

Members Enjoy Annual Meeting with Duncan and Koop

A standing-room only audience of NIH alumni and guests witnessed the presentation of the NIH Alumni Association's 1997 Public Service Award to Dr. C. Everett Koop at the organization's annual meeting, June 21, 1997. The conclave marked the beginning of NIHAA's 10th year and was held at the Mary Woodard Lasker Center on the NIH campus.

Other highlights of the afternoon included an address by Montgomery County Executive Douglas M. Duncan and the introduction of the association's newly elected officers and board of directors.

Duncan praised the beneficial leadership in health-related research that NIH has exercised locally, nationally and internationally. He

(See Annual Meeting p.10)



Shown together at the NIHAA annual meeting on June 21 are Douglas M. Duncan (l), Montgomery County executive, the featured speaker, and Dr. C. Everett Koop (r), former surgeon general, the 1997 NIHAA Public Service Awardee.

Federal Flat to Fall

NIH Apartment House Yields to New CRC

By Rich McManus

The hopeful spray of purple irises at its front stoop notwithstanding, Apartment Bldg. 20, which since 1954 has been home to NIH directors, foreign scientists, nurses, heart surgeons and on-call panjandrums of various stripe, will yield to the wrecking ball around Oct. 1. Rendered nearly charmless and irrelevant by its position in the shadow of its mammoth neighbor across the street—the Clinical Center is allegedly one of the world's largest red brick structures—Bldg. 20 lies in the way of construction associated with the new Hatfield Clinical Research Center.

(See Federal Flat p. 12)

Clinical Center Gets New Front Door

By Sara Byars

In late summer, NIH will enter the first phase of construction on the new Mark O. Hatfield Clinical Research Center (CRC) with creation of a new main entrance for the current hospital.

Because the CRC will occupy part of what is now Center Drive, a "South Entry" to the current building will be constructed giving the hospital and clinic a new, temporary "front door."

"This is the first big step," notes David Esch, architect with Zimmer Gunsul Frasca Partnership, design firm for the new complex that is scheduled to be completed early next century.

(See Front Door p. 2)

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Remember to Renew

Front door (continued from p. 1)

A new glass-fronted lobby to be constructed in front of Masur Auditorium will feature built-in information and security booths and a waiting area with ample seating. A new lobby stairway will go to B1. Visitors and staff will walk into the lobby through a larger revolving door. A cantilevered roof and canopy will shelter four traffic lanes: three drive-thru lanes for patient use and one for campus shuttles. An existing service road will provide a general path for a new driveway, which will be lined to the south with new trees.

The road will be extended to loop back down the hill and lead out along the western outer edge of parking lot 10H. "This made the most sense of all the options considered," Esch explained. "We'll be making use of existing resources while trying to save every single parking space we can."

Two main corridors leading from the new lobby to the building's core are planned to the east and west sides of Masur Auditorium.

This H-shaped pattern lays the groundwork for a straight-shot passage from the south entrance to the new CRC, similar to the way it used to be.

"The original Clinical Center building featured a very rational layout," said Esch, characterizing the current layout as "circuitous."

Once the CRC is complete, the new south entrance will be used by pedestrians and emergency vehicles only, and the canopy will come down. As it becomes the building's primary pedestrian access, the entrance will dovetail nicely with the NIH master plan, Esch pointed out.

"The idea is that the old CC will form the north face of an almost academic quadrangle," he explained, "so the temporary-entrance project becomes a permanent amenity for the campus as a whole, not a throwaway."



Architect's rendering of the new South Entry

CRC Construction Schedule:

South entry begins:	Sept. 97	Center Dr. realignment begins:	Nov. 97
South lobby completed:	Apr. 98	Center Dr. completed:	Aug. 98
South mechanical work ends:	July 98	ACRF garage demolished:	Sept. 98
Asbestos abatement in Bldg. 20:	Sept. 97	CRC Completed:	Mid-2001
Demolition of Bldg. 20:	Oct. 97		

NIHAA Update

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

Editor's Note

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

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Research Festival '97 Includes Stetten Museum's 10th Anniversary Celebration

Mark your calendars now! The 11th annual NIH Research Festival will take place Oct. 6 through Oct. 10, and will feature 20 workshops, more than 300 posters, and several symposia, all highlighting intramural research (see box on p. 4 for schedule).

Most of the scientific sessions will be held on Monday, Oct. 6 and Tuesday, Oct. 7 at the William H. Natcher Conference Center (Bldg. 49). Two major symposia, hosted by the structural biology and immunology

interest groups, will be included. Monday's immunology symposium will cover activation of the T-lymphocyte response, from basic cell biology to clinical applications; Tuesday's symposium will address the structural biology of viral diseases, including antiviral drug design. The Technical Sales Association will sponsor picnic dinners in the evening after each day's program. Interspersed over those two days will be a full schedule of workshops and poster sessions.

(See *Research Festival* p. 4)

The NIH Intramural Research Program: Sixty Years in Bethesda

Wednesday, Oct. 8, 1997

Natcher Auditorium

1:30-5:30 p.m.

Chairs: Dr. Victoria Harden and Dr. Allen M. Spiegel

Introduction: Intramural NIH (10 min.)

NIH Goes to Bethesda and Meets Dr. Shannon (20 min.)

Basic Research (each talk 20 min.)

Genes: Dr. Philip Leder

Signal Transduction: Dr. Martin Rodbell

Organic Chemistry: Dr. John Daly

Structural Biology: Dr. David Davies

Clinical Research (each talk 20 min.)

Cancer Treatment: Dr. Alan Rabson

AIDS Pathophysiology and Treatment: Dr. Anthony Fauci

Lysosomal Storage Diseases: Dr. Elizabeth Neufeld

The Stetten Museum and NIH History (20 min.)

Dr. Victoria Harden

The NIH - A Perspective (10 min.)

Dr. Ruth Kirschstein

NIH Research Festival '97 General Schedule of Events

All activities will take place in the William H. Natcher Bldg.

MONDAY, OCT. 6

Symposium	8:30 a.m.-11:00 a.m. Immunology Interest Group Natcher Main Auditorium
Poster Session 1	11:00 a.m.-1:00 p.m.
Workshop Session 1	1:30 p.m.-4:30 p.m.
Poster Session 2	4:30 p.m.-6:30 p.m.
Evening Picnic	6:00 p.m.-7:30 p.m. (Inside the Natcher Bldg.*)

TUESDAY, OCT. 7

Symposium	8:30 a.m.-11:00 a.m. Structural Biology Interest Group Natcher Main Auditorium
Poster Session 3	11:00 a.m.-1:00 p.m.
Workshop Session 2	1:30 p.m.-4:30 p.m.
Poster Session 4	4:30 p.m.-6:30 p.m.
Evening Picnic	6:00 p.m.-7:30 p.m. (Inside the Natcher Bldg.*)

WEDNESDAY, OCT. 8

Job Fair	9:00 a.m.-1:00 p.m. (Natcher Bldg. Lobby)
Symposium	The NIH Intramural Research Program: Sixty Years in Bethesda The DeWitt Stetten Jr. Museum of Medical Research 10th Anniversary Symposium Natcher Main Auditorium 1:30 p.m.-5:30 p.m.

