Liaison. He joined NIH in 1986 and was deputy director of NCI's Office of Cancer Communications ... **Dr. Richard Cannon** is the 2003 chair of the CC medical executive committee. The committee, made up of the various clinical directors of the intramural clinical research programs and other senior medical and administrative staff, advises the director and develops policies that govern standards of medical care in the CC. Cannon, who first came to NIH as a cardiology fellow, is clinical director of the Division of Intramural Research and head of the clinical cardiology section ... **Dr. Margaret Chesney** has been named the first deputy director for National Center for Complementary and Alternative Medicine. She had been a senior visiting scientist in the NIH Office of Research on Women's Health ... **Dr. Allen Dearry**, a health scientist administrator for NIEHS's Division of Extramural Research and Training, is now associate director of a newly organized Division of Research Coordination, Planning and Translation aimed at ensuring NIEHS research gets speedily into the hands of those professionals who can apply it to medical care and public health ... **Dr. Rene Etcheberrigaray** has returned to NIH to be the scientific review administrator of the SSS-S study section at the CSR. His section reviews small business and other grant applications in the areas of clinical neuroscience and related technologies. Before coming to CSR, he was the laboratory director and senior scientist at NeuroLogic, Inc., in Rockville ... **Dr. Daniela Gerhard** has been named acting director of NCI's Office of Cancer Genomics. She was at Washington University School of Medicine where she led studies in the human genetics of complex genetic diseases, especially cancer. She replaces Dr. Bob Strausberg who left NCI in May to become vice president for research at the Institute for Genomics Research in Rockville ... **Dr. Mark Goodman** has joined NIHAA as an associate director. He comes from the University of South Florida, where he served as distinguished research professor and director of the Alcohol and Substance Abuse Research Institute. His major research interest is in alcohol expectancies and cognitive mediators of alcohol risk, and the development of drinking and risk for drinking in children, adolescents, and young adults ... **Dr. Karin Helmers** has moved to the CSR to become the new scientific review administrator of the nursing research 2 study section. She previously directed the Neuroscience and Sensory Conditions Program at the NINR ... **Dr. Eric Jakobsson** recently became the first director of the Center for Bioinformatics and Computational Biology at NIGMS. He was a professor in the department of molecular and integrative physiology and in the programs in biophysics, neuroscience and bioengineering at the University of Illinois at Urbana-Champaign ... **Dr. Wendy Johnson-Taylor** has joined NIDDK's Division of Nutrition Research Coordination as a public health nutrition and health policy advisor. She serves on trans-NIH and DHHS work groups that examine issues related to community-based participator

NIH Appoints New NIDA Director

Earlier this year, NIH director Dr. Elias A. Zerhouni, appointed Dr. Nora D. Volkow, as the new director of the National Institute on Drug Abuse (NIDA). She is the first woman to serve as NIDA's director since the fouunding of the institute. She comes to NIDA from Brookhavaen National Laborartory, where she held concurrent positions including associate director for life sciences, director of nuclear medicine and director of the NIDA-D0E Regional Neuroimaging Center. In addition, she was a professor in the department of psychiatry at the State University of New York-Stony Brook and the associate dean of the university's medical school.

Dr. Nora D. Volkow

She replaced NIDA's acting director Dr. Glen R. Hanson, and assumed her new position in May 2003. "Dr. Volkow's experience as a NIDA-funded researcher puts her in a unique position to lead the Institute into the future," said Dr. Zerhouni. "She will bring the full power of science to confront the critical issues of drug abuse and addiction."

Volkow is known for her work on the brain's dopamine system. Her research focuses on the investigation of the mechanisms underlying the reinforcing, addictive and toxic properties of drugs of abuse in the human brain. As a scientist, she has been supported by grants from NIDA, the National Institute on Alcohol Abuse and Alcoholism and DOE. With more than 275 peer-reviewed publications to her credit, Volkow's work also includes three edited books and over 50 book chapters and non-peer-reviewed manuscripts. A recipient of multiple awards, she was elected to membership in the National Academy of Sciences' Institute of Medicine and was named "Innovator of the Year" in 2000 by *U.S. News and World Report*.

She received her bachelor's degree from Modern American School, Mexico City, Mexico, her medical degree from the National University of Mexico, Mexico City and her postdoctoral training in psychiatry at New York University.

research, health disparities and summary of health measures. Prior to coming to NIH, she taught at Morgan State University and was on the faculty at the University of North Carolina and North Carolina Central University as an adjunct professor ... **Dr. Robert Lees** has joined CSR as scientific review administrator of its medicinal chemistry study section. A Ph.D. in organic chemistry and a former professor, he worked at American Cyanamid Co., which is now Cytec Industries. Early in his career there, he invented and patented the commercial process for Combat insecticide. He eventually became director of global technology for the company's coating and performance chemicals business unit. In this role, he led efforts that resulted in the commercialization of 11 products with annuals sales of $30 million ... **Dr. Theresa Montini** is now the scientific review administrator for the AIDS and related research 7 study section at CSR. Her study section reviews research proposals on behavioral and social science aspects of preventing HIV transmission and infection. Before coming to CSR, she conducted tobacco control research at the University of California-San Francisco ... **Dr. Robert Nordstrom** has come to CSR as the scientific review administrator of the SSS-7 study section, which reviews small business and other grant applications involving medical imaging technologies. Before coming to CSR, he was vice president of research at MediSpectra, Inc., in Lexington, Mass., where he worked on optical methods for identifying cervical cancer ... **Dr. Brian Pike** recently joined NIGMS as a scientific review administrator in the Office of Scientific Review. He was formerly a research assistant professor in the department of neuroscience at the University of Florida College of Medicine, where his research interests focused on nerve cell injury and cell death ... **Dr. Dana Pludge** has joined CSR as a scientific review administrator in the biobehavioral and behavioral processes integrated review group. He will oversee its SSS-R study section, which reviews small business grant applications involving computer-based interventions related to mental health, substance abuse and aging. He came to NIH from University of Maryland, where he was associate professor and associate chair in the department of psychology before joining CSR ... **Dr. Kenneth Roebuck** is the new scientific review administrator of the AIDS and related research 1 study section at CSR. He comes to CSR from Rush-Presbyterian-St. Luke's Medical Center, where he studied regulatory mechanisms of HIV gene expression ... **Dr. Mark Rohrbaugh** has been named director of the Office of Technology Transfer in the Office of Intramural Research, OD. He will oversee the patenting and licensing of NIH inventions and contribute to intramural and extramural technology transfer policy at NIH and DHHS. He started his career at NIH in 1991 and lastly was director of NIAID's Office of Technology Development ... **Dr. Sergei Ruvinov** has become the new scientific review administrator of the SSS-L study section at CSR after participating in the center's Review Internship Program. His study section reviews small business grant applications related to drug development and delivery ... **Dr. Karen Sirocco** is the new chief of the biobehavioral and biobehavioral processes integrated review group at CSR. She will also coordinate reviews for the BBBP-6 study section, which assesses applications related to developmental, psychopathological and substance-use disorders in children and the effects of developmental disorders in adults. She previously worked in CSR and started out at NIH in NIAAA's Laboratory of Clinical Studies ... **Dr. Michael Sveda** has joined CSR as the scientific review administrator of the biochemistry study section. He comes to CSR from SAIC-Frederick, Inc., which supports NCI's Frederick Cancer Research and Development Center ... **Dr. Hinda Zlotnik,** a microbiologist with extensive experience in grant and program administration, has been appointed chief of the Minority Biomedical Research Support Branch of the NIGMS Division of Minority Opportunities in Research. She came to NIGMS from the University of Puerto Rico School of Medicine in San Juan, where she was director of the Office of Sponsored Research and a professor in the department of microbiology and medical zoology.

Meet Two New Fogarty Scholars-in-Residence

Dr. Tadashi Yamamoto

Dr. Tadashi Yamamoto, was a visiting fellow from Japan who did postdoctoral work (1977-1980), in Dr. Ira Pastan's Laboratory of Molecular Biology, NCI, where he studied the mechanisms of replication of retroviruses and the transformation by Rous sarcoma virus. He and LMB colleagues collaborated on eight scientific papers that elucidated the structure and expression of the collagen gene as well as the role of the cellular matrix in cell growth.

In 1981, he returned to the Institute of Medical Science at the University of Tokyo, where he spent the next 20-plus years uncovering the molecular basis of cancer development and becoming an international leader in the cell-signaling and oncogene field. In 2003, he came back to Pastan's lab, this time as a Fogarty scholar-in-residence. Yamamoto's appointment runs from July 1, 2003, through Oct. 31, 2006. He will divide his stay into four three-month visits.

As a Fogarty Scholar, he will participate in the LMB gene discovery program. Among his projects will be analyzing the phenotypic expression of two newly discovered genes — NGEP and GDEP— in prostate cancer cells. He will also interact with the Cell Cycle and Immunology Interest Groups.

Sir David Weatherall

Sir David Weatherall, Regius professor of medicine emeritus, University of Oxford, and fellow emeritus, Magdalen College, Oxford, England, has been appointed a Fogarty scholar-in-residence. As such, he will spend time at NIH conferring with scientists from institutes sponsoring him — NHGRI, NIEHS, and NIDDK. The Fogarty International Center (FIC) is providing his base of operations at the Stone House.

The author of 13 books, published between 1967 and 1997, as well as hundreds of chapters and articles, Weatherall is credited by NHGRI director Dr. Francis Collins as being "the recognized authority in the world on the molecular genetics of hemoglobinopathies," whose elaboration of the clinical and molecular features of these disorders was the "model for the general molecular understanding of genetic disease."