(For more information, see research festival booklet.)

THURSDAY, OCT. 9 & FRIDAY, OCT. 10

TSA Research Festival Exhibit
 Thursday, 9:30 a.m.-3:30 p.m.
 Friday, 9:30 a.m.-2:30 p.m.
 Located under the tents outside the Natcher Bldg.
 For more information, call Global Trade Productions, 703-671-1400

***All attendees are welcome. Advance tickets must be purchased from an R&W store (proceeds go to the Children's Inn at NIH); picnic sponsored by the Technical Sales Association (TSA)**

Research Festival (cont. from p. 3)

On the morning of Wednesday, Oct. 8, the program includes a job fair for postdocs, organized by the Office of Education and cosponsored by the National Foundation for Biomedical Research. In the afternoon the DeWitt Stetten, Jr., Museum of Medical Research and the NIH research festival committee will cosponsor a symposium entitled "The NIH Intramural Research Program: Sixty Years in Bethesda." This event will also mark the 10th anniversary of the Stetten Museum and the NIH Historical Office, which has made intramural history the primary focus of its scholarship and its collection of biomedical instruments. The speakers and their topics are listed in the box on p. 3.

On Thursday, Oct. 9 and Friday, Oct. 10, the festival will conclude with the Technical Sales Association's Scientific Equipment Show, featuring two large tents of exhibits outside of the Natcher Bldg.

Dr. Allen Spiegel, scientific director of NIDDK and chair of the festival's organizing committee, is proud of this year's program, which he characterizes as "broadly representative of intramural science, and capturing some of the excitement of doing research at NIH."

NIHAA members are invited to all activities. A booklet detailing the workshops and poster titles is available. A searchable program will be posted on the web at <http://pubnet-mac.nih.gov/festival97>.

For the research festival booklet, contact Greg Roa at the NIH Visitor Information Center at 301-496-1776; e-mail: gr25v@nih.gov. For other information call the NIHAA office at 301-530-0567.

Calendar of Exhibits and Upcoming Events

Fall

"So, What's New in the Past? The Multiple Meanings of Medical History," an exhibit that explores the history and meaning of the medical history field, opened on **July 7** and will close on **Sept. 30**. It is on display in the front lobby of NLM (Bldg. 38, 8600 Rockville Pike).

Opening on **Oct. 31** through **Aug. 15, 1998**, is a show entitled "Frankenstein: To Penetrate the Secrets of Nature." This exhibit, organized by the History of Medicine Division at NLM and curated by Dr. Susan E. Lederer (professor at Penn. State University), encourages visitors to explore the origins of Mary Shelley's 1818 tale and consider its enduring appeal as it relates to several ideas: the promise of scientific advances and our fear of the misuses of technology; the assimilation of the frankenstein myth into popular culture; and our attitudes about contemporary scientific advances. A film series of Frankenstein movies will accompany the exhibit. For more information call Patricia Tuohy at 301-496-5405.

"Revolution in Progress: Human Genetics and Medical Research," an exhibit prepared by the DeWitt Stetten, Jr., Museum of Medical Research in collaboration with NHGRI, NIAID, NCI, NHLBI and NIGMS will be displayed in the CC (Bldg. 10) on the first floor near the Dental Clinic.

"The Gut: The First 100 Years." The first 100 years of achievements in gastrointestinal (GI) motility are chronicled in "The History of GI: Focus on Motility," an exhibit on display at the Visitor Information Center in Bldg. 10.

The exhibit consists of three multimedia panels: "Over a Century of Research," "Current Practices" and "Future Applications."

September—October 1997

Medicine for the Public:

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

Sept. 23—Multiple Sclerosis: A New Understanding

Oct. 7—Vision and Aging

Oct. 14—Genetics of Lung Disease: Insights into Asthma, Cystic Fibrosis and Emphysema

Oct. 21—Hormones and Heart Disease After Menopause

Oct. 28—New Perspectives for Bone Marrow Transplants

October—April 1998

The Chamber Music Series will be held on Sundays at 4 p.m. in Masur Auditorium, Bldg. 10, beginning **Oct. 5**. Sponsored by the Foundation for the Advanced Education in the Sciences; tickets are required. The subscription fee for the entire series is \$155. For information call 301-496-7975.

Oct. 5—Munich Chamber Orchestra

Oct. 19—Eldar Nebolsin, piano

Nov. 2—Aulos Ensemble with Jane Bryden, soprano

Dec. 7—John O'Connor, piano

Jan. 18—Vadim Repin, violin

Feb. 15—Stephen Prutsman, piano

Mar. 1—Artemis Quartet

Mar. 15—Wolfgang Holzmair, baritone

Apr. 5—Trio Solare

September—December 1997

The NIH Director's Wednesday Afternoon Lectures are held at 3 p.m. in Masur Auditorium, Bldg. 10. Following is a sample of speakers. For more information call Hilda Madine at 301-594-5595.

Sept. 10—**R.E. Dyer Lecture:** Dr. Stanley Korsmeyer

Sept. 17—**Margaret Pittman Lecture:** Dr. Lee E. Limbird

Sept. 24—**Robert S. Gordon Lecture:** Dr. Jean W. MacCluer

Oct. 22—**DeWitt Stetten Lecture:** Dr. Jacqueline K. Barton

Nov. 19—**NIH Director's Lecture:** Dr. Judah M. Folkman

Dec. 10—**George Khoury Lecture:** Dr. David Baltimore

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

News From and About NIHAA Members and Foreign Chapters

Dr. Katharine L. Bick, who was at NIH (NINDS and OD) from 1976 to 1990, returned to NIH from North Carolina on May 23 for the first annual Ernst Freese Memorial Lecture of the NIH Neuroscience Series. She is the widow of Dr. Freese (see photo below for details).

Dr. Donald D. Brown, a research associate at NIMH from 1957 to 1959 and a Fogarty scholar from 1986 to 1987, is now working with the Carnegie Institution of Washington. At a recent meeting of the American Society for Cell Biology, he received its most prestigious scientific prize, the E.B. Wilson Award, which recognizes "significant and far-reaching contributions made in cell biology over the past 20 years."

Dr. Paul Carbone, at NCI from 1960 to 1976 in the Division of Cancer Treatment, retired on July 1, 1997, as director of the University of Wisconsin Comprehensive Cancer Center. He will continue as professor emeritus of medicine, assistant dean for program development, medical oncologist for breast cancer and program leader and prevention researcher in the comprehensive center.