Awards and Honors

Dr. Anthony Fauci, NIAID director, received the 2003 Ellis Island Family Heritage Award of the Statue of Liberty-Ellis Island Foundation for his contributions to the American experience, specifically in science and medicine. Fauci is the grandson of Italian immigrants who came through Ellis Island ... **Dr. Judith Fradkin,** director of NIDDK's Division of Diabetes, Endocrinology, and Metabolic Diseases, has received the American Medical Association's Dr. Nathan Davis Award for outstanding public service in the advancement of public health. She was honored for her leadership in administering diabetes, endocrinology and metabolic disease research and in guiding the National Diabetes Education Program, a joint project of NIDDK and CDC ... **Dr. Lynn Gerber,** chief of the Rehabilitation Medicine Department, CC, received two awards for her outstanding accomplishments as a physician and researcher. She received the Distinguished Academician award from the Association of Academic Physiatrists and the Isabelle and Leonard Goldenson Technology and Rehabilitation Award from the United Cerebral Palsy Research and Educational Foundation ... **Dr. Susan Gottesman,** chief of the biochemical genetics section in NCI's Laboratory of Molecular Biology, received from the Association for Women in Science, Bethesda chapter, one of its annual Awards for Excellence in Mentoring ... **Dr. Peter Greenwald,** director of the Division of Cancer Prevention, NCI, was made a fellow of the American Society of Nutritional Sciences, at the FASEB meeting in April 2003. He was honored for "A Distinguished Career in the Science of Nutrition" ... **Susan Huntley,** quality of work/life officer in the Office of Diversity and Employment, NCI, was recently recognized as one of the first 10 graduates of the Work/Life Certificate Program sponsored by Boston College Center for Work & Family and the Alliance for Work/Life Progress. She was able to bring the course to the Washington, D.C., area and coordinated the logistics for courses to be offered in the Natcher Center. As a result, five of the 10 first-time graduates were representatives of federal agencies ... **Dr. Stephen I. Katz,** director of NIAMS, recently received an honorary Doctor of Medicine degree from the Ludwig-Maximilian University in Munich, Germany. Many of the scientists Katz has mentored were present for the event, and for his talk, "On Becoming a Physician-Scientist" ... **Dr. Gerald Keusch,** FIC director, received the 2002 Bristol Award of the Infectious Disease Society of America at the society's recent annual meeting in Chicago. The Bristol Award is granted in recognition of a career that reflects major accomplishments and contributions to the acquisition and dissemination of knowledge about infectious diseases. Keusch was honored for his long-term commitment to excellence in research, teaching and clinical practice for fostering research training among you scientists in the United States and developing countries ... **Dr. Ruth Kirschstein,** senior science advisor to the NIH director, received the Howard K. Schachman Public Service Award of the American Society for Biochemistry and Molecular Biology, for her lifetime of public service to biomedical research and education. The award was presented at the ASBMB annual meeting in April 2003 ... **Dr. Cheryl Kitt,** director of the NIAMS Extramural Program, received the American Pain Society's John and Emma Bonica Public Service Award. The award recognized her outstanding contributions through public education, public service or other vehicles to communicate information about pain ... **Dr. David J. Lipman,** director National Center for Biotechnology Information, NLM, was elected a member of the National Academy of Sciences ... **Dr. Mark Mattison,** chief of NIA's Laboratory of Neurosciences, ranks number one in the neuroscience and behavior category, based on citations to his published papers in the past decade according to *Science Watch*, an Institute for Scientific Information publication. Since 1993, 254 of Mattson's papers have generated 12,916 citations ... **Janice Nall,** chief of the NCI Communication Technologies Branch's was named among the top 100 Federal executives from government, industry, and academia who had the greatest impact on the government information systems community in 2002 by *Federal Computer Week*. She was honored for her work on http://usability.gov, an NCI web site where information about usability engineering research is shared ... **Dr. Roderic I. Pettigrew,** director of the National Institute of Biomedical Imaging and Bioengineering, was recently inducted into the College of Fellows of the American Institute for Medical and Biological Engineering, an organization that promotes the national interest in science, engineering and education. He was recognized for his contributions in magnetic resonance imaging. **Dr. Donna J. Dean,** deputy director of NIBIB, was also inducted and recognized for her directing the initial establishment of the institute, and **Dr. Robert J. Lutz,** acting director for drug delivery and kinetics resources, was recognized for creative applications of chemical engineering science and practice of problems in medicine and biology ... **Dr. Andrew C. von Eschenbach,** NCI director and a two-time cancer survivor, received the Champion of Survivorship award for his dedication to research in cancer survivorship. He also received an honorary degree and gave the commencement address at his alma mater Georgetown Medical School in May.

Retirements

Dr. Alec Liacouras recently retired after 35 years at NIH where he was the scientific review administrator for CSR's medical biochemistry study section. He hopes to spend more time painting, gardening, and collecting stamps from Greece. He also wants to teach cell biology and biochemistry at a community college.

Deaths

Dr. Harold Amos, 84, a microbiologist at Harvard Medical School and the first black department chairman appointed (1954) at the medical school, died of complications from a stroke on Feb. 26 in Boston. Amos, who was a leader in advancing education for minorities, had a long and distinguished connection to NIH, where he served on many advisory councils and boards of scientific counselors. He was a member of the National Cancer Advisory Board and the President's Cancer Panel ... **Frances S. Ottman Anderson,** 65, who was an administrative officer at the Fogarty International Center, died June 10 at Suburban Hospital. She had soft-tissue sarcoma. She retired from FIC in 2000 and then volunteered at the Children's Inn at NIH ... **Dr. Gilbert Beebe,** 90, an epidemiologist at the National Cancer Institute and one of the world's leading authorities in radiation effects, died of pulmonary disease Mar. 3 at Georgetown University Hospital. He was a staff scientist at NCI from 1977 until last year when he officially retired, but continued to work as scientist emeritus. After the Chornobyl nuclear accident in Ukraine, he

along with investigators in Ukraine, Belarus and at Columbia, studied children exposed to radioiodines, and 88,000 cleanup workers exposed to whole body gamma radiation. Prior to coming to NCI, Beebe, as a member of the Atomic Bomb Casualty Commission, later called the Radiation Effects Research Foundation at the National Academy of Sciences, studied cancer rates among the 284 survivors in Hiroshima and Nagasaki ... **Dr. Michael J. Begab,** 84, who was at NIH (1963-1980), died on Jan. 26 after surgery for a heart ailment at Walter Reed Army Medical Center. He was chief of the mental retardation research center at NICHD. After leaving NIH in 1980, he was vice president of the University Park Press until retiring in the late-1980s ... **Bennie Mae Burdine Cherry,** 65, who was a housekeeper at NIH (1967-1997), died of respiratory failure Jan. 16 at Northern Virginia Community Hospital. Prior to coming to NIH she was chef at the Chatterbar restaurant in Hyattsville ... **George R. Duvall,** 78, a former biological laboratory technician at NINCDS (now NINDS), died on Feb. 13. He retired from NIH in the 1980s with 35 years of dedicated service. In addition to his work in the laboratory, Duvall was an advocate for equal employment opportunity issues. In 1970, he was elected to serve as the first chair of the NINCDS EEO advisory committee. His services and advice were often sought by other NIH institutes as they developed and strengthened EEO programs for their employees ... **Evelyn L. Fine,** who was a longtime NIH employee (1978-2000), died May 12 of an apparent heart attack. She worked as a secretary in NCI's Division of Cancer Control and Prevention and then as a program analyst at NIGMS ... **Dr. Harold Ginsberg,** 85, a professor at Columbia and the University of Pennsylvania and also an infectious diseases researcher at NIH (1993-2000), died of pneumonia at his home in Woods Hole, Mass. His NIH research was on the simian-AIDS virus. He authored a microbiology textbook and wrote more than 200 scientific papers ... **Dr. Victor Ginsburg,** an NIDDK scientist who pioneered the field of glycobiology, died of heart ailments on Mar. 12 at Suburban Hospital. He came to NIH in 1956 as a postdoctoral fellow. After studying abroad, he returned to NIAMD in 1959. In 1965, he became chief of the section on biochemistry in the Laboratory of Biochemical Pharmacology. He was chief of NIDDK's structural biology lab from 1986 until he retired in 1991. He specialized in research on glycoconjugates, cell surface receptors, and cancer-associated carbohydrate antigens ... **Dr. Robert Goldberger,** 69, former NIH deputy director for science (1979-1981), as well as a longtime, highly respected biomedical researcher and administrator, died Apr. 5 in New York City after suffering a stroke. He came to NIH as a research associate in the National Heart Institute in 1961, working with Dr. C.B. Anfinsen on the mechanism by which newly synthesized polypeptide chains attain three-dimensional structures characteristic of native proteins. In 1963, he was a visiting scientist at the Weitzmann Institute of Science. He returned to NIH in 1963 and became chief of the Biosynthesis and Control Section in the Laboratory of Chemical Biology, NIAMD, in 1966. In 1973, he moved to NCI's Division of Cancer Biology and Diagnosis, where, as chief of the Laboratory of Biochemistry, he worked on hormonal regulation of gene expression. He was active in FAES and was president of NIH's Inter-Assembly Council of Assemblies of Scientists (1970-1971). He became NIH deputy director for science in 1979 and left NIH in June 1981 to be vice president for health sciences and dean of the medical school (1881-1982), at Columbia University and then in 1982 became provost. He left in 1989 to work in rehabilitative medicine at the Rusk Institute ... **Dr. Patricia A. Grimes,** who was at NINCDS in the Laboratory of Neurophysiology (1955-1976), died on Sept. 16, 2001 of cancer. She was associate professor emeritus of ophthalmology at the University of Pennsylvania, and an expert in the histology and anatomy of the eye ... **Annette C. Herman,** 95, who worked as a budget analyst at NIH (1954-1973), died of renal failure on May 24 at Prince George's Hospital Center. After retiring, she worked as an elementary school tutor and volunteered with Common Cause ... **Dr. Marvin Alexander "Bump" Jackson,** 75, a retired pathology professor at Howard University medical school, died Mar. 18 after a heart attack at a hospital in Martinsburg, W.Va., He was at his weekend home in Shepherdstown, W.Va. when he had the attack. He was in Howard's pathology department (1957-1999), and was department chairman (1960-1982). He spent a year at NEI (1981-1982), and was also a consultant physician at NIH and the National Naval Medical Center's toxicology unit. He received his nickname because the midwife who delivered him left a big bump on the back of his head ... **Dr. Charles Janeway, Jr.,** 60, who was at NIAID (1970-1975), died on Apr. 12 of cancer at his home in New Haven. He was an expert on the immune system and professor of immunobiology at Yale. He wrote the leading textbook on immunology, *Immunobiology: The Immune System in Health and Disease* ... **Dr. Sanford Leikin,** 79, a retired pediatric oncologist in Washington D.C., died of cancer May 18 at a hospital in Houston. He was a pediatrics professor at George Washington University medical school (1950-1997), and was also affiliated with Children's Hospital (1947-1997). At Children's, he was chairman of the pediatric hematology-oncology department and the bioethics department. After retiring, he joined NIH where he was a medical officer in NIH's protection and research risks office. He was an advocate for inclusion of young patients in obtaining informed consent for medical treatment. He left NIH in 2001 and moved to Houston last year ... **Dr. Dale R. Lindsay,** who was director of DRG (1960-1963), and a career PHS officer, died on Nov. 3, 2002, at Sutter Davis Hospital in California. After he left NIH, he was deputy director at Massachusetts General Hospital. He left to go to Davis, where he was special assistant for health sciences to Chancellor Emil Mrak, and then was involved in the successful founding of the UC Davis School of Medicine. He left Davis in 1969 and worked at the FDA, Duke University, and at the National Center for Toxicological Research in Arkansas. He retired to Davis ... **Richard K. Lynt,** 86, a senior laboratory investigator at the FDA in the microbiology division, died of leukemia Apr. 21 at Montgomery General Hospital. He worked at NIAID starting in 1951 doing research on viruses and then moved to the FDA in 1963. He was an expert on botulism and was involved in food investigations that included recalls in the 1970s of millions of cans of tainted mushrooms and of vichyssoise soup ... **Dr. Albert Ardashes Manian,** 84, who worked as assistant chief at NIMH's neurosciences research branch's pharmacology section (1961-1982), died on Apr. 24 at the Casey House Hospice in Rockville after a stroke. He had esophageal cancer ... **Betty R. Meenen,** who was at NIH (1950s-1960s), died on April 26 in Gaithersburg. She worked in the Heart