Dr. Francis V. Chisari, who was an NIH research fellow in virology from 1972 to 1974, is now professor and head of the division of experimental pathology and director of the General Clinical Research Center at the Scripps Research Institute. On June 6, 1997, he was honored in Hamburg, Germany with the 1997 Ernst Jung-Preis fur Medizin. He was honored as "a leading pioneer in virology for his trail-blazing work on hepatitis B virus immunology and carcinogenesis."

The award recognizes a series of seminal discoveries from his laboratory that defined the immunological basis for HBV clearance, persistence and disease; demonstrated that the immune response can terminate HBV replication without killing infected cells; established the basis for the development of liver cancer during chronic HBV infection; and laid the foundation for the development of therapeutic vaccines to cure chronic hepatitis, the leading cause of liver cancer throughout the world.

Dr. Robert Couch, at NCI and NIAID from 1957 to 1966, is chairman of the department of microbiology and immunology and director of the respiratory pathogens research unit at Baylor College of Medicine, where he is also a distinguished service professor. This spring he was named a member of the NIAID Advisory Council. He is an expert in viral and mycoplasmal diseases, has published numerous articles in scientific journals and authored many book chapters. Recently, he was also appointed a



The first annual Ernst Freese Memorial Lecture of the NIH Neuroscience Series took place May 23 in Lipsett Amphitheater and featured Dr. Fred "Rusty" Gage (second from l), a pioneer in developing strategies to induce regeneration in the nervous system. He was introduced by NINDS director Dr. Zach Hall (l). The late Dr. Freese made major contributions to our understanding of heredity in the early fifties with his mutational analyses, and continued to make advances in the areas of bacterial and yeast sporulation. As director of the basic neuroscience program in NINDS, Freese was also credited with supporting and carrying out molecular neuroscience in NINDS. His widow, Dr. Katherine L. Bick (second from r), is a former NINDS deputy director. His son, Dr. Andrew Freese (r), a neurosurgeon and researcher at the University of Pennsylvania endowed the lectureship.

member of the AIDS vaccine research committee, a panel chaired by Dr. David Baltimore.

Dr. W. King Engel, who was at NINCDS from 1956 to 1981, is professor of neurology and pathology at the University of Southern California's School of Medicine and founder as well as director of the Neuromuscular Center located at Good Samaritan Hospital in Los Angeles. **Dr. Valerie Askanas**, his wife, who was at NINCDS, is also at USC as a professor of neurology and pathology. Most recently they have been invited to co-edit a book, *Inclusion-Body Myositis and Myopathies*, Cambridge University Press. Engel also recently wrote a short letter ("A further fond farewell to Shy and Drager") in the *Annals of Internal Medicine* 126(4):334, 1997, reminiscing about Drs. Shy and Drager at NIH.

Dr. Donald Fredrickson, former NIH director, will be honored on Oct. 7, 1997, at the triennial "Donald S. Fredrickson Lecture on Lipoprotein Research," sponsored by the International Atherosclerosis Society. The lecture will be in Paris and delivered by former NIH'er and NIHAA member, **Dr. Daniel Steinberg**, who is in the department of medicine at the University of California, San Diego.

Dr. Emil J. Freireich, who was at NCI from 1955 to 1965, was recently honored by the University of Texas M.D. Anderson Cancer Center, Houston, with a symposium in his honor. Freireich is director of the adult leukemia research program and professor of medicine at M.D. Anderson. The symposium saluted his career-long contributions to clinical cancer research and commemorated his 70th birthday. Speakers included

27 former trainees, as well as current and foreign colleagues. M.D. Anderson's announcement said that Freireich's "observations about the role of blood component transfusion to manage severe complications of leukemia and his perseverance in testing combinations of anti-cancer drugs helped revolutionize treatment of acute leukemia and led to improved therapy for other cancers as well. He is widely known as a founding father of modern clinical cancer research."

Dr. Sara Fuchs reports from the NIHAA chapter in Israel the following: **Dr. Philip Leder**, an NIHAA member and the John Emory Andrus professor of genetics, and chairman, department of genetics, Harvard Medical School, as well as a senior investigator for the Howard Hughes Medical Institute, has been selected to deliver the third Christian B. Anfinsen Memorial Lecture. He will speak on "A Genetic Approach to the Cancer Problem," on Monday, Nov. 3 at the Weizmann Institute in Rehovot, Israel. The series was initiated by the NIHAA and the Israeli chapter in November 1994 and is now also sponsored by the Weizmann Institute of Science.

Dr. Gabriel P. Haas, who was at NCI in the Surgery Branch from 1987 to 1989 before going to Wayne State University School of Medicine in Detroit, is now professor and chairman of the department of urology at the State University of New York Health Science Center at Syracuse, N.Y. Under his leadership, pediatric urology, urologic oncology and basic research have expanded. His colleague in Detroit, **Dr. Chin Wang**, who was a visiting scientist, Laboratory of Experimental Carcinogenesis, NCI, in 1985, has joined him in Syracuse as director of basic science research.

Dr. Bernadine Healy, NIH director from 1991 to 1993, now dean of Ohio State University College of Medicine, has recently been named a CBS News medical consultant and contributor. She will deliver medical reports and analyses on the "CBS Evening News," "This Morning" and various other news programs.

Dr. Asher Hyatt, who was in the Division of Research Grants as chief of the chemistry and related sciences review section from 1966 to 1997, writes that since he has retired from NIH, he "intends to remain in Bethesda in the immediate future, spending more time with his son and daughter and friends, exploring the myriad of things to see and do in this area, this country and around the world." He also intends to work part-time with other agencies and local universities, involved in grant application and peer review processes. Last, but by no means least, he says that he is determined to learn to play "better and better" bridge. He wishes *The NIH Record* was available to retirees. Unfortunately, it is not available by subscription, but it can be viewed on the web (www.nih.gov/news/NIH-Record/archives.htm).

Dr. Georgeanna Seegar Jones, who had an NIH fellowship in 1938 and 1939, was honored by the Johns Hopkins Alumni Association with a Distinguished Alumni Award for outstanding achievements. After she left NIH, she served from 1939 to 1978 as director of the Hopkins laboratory of reproductive physiology and head of the Hospital's Gynecological Endocrine Center. In 1983, she and her husband, Dr. Howard W. Jones, who was also honored, founded the Jones Institute in Norfolk, Va., a

(Continued on next page)

world renowned center for reproductive health and *in vitro* fertilization.

Dr. Arthur S. Kornberg, Nobel laureate who was at NIH from 1942 to 1953, recently spoke at a forum on the future of biomedical research, sponsored by FASEB in cooperation with the Brookings Institution and the American Enterprise Institute. He reviewed 20th century successes of biomedical research and the dangers that threaten its future. He said that there is a need to be concerned about the poor public image of science and researchers and the state of funding for basic research. Kornberg added that traditional strategic planning is not a good way to approach research funding. "A well-designed plan, by its very nature, cannot lay the groundwork for the utterly novel techniques that make possible major transformations in the acquisition of knowledge," he commented. The full proceedings of the forum will be published by FASEB in fall 1997.