Institute and was the widow of Elwyn L. Meenen who was also at NIH ... **Josephine Marie Minni,** 93, who was a procurement administrative aide with NIH (late-1950s - early 1970s), died of a heart ailment Dec. 29 at Holy Cross Hospital ... **Dr. Fatholiah K. Mostofi,** 91, an expert in genitourinary pathology who since 1948 was chairman of the genitourinary pathology department at the Armed Forces Institute of Pathology, died of congestive heart failure on Apr. 6 at Walter Reed Army Medical Center. He had a fellowship at NCI in 1947-1948 ... **Jeanne Roddy Mowe,** 73, the executive director of the American Association of Tissue Banks, died on Mar. 27 of cancer at her home in McLean. In the 1970s, she was manager of the public information office of NCI's operations division in Frederick ... **Dr. Elizabeth Moot "Betty" O'Hern,** 89, who worked at NIH (1968-mid-1980s), and who wrote a book about women in science, died of colon cancer Feb. 19 at the Wilson Health Care Center of Asbury Methodist Village in Gaithersburg. Before coming to NIH, she taught bacteriology and microbiology. She joined NIGMS in 1968 as an executive secretary and administrator for microbiology training grants. From 1972 to 1975, she administered research grants in genetics and then spent the next 2 years as a special assistant to the NIGMS director. From 1977 until retiring, she handled grants in the areas of anesthesiology, trauma, and burn research. In 1986, she published a book, *Profiles of Pioneer Women Scientists*, which included a section on NIH. She wrote about Ida Bengston, Alice Evans, Sara Branham, Bernice Eddy, Sarah Stewart, and Margaret Pittman. A second book about women in astronomy was near completion. After she retired from NIH, she became a consultant ... **Sheila O'Malley,** 54, who worked at NIH (1981-2001), died of congestive heart failure Mar. 9 at Suburban Hospital. She was executive secretary for a science review panel when she retired for health reasons in 2001 ... **Helen St. Armour Palmer,** 96, who was a grants technical assistant at NIH and NIMH(1950-1980), died of pneumonia on Jan. 24 at Epoch Health Center Health Center in Brewster, Mass. ... **Dr. Arnold "Scotty" Warburton Pratt,** 83, first director of the Division of Computer Research and Technology (DCRT, the forerunner of the Center for Information Technology), died of coronary artery disease on Jan. 4 at George Washington University Hospital. He retired from NIH in 1990, after 42 years of distinguished service. Pratt joined NIH in 1948 as a member of the Laboratory of Physical Biology. One year later he moved to the NCI's Laboratory of Physiology, where he became head of the energy metabolism section. There he investigated many biomedical research areas where computer technology was applied. He subsequently published several papers on computational analysis of ultraviolet absorption spectra and the use of computers in cancer chemotherapy. In 1966, he was appointed the first director of DCRT by then NIH director Dr. James Shannon. Pratt's leadership was instrumental in introducing an enduring vision for the application of computer science and technology to NIH programs. Upon his retirement from NIH, he remarked, "As fruitful as the past has been, the future promises even more as the ideas and aspirations of computer science are realized in the laboratory and the clinic." His vision of computers becoming an integral part of biomedical research endures at NIH. After retiring he moved to Sun City West, Ariz. He was visiting in the area when he was hospitalized ... **Janet C.W. Pritts,** 59, died Jan. 30 of breast cancer. She worked at NIH in the Office of Research Services as a special assistant to the director. She received many awards, including the NIH Merit award and the NIH Director's award. Outside of work, she was an avid reader and a devoted blood donor. She retired on Jan. 3, 2003 ... **Robert S. Pumphrey,** 76, a photographer who worked at NIH for 37 years, died Mar. 25 at the Beverly Care Nursing Home in Frederick. He joined NIH after service in the Navy where he learned photography. He became an information photographer and as chief of the camera unit handled all camerawork, both information and scientific ... **Dr. James Sidbury, Jr.,** 81, died on Feb. 17 in Mount Vernon, Wash., after an extended illness. He was scientific director at NICHD from the mid-1970s until the early 1980s. He joined NICHD in 1975 and after retiring as scientific director, he worked as a scientist emeritus until the early 1990s. He is known for developing a dietary treatment for type 1 glycogen storage disease, a disorder caused by deficiencies in an enzyme needed for maintaining blood glucose levels ... **Dr. Charlotte Silverman,** 89, an epidemiologist who worked at NIMH in the Community Service Branch (1962-1967), died of congestive heart failure on Apr. 17 at Suburban Hospital. While at NIMH, she studied the epidemiology of depression and wrote a text book on the subject. In 1968, she joined the FDA and studied the long-term health effects of exposure to sources of electromagnetic fields. She established a fellowship at Johns Hopkins in1997 for students and young faculty working in epidemiology and health policy ... **Dr. Peter M. Steinert,** 57, chief of the Laboratory of Skin Biology at NIAMS, passed away unexpectedly on Apr. 7 in Palm Springs, Calif. He had been in California attending conferences. Before becoming chief in 1990, he worked in dermatology branch of NCI. At the time of his death, he was exploring the role of transglutaminase enzymes. When these enzymes do not work properly, the skin suffers from blistering or flaking diseases ... **Dr. Gerald L. Stoner,** 59, chief of the NINDS neurotoxicology section, died on Thanksgiving Day, Nov. 28, 2002, from complications following a fall at his family farm. His career spanned more than 20 years at NIH. His research on JC virus—a common human polyoma virus that causes a fatal demyelinating disease of the nervous system called progressive multifocal leukoencephalopathy—and its different isotypes has been important in understanding the disease. He joined NIH in 1981 as a senior staff fellow in the Laboratory of Experimental Neuropathology, NINDS. In 1988, he became chief of the neurotoxicology section ... **Dr. Kenneth Surrey,** 80, a scientific administrator who was at NIH (1966-1995), died on Apr. 25 at Montgomery General Hospital. He had a stroke. When he retired from NIH he was an administrator in a neurology unit ... **Dr. Eugene L. Walter, Jr.,** 80, a microbiologist who worked at NIH (1971-1987), died of cancer Jan. 20 at his home in Potomac. In 1971, he joined the Dental Institute and then the Lung and Blood Institute ... **Dr. Katherine S. Wilson,** 90, died May 29. She was the first executive secretary of the DRG's genetics study section. She chaired, organized and selected its members. She had a Ph.D. in botany from Yale, where she taught and coauthored a standard textbook.

An anonymous contribution has been made in memory of Florence Mahoney and Scotty Pratt. Those wishing to make similar memorial contributions should contact NIHAA.

Annual Meeting (continued from p. 1)

double fence costing $11 million would be built around the NIH campus this year and that gates in the fence would be installed by early 2004. The outside fence, already under construction, is considered to be attractive and is about 10-feet tall. A shorter inside fence will hold a cable that can stop any vehicle that crashes through the outer fence.

Gallagher added that a new research facility, containing a BSL-3 laboratory, will be constructed near the corner of W. Cedar Lane and Rockville Pike on the carpool parking lot of Bldg. 31C.

Both projects have caused many individuals who live around NIH to be concerned.