Dr. Herman F. Kraybill, who was at NCI from 1961 to 1984, writes that in October of 1996, he received an Outstanding Alumnus Certificate from the University of Maryland Alumni Association. The award was given for "extraordinary biomedical research achievements in the field of environmental and occupational carcinogenesis as well as outstanding commitment to the university in various capacities."

Dr. Gerald S. Levey, a clinical associate in the Clinical Endocrinology Branch, NIH, from 1966 to 1968, and clinical associate at NHLI from 1968 to 1969, was at the University of Pittsburgh School of Medicine. He is now dean and medical sciences

provost of UCLA School of Medicine. Recently, he received masterships from the American College of Physicians. He was honored for his accomplishments in endocrinology and internal medicine as a teacher, clinician and researcher.

Dr. Annabel G. Liebelt, who was at NCI's Laboratory of Pathology from 1949 to 1952, returning to NCI in 1982 to work again with Dr. Harold Stewart in the Registry of Experimental Cancers, officially retired in 1991, but continued as a special volunteer until 1996. From her new home in Asbury Methodist Village in Gaithersburg she writes about her NCI career: "I returned in 1982 to work in the Registry of Experimental Cancers with Stewart. My graduate school mentor, Dr. Arthur Kirschbaum, had a mouse colony that I supervised and continued following his death. Mice of 8 strains were sent to Okayama Medical School in Japan in 1958 and mice of 18 strains were sent to Kagawa Medical School in Japan. Both colonies now exist. Pathological materials from over 30 years were entered into the NCI registry ... 'Twas a great and interesting part of the 20th century in cancer research."

Dr. Fitzhugh Mullan, who was at NIH from 1982 to 1984 in the Office of Medical Applications of Research, has retired from the U.S. PHS. He recently wrote an article for the *Washington Post* health section about his retirement and his return to clinical medicine. The cover features Mullan examining a child and has the caption, "After years of making health policy, Fitzhugh Mullan returns to practice." He is working at the Upper Cardozo Community Health Center in northwest D.C. He will contribute regular reports to the

Post's health section on his practice and experiences.

Dr. Elizabeth Neufeld, a biochemist with NIDDK from 1963 to 1984, where she served as chief of the Genetics and Biochemistry Branch, is presently professor and chair of the department of biological chemistry at UCLA School of Medicine. She was recently honored by the UCLA Medical Alumni Association with its Medical Science Award.

Dr. Thomas Nigra, at NCI from 1968 to 1972 and also a guest worker at NIDR from 1969 to 1972, is now head of the department of dermatology at Washington Hospital Center. The *Washington Post* reported that he and his wife bought the Pamela Harriman house in Georgetown. The article in the style section indicated that the price for the 1812 federal-style house, which has eight bedrooms, two living rooms, a wine cellar, an enclosed terrace, a three-level formal garden, a heated pool and off-street parking, was a "little more" than \$1.5 million.

Dr. C. J. Peters, a research virologist at NIAID studying hemorrhagic fevers at the Middle America Research Unit, from 1968 to 1973, is now at CDC as chief of special pathogens. He has recently written a book with Mark Olshaker entitled *Virus Hunter: Thirty Years of Battling Hot Viruses Around the World*, which recounts what is like to be warrior in the Hot Zone.

Dr. Douglas Richman, a research associate in the Laboratory of Infectious Diseases, NIAID, from 1972 to 1975, is now in the department of infectious diseases at the University of California, San Diego. He was recently named to the AIDS vaccine

research committee. This group will serve as a scientific advisory committee for the Vaccine Research Center that was announced by NIH Director Dr. Harold Varmus at a meeting on May 28. This center will be a vital part of an effort to create an AIDS vaccine within the coming decade.

Randy Schools, general manager of the R&W at NIH and a member of the NIHAA board of directors, was featured on the cover of *Executive Update* magazine and highlighted in an article. He was recently elected chairman of the board of the Greater Washington Society of Association Executives (GWSAE). Schools hopes that his year will be a challenging one because he expects to lead GWSAE through a year of enormous change.

Dr. J. Craig Venter, chief of the receptor biochemistry and molecular biology section, NINDS, from 1987 to 1992, is now director of the Institute for Genomic Research in Rockville. In early August, Venter announced that the complete genetic blueprint had been created for the bacterium *Helicobacter pylori*, which causes stomach ulcers. The blueprint shows how the organism works and may lead to new ways of stopping it, such as the development of a vaccine.

Dr. Gary Williams, at NCI in the Etiology Division from 1969 to 1971, writes that he was "appointed director of the Naylor Dana Institute, American Health Foundation in Valhalla, N.Y., on May 1, 1997." He notes also that the foundation will conduct the 5th International Course on the Safety Assessment of Medicine on Oct. 27-31, 1997. For more information,

contact J. Marino, American Health Foundation, 1 Dana Road, Valhalla, N.Y. 10595; telephone 914-789-7140; fax 914-592-6317.

Dr. H. Rodney Withers, who was at NCI from 1966 to 1968, and **Dr. Mortimer Elkind**, also at NCI from 1954 to 1969, both received the U.S. Department of Energy's Enrico Fermi Award at ceremonies in Washington in July. Withers is professor and chair of radiation oncology at the University of California, Los Angeles. Elkind is professor of radiological health sciences at Colorado State University, Fort Collins. Withers and Elkind shared the award for their collaborative investigation of health and malignant cells' responses to irradiation, which established a scientific basis for radiation therapy as an anti-cancer treatment. Each will receive \$50,000 and a gold medal.

Dr. Herbert Yellin, a research physiologist and administrator at NINDS from 1965 to 1994, is retired and now lives in Edmonds, WA. He writes that since 1995 he has been doing volunteer work at the University of Washington and Harborview Medical Centers in Seattle and Stevens Memorial Hospital in Edmonds. He has also contributed his services to the Friends of the Edmonds Library and the Edmonds Museum and South Snohomish County Historical Society. He added, "To: Editor(s) and staff of *The NIHAA Update*. Please !! Keep up the good work!! It represents an 'important support mechanism' for those of us becoming very long in the tooth."

What's Your News?

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

Name

Home Phone

Home Address

News: (Include NIH affiliation)

Annual Meeting (continued from p. 1)

pointed to the concentration of scientific enterprises in this area that were attracted here by the presence of NIH, especially those in the biosciences. He noted that Montgomery County is among the top five counties in the nation with high numbers of citizens holding advanced academic degrees. Following his presentation, Duncan responded to numerous questions from the audience on county problems and plans.