The fence, for example, will prevent some commuters from walking across NIH to the Metro station on the east side of campus. NIH may run a shuttle bus around the outside of campus to accommodate community residents who wish to use the Metro.

Because many people in the NIH community believe the laboratory poses unnecessary risks in a congested area, NIH has formed a risk-assessment group, including people from the community, to identify "worst-case" situations that could elevate risk to residents or NIH staff. Any situations found would be mitigated, Gallagher explained.

Discussing other issues during his update, Gallagher told about 65 association members and their guests that Montgomery County would install a storm water pond near NLM to collect storm water run-off from the area. Community residents have been assured that the pond will not be a breeding ground for mosquitoes and a source of West Nile virus.

Gallagher also mentioned that a new, bigger gas pipeline is needed to serve NIH's future needs, and that a contract has been awarded to build it. The final route for the pipeline is not settled.

Shown at the NIHAA annual meeting are (from l) Dr. Thomas Gallagher, director NIH's Office of Community Liaison, the main speaker; Dr. Donald A. Henderson, who received the 2003 NIHAA Public Service Award; and Randy Schools, president of the R&W Association, who received the 2003 NIHAA Award for Service to NIH.

On another note, Gallagher said that the Metro station on the NIH campus will be the first station to receive a canopy over its escalators. The canopy, a prototype for the entire Metro rail system, is intended to protect riders using the escalators from the elements and minimize escalator breakdown.

Speaking earlier, NIHAA president Creveling told those at the annual meeting, which was held in the Bethesda United Methodist Church at Old Georgetown Road and Huntington Parkway, that Christine Carrico has been elected as a new vice president of the association, and the other NIHAA officers elected by the board were continuing in office.

Creveling also said that the NIHAA membership and the NIHAA board has elected four new members to the board and six others to second three-year terms. The ten elected are Nancy Brun, Rita Colwell, George Galasso, Janyce Hedetniemi, Irwin Kopin, Carolyn McHale, James O'Donnell, Marc Stern, Joan Topalian, and Paul Van Nevel.

He added said that the NIHAA is in a planning phase to determine feasibility of a publication to increase awareness of the importance of biomedical research and the role of NIH in conducting and supporting this research. Calvin Baldwin, former NIH executive officer, and Storm Whaley, former NIH associate director for communications, were appointed to co-chair the planning committee.

He said that the NIHAA is in contact with unofficial NIH alumni associations in other countries where former NIH staff members want to maintain a relationship with NIH.

Creveling also commended the NIHAA staff, Harriet Greenwald and Mary Calley Hartman. He also thanked the NIH Federal Credit Union for partial support for the meeting.

During the business meeting, Carolyn McHale, an NIHAA vice president, and chair of the NIHAA volunteer committee, discussed the many volunteer activities available to association members, and asked those in attendance to "sign up."

CRC (continued from p. 1)

are interchangeable) to a 240-bed facility with 90 day stations, owing to budget concerns. And the initially elaborate Science Court plan, which featured a dramatic "double helix" staircase, has also yielded to budget pressure. But those changes were absorbed relatively easily (if not with any pleasure) due to the malleable nature of the building's design, Chyun noted.

"We made those changes with a great deal of reluctance," he said, "but the beauty of the facility is that it is very flexible."

The North Bar (the part closest to the Children's Inn) is 6 stories high (3 occupied levels and 3 interstitial levels, which host mechanical systems such as air handling and telecommunications) and will contain solely clinic space. Consultants are already planning for the interior of this segment, including furniture and equipment. The clinical programs that will occupy the North Bar have long known where their space would be. The broader South Bar (the part closest to old Bldg. 10) is taller, at 8 stories (4 occupied levels and 4 interstitial levels), and contains two clinic blocks, directly parallel to the North Bar's clinic blocks, as well as laboratory blocks at the extreme east and west ends (see drawing for occupancy information). The glass-enclosed Science Court will be the last segment completed next year.

Project Director Yong-Duk Chyun at CRC's front entrance

"The builder should start turning [completed] blocks over to us by this fall," Chyun said. He adds, "Unlike the Clinical Center, space within the CRC is assigned to programs rather than to institutes."

As the snows of February were receding, the construction trailers that had long occupied the northern lip of the construction site were due for removal (the trailers used to be emblazoned with the name of original construction manager McCarthy Bros., which ceded the job to Centex in the spring of 2001 following contractual difficulties). And

A Peek Inside the New CRC

A 3-inch seam, or construction joint, is all that separates the Mark O. Hatfield Clinical Research Center from the ACRF. The joint marries the two structures all the way up to the 14th floor, in a building segment called the "mask," which allows passage from old hospital to new. Walk through a gray metal door in the elevator lobby on the first floor of the ACRF's north side, and suddenly you are within cavernous new space somewhat reminiscent of the Visitor Information Center in Bldg. 10 — a large, open atrium lit by skylights and soon to be decorated in a style similar to the South Entry of Bldg. 10. The floor level of the atrium is at the current P1 garage level, which will become the main patient parking area once the CRC opens.

The open, skylit atrium being worked on above will eventually offer a welcome to patients arriving at the CRC from the P1 parking level, which will be reserved for them.

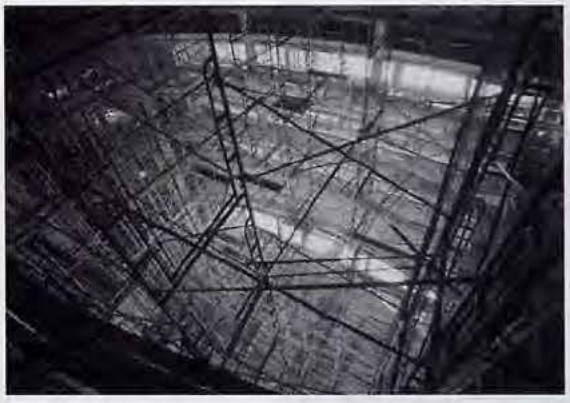
"It's going to be a very nice space," said Yong-Duk Chyun, CRC project director. "[Clinical Center director] Dr. John Gallin identified the need for a welcoming space for patients and visitors as they arrive in the garage. He is very excited about it."

A bank of six new elevators adjacent to this reception area will whisk passengers from any floor in the ACRF to the new CRC, which will have a total of 32 elevators.

Proceeding past the reception area, one enters the building's most dramatic feature, a 9-story Science Court enclosed on the east and west sides by glass. At the moment, it is a warren of scaffolding as workers put the ceiling in, and birds fly from bar to bar, but it will eventually become a light-filled space flanked by stores on its first floor (requests for proposals for the retail space are already being prepared), and by airy walkways for 7 of its 9 levels. Two more sets of elevators, on the north and south sides of the court, will speed passage within the building. Outdoors, on either side of the Science Court, will be large courtyards to be planted with tall trees near the center, and flowering trees nearer the hospital's first floor windows, to add a measure of visual privacy, Chyun said.

Just past the Science Court, as one walks north toward the front of the hospital, is another large, 2-story reception area, to be enclosed along its front by glass. Outside, a freestanding metal canopy will protect vehicles approaching the CRC's front door. As with the South Entry, a huge revolving door will offer access to the building.

The major occupants of the CRC's first floor will be the admissions department, pharmacy, a rehabilitation medicine area and pediatric patient care units with an outdoor playground nearby.



A massive column of steel scaffolding fills the 9-story Science Court as workers install its roof.

Chyun was preparing to build an underground stormwater management facility for the CRC at a site near the corner of Rockville Pike and W. Cedar Lane. This 6-month project must be complete before the CRC can open, he said.

Chyun was also busy giving tours of the new facility; visitors from NIH and other major medical centers, as well as construction authorities, have queued up to see for themselves the building's special features (see sidebar).

The CRC was originally due for completion at the end of 2001, then adjusted to 2002, but encountered a sea change in the economic climate as the local construction market went from cool to red hot during 1999-2001, said Chyun. In a hot market, big, complicated, risky projects such as the CRC don't appeal to builders nearly as much as smaller, simpler jobs, he explained; bidders simply weren't interested in the CRC—"They'd rather do easier, quicker work." There were times when NIH literally had to decide whether to keep going or put the project on hold, he related, but NIH leadership always pressed forward. Despite slowdowns, the project will still be finished faster than if it were done in a conventional "design-bid-build" format, Chyun said. The project is only 15 months past the adjusted estimate of its completion date.

As for the "old Bldg. 10," a revitalization program is under review. "NIH and HHS leadership are carrying out discussions concerning various options for the programmatic and technical solutions for the research programs currently occupying the old hospital building," said ORS Director Steve Ficca.

Upstairs, some general themes govern how space is used, Chyun explained. Each floor of the building's four patient-care "blocks" (totaling 14 floor plates) contains 24 patient room modules, 12 on each side of the central support areas. Patient rooms enjoy the window side of clinic blocks, while support space is located internally. The patient room modules can be grouped into multiple sub-areas of the patient care unit, based on the kind of care needed. On some floors, two or six nursing stations might serve the whole unit, while on others such as the intensive care unit, eight large nursing stations are designed to be proximal to every room.

Other Building Features

There are several sets of bridges at the CRC; two bridges, on the east and west sides on the fifth floor level, connect the South Bar with old Bldg. 10. These are the longest bridges in the project, and are simply unadorned passageways offering great views. (Pedestrians will soon recognize that the views to the west are merely of housetops, while the views to the east are considerably more vast; the land on which the CRC is built slopes downward more than 25 feet from west to east.) The South Bar also connects with Bldg. 10 on floors 1 and 2.

A second set of shorter bridges connects each adjacent floor of the North and South Bars, again on the east and west sides of the hospital. These bridges have widened midsections where people can lounge and enjoy the views of the courtyard and beyond; Chyun labels it "respite space."

Other areas especially designed to encourage human interaction are the open stairwells where patient care, or clinic, blocks meet laboratory blocks.

The interstitial levels between occupied floors are interesting because virtually everything in them hangs from the ceiling, including the floor, which is made of a special lightweight concrete in all but the rooms dedicated to telecommunications equipment, which requires a heavier floor. A penetrable slot running the length of the floor of the interstitial level allows mechanics to move or service the utilities serving the rooms below.

Down in the basement is the hospital's only sign of heavy industry. "There is only one real 'basement' level," Chyun explains. Because of the way the land slopes, there is a B3 basement level on only one side of the CRC; the B2 level — the main basement containing the major mechanical systems — is two stories tall, topped by a B1 interstitial level. The B2 level is rimmed by a perimeter walkway, soon to be busy with the traffic of electric carts. Within the space are huge chilled water and steam pipes, air handlers, valves and generators. NIH engineer Farhad Memarzadeh had the brilliant idea of substituting turbine-powered generators for pressure-reducing valves from the steam lines, Chyun said; the result is that the new building generates about 5 percent of its own electricity needs, potentially saving more than $170,000 annually in electricity costs. A visiting engineer remarked, "This is truly one of a kind — more of a power plant than a building mechanical area."

Other notable spaces include an entire third floor devoted to oncology (one room of which is already complete — it's a mockup for tradesmen that, once complete, will serve as the standard for every other room of its kind in the CRC. "It allows the kinks to be worked out before mass production starts," Chyun noted.); a floor devoted to patients with behavioral problems that features no hallway corners (from which patients could potentially jump out and surprise caregivers) and whose

(continued on next page)

A bird's-eye view of the new Clinical Research Center clearly shows the south and north "bars."

rooms have hardened ceilings (to thwart deliberate hangings), breakable curtain rods in showers (same reason), and no lab gases (oxygen, carbon dioxide, etc.) built into the walls; and a chapel on the top floor of the North Bar lit by both skylights and a large, vertical window located directly behind the altar. The chapel ceiling slants upward toward the front of the hospital, and large conference areas abut the chapel on the east and west sides.