Outgoing President Calvin Baldwin reviewed activities of the past year, noting especially the first NIHAA-initiated James A. Shannon Lecture, presented by Nobel laureate Joseph L. Goldstein. In thanking association officers and other members for their work during the past year, he cited in particular the work of Harriet Greenwald and Mary Calley Hartman. He noted that a recent gift of \$30,000 from Wyeth-Ayerst Research, which is to be given over the next 3 years, is an encouraging development, but emphasized the necessity for a stable financial base that can only be realized from increased membership and the prompt payment of dues at renewal time. He also introduced the officers for 1997-1999 and the newly elected members of the board of directors (see next page.)

Newly elected NIHAA President Dr. William S. Jordan, Jr., made the formal presentation of the 1997 NIHAA Public Service Award to former Surgeon General C. Everett Koop. He stated that the award to Koop was made in recognition of his national and international leadership in public health; his candid statements and vigorous actions on important health issues; and his continuing and tireless efforts in the skillful use of various media for public education.

Jordan remarked that Koop was "respected nationally and internationally as a symbol of honesty and integrity, a person who would speak out candidly and forcefully about the major public health issues of our time." He added that Koop "led the fight against two of the most severe and alarming epidemics of the century: the epidemics of tobacco-related diseases and AIDS."

Recalling Koop's international reputation as a skilled pediatric surgeon, Jordan observed, "Like most pediatricians he wears a bow tie,

"When I was designated as surgeon general, I had never heard about AIDS. No one had heard about AIDS..."

— Dr. C. Everett Koop

avoiding neck pulls by his little patients." The tie reminded him, he explained, of a huge photo of Koop "...that glared at me from a wall at NIH. As the Vaccine Poster Person of 1994 he wore a bow tie. Looking at his face, one would dare **not** be immunized."

In accepting the award, Koop told of his experiences in carrying out the duties of the Office of Surgeon General, an obligation that he summarized as "the duty to inform the American people about ways to promote health and avoid disease."

He added, "It...seemed reasonable to me to warn the American people about the threat to their health posed by the policies of the American tobacco companies and their wealthy lobbyists; policies of advertising aimed at children; policies to hide the dangers

of their product; and policies to promote the use of a product that brings disease, disability and death to its addicted users. And many Americans, maybe most Americans, smokers and non-smokers alike, supported me in my efforts, and saw them as reasonable.

"And then there was AIDS," he continued. "When I was designated as surgeon general I had never heard about AIDS. No one had heard about AIDS, and the handful of scientists who knew about immunodeficiency didn't even know what to call it, much less what it really was."

He told the audience, "For reasons of intradepartmental politics that I can still not understand fully, I was cut off from AIDS discussions and statements for the next 3 years."

His exclusion from the AIDS effort ended, however, when President Reagan made a brief visit to DHHS and mentioned that he was asking the surgeon general to prepare a special report on AIDS. There was never any formal request for the report, Koop commented. "It's a good thing I was there and paying attention!"

He continued, "And so the next 5 years of my life were taken up with AIDS, and with ways to inform the average citizen about AIDS, to allay the panic that was spreading among people who were in no danger of getting AIDS and to warn those engaged in high risk behavior what the inevitable outcome would be if they encountered the virus of AIDS."

An official surgeon general's report on AIDS was followed by an AIDS mailer to 107 million households, the largest federal mailing in history.

After his prepared remarks, Koop responded to questions from the audience. Answering queries on the proposed tobacco "settlement," he expressed concern about some

elements of the negotiated agreement between the states attorneys general and the tobacco companies. He called attention to the fact that only 8 percent of cigarettes are sold in the United States. Pointing to the great harm being done by international sales, he cited that an estimated 500 million Chinese are expected to die prematurely from smoking.

After his remarks the meeting was adjourned, and attendees were invited to the reception area for refreshments.

**NIHAA Officers
1997-1999**

President

Dr. William S. Jordan, Jr.

Vice President

Dr. William I. Gay

Vice President

Dr. Jerome G. Green

Secretary/Treasurer

Mr. Storm Whaley

**Board of Directors
1997-2000**

The following newly elected members of the NIHAA board of directors serve through 1997 and into the year 2000:

- Dr. Carl Baker
- Dr. W. Emmett Barkley
- Dr. John Decker
- Dr. Murray Eden
- Dr. Murray Goldstein
- Dr. Samuel Greenhouse
- Mr. Charles Miller, II
- Dr. Saul Schepartz
- Dr. Lawrence Shulman
- Dr. Bernhard Witkop

You May Be Able To Help

Research Project on Vietnam-Era NIH Clinical Associates

By Melissa Klein

As an aspiring historian and as part of my summer internship at the NIH Historical Office, I am researching how the Vietnam War affected the activities and research conducted at the NIH.

A major part of this project entails investigating the clinical associates who came to the NIH to discharge their military service obligation during the draft.

During the 1960's, educational deferments allowed medical students to pursue degrees in medicine as opposed to fighting in southeast Asia. However, doctors became eligible for the draft upon completion of their medical training. This alarmed the healthcare establishment because technological advances along with the growing insistence on quantity, quality and comprehensiveness of medical services had resulted in shortages in health industry personnel. The draft only exacerbated this deficit.

During the Korean War, Frank Berry, the assistant secretary of defense, health and medical, devised a doctors' draft. Berry attempted to satisfy both the country's and the military's need for trained medical personnel by providing each with an adequately sized staff.

Under the Berry Plan, physicians were given three choices: The first option allowed doctors to join the services of their choice immediately after internship. The second option allowed them to take 1 year of residency after their internship, then serve, and subsequently return to their residencies. The third option allowed doctors to take full residency training in a specialty of their choice.

Several doctors came to the NIH under the Berry Plan and participated in the NIH Associate Training Program. When the program began in the late 1950's, it consisted of approximately 100 physicians who served as either clinical, research or staff associates. These positions were highly prized during the Vietnam War years because service as an NIH associate satisfied military requirements if the trainee entered the NIH as a commissioned officer in the PHS.

Most physicians who fulfilled their military obligation as clinical associates say they did so because they felt they could contribute more to the national effort by conducting research rather than serving in a field hospital in Vietnam. However, they still referred to themselves jokingly as the "yellow berets."

I hope to conduct oral histories of several yellow berets to learn what influence, if any, the Vietnam war had on their decision to join the Clinical Associates Program. I also plan to explore what major discoveries they made at NIH and how their experiences as clinical associates influenced their careers. Was NIH the mecca of clinical research in the 1960's because the option of military deferment seduced the nation's brightest minds? This research will tell.

If you were a clinical associate during that time, or have any information that pertains to the Clinical Associates Program and would like to contribute to this project, please contact the NIH Historical Office at 301-496-6610. Any insights you can provide will be greatly appreciated.

Federal Flat (continued from p. 1)

Because the CRC will bulge from the north face of Bldg. 10, Center Drive—NIH’s Main Street—will wriggle into the path of Bldg. 20, which must yield by eminent domain. The new building “will be 8 or 9 feet away” from where Bldg. 20 now stands, according to Yong-Duk Chyun, CRC project director. While the bulk of the apartment house space will lie inside the courtyard of the new hospital, Chyun explained that a realigned Center Drive will also clip the property.