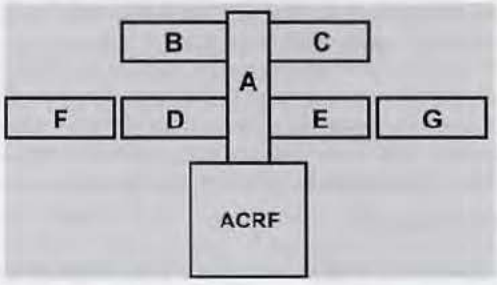
Because of budget concerns, some segments of the CRC are being built as "shell space," or unfinished areas, Chyun said. However, scientific programs to fill these areas are currently being identified.

Throughout all of the CRC, air will be brought in entirely from outdoors, with no recirculation, making it the only hospital in the United States reliant on 100 percent "outside air." This is a more expensive method than called for by code, which permits 60 percent recirculation of air in hospital settings. Chyun says many hospitals overseas have adopted the "100 percent outside air" policy to reduce the threat of accidental spread of unknown pathogens, and predicts it will eventually become the standard in this country.

Interestingly, owing to concerns about air quality informed by wind testing, the CRC will include no rooftop solaria, which were a feature of old Bldg. 10. Tests showed that gases exhausted through rooftop vents might blow into such areas, putting people at risk.

Chyun also noted that once the CRC opens, the connections to the ACRF won't function on all floors until some method of standardization can be found; at the moment, the connecting areas are a haphazard collection of clinics, closets and corridors.

CRC Clinic Occupancy by Level



1B Pediatric Care Patient Care Unit (PCU)
1C Rehabilitation Medicine
1D North Pediatric Behavioral PCU
1D South Admissions
1E North Alcohol PCU
1E South Pharmacy
3B Surgical Oncology PCU
3C Hematology-Oncology PCU
3D Critical Care
3E Hem/Onc Day Hospital
5B General Medicine PCU
5C Cardio/Pulmonary Procedures
5E Director's Reserve
5E Surgery PCU/Med-Surgical Day Hospital
7D Neurology PCU/Testing/Clinic & Sleep Lab
7E Adult Behavioral and Geriatric PCU

NIH Retrospectives: 5 Decades of History

Summer 1953

On July 2, the Clinical Center was formally dedicated by DHEW Secretary Oveta Culp Hobby, opening up the clinical aspects of NIH's research programs. Four days later on July 6, Charles Meredith, a 67-year old farmer, was the first patient admitted to the CC under the care of Dr. Roy Hertz, who treated him with hormone therapy ... Stirrings among the "Hamsters" community with the election of new officers. They are looking forward to a busy year, with another "Life at NIH" production planned to be given in the new CC auditorium, with the possibility of some radio and TV spots in the not-too-distant future.

Summer 1963

Fifteen years of scientific accomplishments were cited by scientists, administrators and health educators on June 14 in a scientific seminar held in observance of the anniversary of the National Institute of Dental Research's establishment ... The new 9-story, air-conditioned Westwood Bldg. located at 5333 Westbard Ave., Bethesda, soon will house the offices of nearly 1,000 NIH employees, including the Division of Research Grants, the National Institute of General Medical Sciences, and all extramural programs except those of NIMH. {In 1999 the Westwood building was gutted and turned into an apartment house.} ... The new 4-story, $2 million surgical wing for cardiology and neurosurgery was dedicated on Sept. 5. There was a day-long program with lectures and tours culminating in the dedication of the wing.

Summer 1973

On May 29, 1973, Dr. Robert S. Stone was sworn in as the tenth director of NIH. Stone had been vice president for health sciences and dean of the School of Medicine at the University of New Mexico, Albuquerque. The Clinical Center commemorated the 20th anniversary of its opening with a day-long scientific seminar on the impact of basic science on clinical research and medical practice ... June 18, 1973, marked the opening day of the NIH Child Development Center, which is the nursery school for children of NIH employees. {NIH now has 2 child care centers on campus and one off campus.} ... Two eminent women scientists—Dr. Margaret Mead, world-famed anthropologist, and Dame Janet Vaughan, an outstanding British pathologist— have been appointed Fogarty scholars-in-residence. This is the first time women have been invited to join the program.

Summer 1983

Dr. Wallace Prescott Rowe, chief of the Laboratory of Viral Diseases, NIAID, a world-renowned virologist and a leader in recombinant DNA research, died of cancer, July 4, at Johns Hopkins Hospital, Baltimore, the city of his birth ... Dr. T. Franklin Williams was installed as second director of the National Institute on Aging ... On July 30 the supplemental appropriations for FY 1983 provided funds for PHS AIDS activities, $9.375 million of which was earmarked for NIH. This marked the first time the Congress directly appropriated money for AIDS research at NIH.

Summer 1993

On June 14 , DHHS Secretary Donna Shalala signed the Federal Register notice establishing the National Institute of Nursing Research. On that date, the National Center for Nursing Research officially became the 17th institute at NIH ... President Clinton on Aug. 3 announced his intention to nominate Dr. Harold E. Varmus as the 14th director of NIH. Until Varmus is confirmed, Dr. Ruth L. Kirschstein, director of NIGMS, has been named acting director and also NIH deputy director ... The Fogarty International Center is 25 years old. It was established in 1968 as a memorial to the late Rep. John E. Fogarty who during his long career as a congressman from Rhode Island became a powerful advocate of international collaboration in health research ... The Clinical Center celebrated its 40th anniversary with a program featuring talks by four NIH nobelists: Dr. Julius Axelrod (1970), Dr. Christian B. Anfinsen (1972), Dr. D. Carlton Gajdusek (1976), and Dr. Marshall W. Nirenberg (1968).

You have received a 2003-2004 renewal notice this spring. **PLEASE** pay promptly if you have not already done so. Dues are an important source of our income, and we need your support.