One by one, the names are coming off the directory inside the lobby of the 7-story, 79-unit structure divided into one and two-bedroom apartments and efficiencies at 120 Center Drive (formerly 12 West Drive, notes longtime resident Dr. Tillye

Cornman, now retired to Gaithersburg). And with each name vanish decades of residence.

“It’s very sad to watch,” said Joyce Gormont, a critical care nurse who, for 27 years, shared unit 211 with fellow nurse Eleanor Bayer. “Living there was like being part of a family, even though we weren’t involved in each other’s lives. It’s hard to even realize we don’t live there any longer,” said

Gormont, who recently moved with Bayer to an apartment in Rockville.

“It was not just an apartment house, it was a way of life for [residents] and for me,” said Ophelia Harding, who was resident manager of the building for 23 years before retiring for health reasons in 1995 after 40 years of federal service. “I just loved it. It was like an extended family. It’s a real special building and I’m saddened by its closing. It served lots of needs. But there were rumbles that it might close for some time.”

“I’m sad to see it go because it served a good purpose,” said Karen Queen, building manager at 20 for the past 8



Ophelia Harding

years, who is presiding over the facility’s gradual dismantlement, along with Lenora Vauss, a housing management specialist.

Last October, Queen and other colleagues from the Division of Space and Facility Management, ORS, which operates the Quarters Program that manages NIH’s inventory of residences (including three single-family homes, six duplexes and five houses at the

Poolesville animal center), held a “town meeting” in Masur Auditorium, which introduced tenants of 20 to their building’s bleak future. Residents learned then that everyone had to be

“It was not just an apartment house, it was a way of life.”

—Ophelia Harding

out by Aug. 31, 1997.

“There were basically two reactions to our announcement,” said Queen: “Those who were displeased, and those who were unhappy but understood why we are doing this. The people who were sad felt that [Bldg. 20] was a major icon for NIH—it helped recruit people from foreign countries to come here to do studies. But many people also understood that change means progress in research, and that this is best for the NIH mission. I think they all took it in stride, but there were lots of questions at first. Some couldn’t understand why NIH was tearing it down.”

Over the years, the polyglot building has been a virtual United Nations of Bethesda, housing scientists and their families from all over the globe. There were Fogarty scholars-in-residence, future NIH and ICD directors including Bernadine Healy, Harold Varmus and Francis Collins, assistant secretaries for health, heart surgeons in training, physicians-on-call, hospital administrators, nurses, participants in sleep studies, and, increasingly, office personnel.

“It wasn’t the same when they started turning some of the apartments into offices,” said Harding, who recalls with delight the young surgeons just starting families that she met while NIH still hosted a heart surgery



Lenora Vauss (l) and Karen Queen managed Bldg. 20 in its twilight years.

program. "It takes away from the apartment house—it's just not the same. It was like night and day when the offices came. I knew all the residents and guests, and then there were so many people straggling in and out of the offices. It was good while it lasted. It will be missed."

Ironically, one of the invading offices, located in unit 101, belongs to Boston Properties, a management concern that is planning construction of the CRC.

Six of the building's units were furnished and reserved for Fogarty scholars. "All they had to do was just put in some food and go right to work," remembers Harding. "The Fogarty scholars were the most delightful people. They were very humble. You could be talking to them today, then see them on TV later that night making some big announcement. They were very important people, but they wouldn't tell you that. You'd have to know that."

She recalls that Varmus spent 6 weeks at the apartment house while his home in Washington, D.C., was being prepared for occupancy. "As long as he had his bicycle, he was happy," laughs Harding. "The first question he

asked me was 'Did my bikes arrive?' He was more interested in his bikes than in where he was going to stay."

Harding says Healy and various assistant secretaries for health opted for the hospitality of 20 over fancier accommodations elsewhere. "They could have had plush places down in Bethesda, but they chose to stay with us," she says, proudly. When HHS Secretary Donna Shalala held a major staff meeting at NIH several years ago, some of her lieutenants stayed in 20, remembers Harding. "I got a beautiful thank you note from her later."

Most touching to Harding were the young families who reared kids under her roof, and who still stay in touch with her and visit with now-grown children. "That was just a real, real good time," she reminisces. "The apartments were always well-kept and very clean, but it wasn't luxurious. There were no pools or central air conditioning. But the young doctors always came back to see me—and the

building—when they came back to town."

Harding said that Bldg. 20 served NIH's research mission by keeping scientists close to their work and disengaged from the hassles and congestion of workaday life in ever-urbanizing Bethesda. "The convenience of it gave them lots of time for research. All of the scientists were such dedicated people. They wouldn't eat if their wives didn't drag them to the table. But they were always very humble and gracious. If you did anything for them, they appreciated it."

In addition to researchers, the building housed a cadre of personnel essential to CC operations, including the late Jesse Ferguson, clinic administrator in the hospital's outpatient department, who died in his apartment in unit 312 just days before he was scheduled to retire July 1, 1997, after 34 years at NIH. He had moved to Bldg. 20 in the spring of 1985 to meet a somewhat grim need—as the hospital's AIDS patient volume

(continued on next page)



A spray of irises graces the entrance to Bldg. 20

grew in the mid-eighties, officials with authority to spend funds were required to be on-call 24 hours a day so that autopsies and funerals could be arranged at any time of day or night.

"They needed someone to do these jobs quickly," Ferguson said in an interview prior to his death, "because the quicker the autopsy, the better the results for the scientists. They don't do as many of those cases now, though."

"It will be a ball-and chain demolition.

No imploding at all."

—Karen Queen

Ferguson, who was remembered at a memorial service in Masur Auditorium July 8, said the building was essential as a residence for employees who always had to be able to get to work, no matter the weather. "It's been a convenient thing," he noted. Not only do employees stay there, he continued, but also patients: "There are seven rooms over there that make up the Guest House, for patients who can manage by themselves, and their relatives. All those rooms are on the first floor. I guess they've been there for the past 15 months or so.

"I found it to be very pleasant," he concluded. "You meet a lot of people. There were on-call rooms over there for physicians, and the junior surgeons had to live there when NIH still did heart surgery. You met a lot of doctors who stayed there while in transition to permanent homes in the Washington area. And a lot of foreign scientists lived there initially, until they reached a transition point. Nurses' assistants and licensed practical nurses from the Indian Health Service used to have to stay there during their training

assignments. It's served a lot of different functions over the years."

Like any home, the building has known both great joy and deep sadness, especially Ferguson's sudden passing. Many children were reared under its roof, though the children's playground outside Queen's first floor efficiency-turned-office is now unused and still. And it was a boon to recruitment and relocation to countless NIH'ers. But in 1996, a young nurse committed suicide in her apartment. And some of its longest-term residents, including Dr. Joe Hin Tjio, who left last February after 38 years (and whose book and art covered walls were a defense against the dull utility of a federal flat), and Dr. Tillye Cornman, who spent many years on the first floor in unit 105 before leaving recently for Gaithersburg, departed with regrets about the fate of the structure.

"I'm sad to leave because this building is going to be destroyed, but I'm happy I was not one of the executioners," Cornman noted.

As of late June, some 50 residents—mostly short-termers who have lived there a year or less—still called 20 home.

"It will be a ball-and-chain demolition," said Queen, "no imploding at all. They're going to bring it down with a wrecking ball." On Sept. 1, site preparation work will begin, followed by demolition a month later. Queen has had NIH property managers assess what objects remain of value in the building; a public auction will disperse whatever items the General Services Administration does not tag for other facilities. Among these are kitchen cabinets, toilets and sinks, appliances and light fixtures.

"We haven't had any offers yet for the Murphy beds that come out of the

walls," laughed Queen. "The doors will come down with the building, but some locks will be reused." Queen herself will continue to do facility management, "but it just won't be an apartment building." She is scheduled to work at Rockledge temporarily before moving to a new eight-story Neuroscience Center being built off of Executive Blvd. for NIDA, NINDS and NIMH employees, due to open at the end of 1998.

Queen reports that when rental rates "increased drastically" at Apartment 20 some 5-6 years ago, occupancy rates fell off and never recovered. Those who remained were, as both Harding and Queen say, here to do a job. "They basically live in their labs when they are not in the building," observed Queen.

"It's been a good ride," she concludes. "I've learned a lot. I've grown a lot. But I know I'm going to learn more where I'll be placed."

That's pretty much how other subjects of the Bldg. 20 diaspora feel.



Goodbye Bldg. 20

NIH Adopts Explicit Statements of Review Criteria

Recently, NIH Director Dr. Harold Varmus announced that five explicitly stated review criteria (see below) will be used to structure scientific peer reviewers' written critiques and discussions of research grant applications, beginning with applications submitted on or after Oct. 1, 1997.

The issue of more explicit statements of review criteria grew out of recommendations by a committee studying the rating of grant applications, and was originally raised to focus the review of grant applications on quality of science, rather than on details of technique and methodology.

These new statements of review criteria are part of a continuing effort at NIH to improve the peer review system, ensure that it keeps pace with

changes in science and continues to identify high quality scientific projects for funding.

While using the criteria to structure their critiques and discussion, reviewers will continue to assign a single, global rating to each scored application. The rating they assign should reflect the overall effect the project could have on the field; the emphasis on each criterion might vary from one application to another, depending on the nature of the application and its relative strengths. These criteria statements should be of major interest within NIH, specifically to program directors and councils as they seek to develop research programs and funding plans. The criteria will apply to all unsolicited research project grant

applications and will form the basis for review of other related grant mechanisms.

The new policy is located on the NIH grants page on the web for easy access by the scientific community. (<http://www.nih.gov/grants/peer/peer.htm>)

Officials here hope the criteria will not only help focus reviewers on the more global, overall impact of the research, but may encourage greater focus and succinctness as investigators prepare their applications. Use of these criteria will be monitored and reviewed after approximately 1 year, at which time any necessary modifications will be considered. The opinions of reviewers, applicants, and NIH staff will be solicited, and debate and discussion will be welcome.

Review Criteria (Instructions to Reviewers)

The goals of NIH-supported research are to advance our understanding of biological systems, improve the control of disease, and enhance health. In your written review, you should comment on the following aspects of the application in order to judge the likelihood that the proposed research will have a substantial impact on the pursuit of these goals. Please address each of these criteria, and consider them in assigning the overall score, weighting them as you feel appropriate for each application. Note that the application does not need to be strong in all categories to be judged likely to have a major scientific impact and thus deserve a high priority score. For example, an investigator may propose to carry out important work that by its nature is not innovative but is essential to move a field forward.

(1) Significance: Does this study address an important problem? If the aims of the application are achieved, how will scientific knowledge be advanced? What will be the effect of these studies on the concepts or methods that drive this field?

(2) Approach: Are the conceptual framework, design, methods, and analyses adequately developed, well-integrated, and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics?

(3) Innovation: Does the project employ novel concepts, approaches or methods? Are the aims original and innovative? Does the project challenge existing paradigms or develop new methodologies or technologies?

(4) Investigator: Is the investigator appropriately trained and well suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers (if any)?

(5) Environment: Does the scientific environment in which the work will be done contribute to the probability of success? Do the proposed experiments take advantage of unique features of the scientific environment or employ useful collaborative arrangements? Is there evidence of institutional support?

Science Research Updates

Diet Alone Can Lower Blood Pressure

A diet low in fat and high in vegetables, fruits and low fat dairy foods significantly and quickly lowers blood pressure, according to a nationwide trial supported by NHLBI, NCRR and the Office of Research on Minority Health, OD.

The diet worked especially well for those with high blood pressure, producing reductions similar to those from single-drug therapy. But it also proved effective for those with high normal blood pressure, who are at substantial risk of developing hypertension.

The blood pressure reductions occurred without changes in weight or alcohol or sodium consumption.

Results from the Dietary Approaches to Stop Hypertension trial appeared in the Apr. 17 issue of the *New England Journal of Medicine*.

The other lifestyle recommendations are to maintain a healthy weight, choose foods lower in salt and sodium, drink alcohol in moderation (for those who drink) and be physically active.

Parkinson's Gene Found

Scientists at the National Human Genome Research Institute have for the first time precisely identified a gene abnormality that causes some cases of Parkinson's disease. The gene spells out instructions for a protein called alpha synuclein. In the abnormal version of the gene, the researchers found a mutation in a single base pair—one incorrect letter in the string of more than 400 that compose the instructions for making the protein. Because the normal gene

plays a role in the function of nerve cells, the finding gives researchers a powerful new tool for understanding cellular abnormalities in Parkinson's disease and demonstrates a connection between Parkinson's disease research and research into other neurological disorders such as Alzheimer's disease.

The research appeared in the June 27 issue of *Science*. According to NHGRI's Dr. Mihael Polymeropoulos, lead author, "the finding opens completely new horizons in understanding the disease and interpreting the biology of the illness. Moreover, the finding will have an application in the not too distant future as a clinical research tool within families especially prone to Parkinson's disease and may permit us to design clinical studies for investigating drugs or other ways of postponing or offering protection from the illness."

The paper confirms last fall's report, coauthored by the same NHGRI team, that a predisposition to at least one form of Parkinson's disease is inherited and that the gene responsible was situated somewhere in a large region on the long arm of chromosome 4. Until that report, most experts believed that Parkinson's disease was probably due to unknown factors present in the environment.

Parkinson's disease afflicts about 500,000 people in the United States alone, with about 50,000 new cases reported every year. Its hallmark is shaking or trembling of a limb and, in the later stages, a slow, shuffling walk and stooped posture.

Parkinson's disease is a common progressive neurological disorder that results from loss of nerve cells in a region of the brain that controls movement. This degeneration creates

a shortage of the brain-signaling chemical dopamine, causing impaired movement. When symptoms grow severe, doctors usually prescribe levodopa (L-dopa), which helps replace the brain's dopamine.

Folate RDA May Be Insufficient

A study of Irish women indicates that current dietary standards for the nutrient folate—known to prevent a devastating class of birth defects and possibly cardiovascular disease—do not take into account the increased folate requirements of a large minority of people genetically at risk for folate deficiency.

The study, published in the May 31 issue of the *Lancet* and funded in part by NICHD, shows that a much greater number of women than was previously believed are genetically at risk for an enzyme defect that causes a vitamin deficiency that predisposes them to having children with a neural tube defect—a debilitating class of birth defects affecting the brain and spinal cord.

"This challenges the assumption underlying the recommended daily allowance—that virtually everyone can take the same amount of a vitamin and do fine," said Dr. James L. Mills, chief of NICHD's pediatric epidemiology section.

He added that the study he and his colleagues conducted focused solely on women, but the same genetic defect, present in men, might also increase the risk for heart disease, stroke and cancer of the colon.

Neural tube defects (NTDs) are a class of birth defects affecting the brain or spinal cord. They occur in about one per thousand pregnancies in

the U.S. each year. Among the most common NTDs are spina bifida, in which a piece of the spinal cord protrudes from the spinal column, causing paralysis below the protrusion, and anencephaly, a fatal condition in which the brain fails to develop normally.

Currently, the National Academy of Sciences' recommended daily allowance (RDA) for folate is 400 micrograms per day for pregnant women and 180 micrograms for other adult women and 200 micrograms for male adults. The results of the current paper suggest that people having two copies of the abnormal gene may need more folate than these guidelines specify to compensate for their genetic deficiency. Additional studies will be needed to determine exactly how much more folate they would require.

Cystic Fibrosis Test Should Be An Option

An independent consensus panel convened by NIH has recommended that testing for gene mutations that cause cystic fibrosis be offered as an option to all pregnant couples and those planning pregnancy. The panel said that individuals with a family history of the disease and partners of people with cystic fibrosis also should be offered genetic testing. The panel further recommended that insurance cover the procedure in all of these populations.

Because the risk of cystic fibrosis is low in the general population and interest in testing is limited, the panel did not advocate genetic testing for this group. Also, the panel did not endorse genetic testing of newborns for cystic fibrosis because current research does not yet show a benefit.

"As more and more genetic tests for a variety of diseases become available,

it is important for both health care providers and patients to understand the limitations and implications of such tests," said panel chair Dr. R. Rodney Howell of the University of Miami School of Medicine [Howell is a former NIH'er and a member of NIHAA.] "Our recommendations for cystic fibrosis testing may serve as a guide for the complex testing issues that will undoubtedly arise with other inherited diseases."

More than 25,000 Americans have cystic fibrosis, the most common inherited disorder in people of northern European descent.

The full consensus statement on genetic testing for cystic fibrosis is available on the NIH Consensus Web site at <http://consensus.nih.gov>.

Nasal Spray Flu Vaccine Proves Effective in Children

A new influenza vaccine given in a nasal spray is very effective at preventing the flu in healthy young children, according to results from a large multicenter study supported by NIAID and a biopharmaceutical firm, Aviron.

Overall, the attenuated live-virus vaccine provided 90 percent protection against the flu in this population. Only 1 percent of 1,070 children who received the vaccine developed culture-confirmed influenza during last year's flu season compared to 18 percent of 532 children of the same age who received placebo.

"The initial results from this trial are very exciting," said Dr. Anthony S. Fauci, NIAID director. "An influenza vaccine given in a nasal spray would be easier to administer and more acceptable than an injection, especially to children. Such a vaccine could have a significant impact on public health."

Each year, between 35 and 50 million Americans contract influenza, and more than 20,000 people die. In addition to work days lost, an estimated \$4.6 billion is spent annually on direct medical costs related to the flu.

This fall Aviron plans to initiate a large trial in healthy working adults to determine whether the vaccine reduces health care costs and absenteeism due to influenza. Also planned is a study of the vaccine in children with asthma, and a trial of the nasal vaccine co-administered with the current inactivated flu vaccine in elderly people.

Based on the findings from this Phase 3 study and other data, Aviron expects to file an application with the FDA next summer to license the trivalent cold-adapted intranasal flu vaccine for use in children and healthy adults. Pending approval, the vaccine may be available by prescription in the fall of 1999.

This material was compiled from information in the *The NIH Record* and NIH press releases.

FYI

NLM has launched a new service to provide **free access to MEDLINE**—the world's most extensive collection of published medical information, which according to *The New York Times*, receives 1 million visits a day. For more information, see the NLM web page at <http://www.nlm.nih.gov>.

The NIH Record is on the web at <http://www.nih.gov/news/NIH-Record/archives.htm>.

NIH Notes—April to July 1997

APPOINTMENTS AND PERSONNEL CHANGES

Dr. Arthur Atkinson, Jr., formerly vice president for clinical research and development and worldwide clinical pharmacology at Pharmacia and Upjohn, Inc., has joined NIGMS as a special expert in clinical pharmacology ... **Dr. Perry Blackshear**, an endocrinologist and professor of medicine and biochemistry and an investigator with the Howard Hughes Medical Institute at Duke University Medical Center, has been named director of the Office of Clinical Research at NIEHS ... **Dr. Josephine P. Briggs**, from the University of Michigan, has been named to head the Division of Kidney, Urologic, and Hematologic Diseases, NIDDK. Her research has focused on the juxtaglomerular apparatus and its role in regulating renin and renal blood flow ... **Dr. Nick Bryan** has been named director of the department of diagnostic radiology and CC associate director for radiologic imaging sciences. In addition to his CC responsibilities, which include overseeing the nuclear medicine department, the PET department and the Laboratory of Diagnostic Radiology Research, he will hold a joint appointment with NINDS ... **Anthony "Tony" Clifford** has been appointed director, Division of Engineering Services, Office of Research Services. He served as acting director of DES on several occasions throughout his NIH career that began in 1969 ... **Dr. Ron Elin**, chief of the CC clinical pathology department since 1975, has left NIH to become vice chairman of pathology and director of laboratories at the University of Louisville ... **Dr. Catherine Lewis** is the new chief of the Biophysics Branch of the NIGMS Division of Cell Biology and Biophysics ... **Juanita Mildenberg** was named deputy director of DES. She has been serving as acting deputy director for the last year. She began her NIH career in 1971 ... **Dr. John J. McGowan** has been named deputy director of NIAID, where he will provide leadership for scientific and extramural policy issues and senior level interactions with other NIH components and the NIH Office of the Director. A virologist, he started his NIH

career in 1986 as one of the first staff members in what is now NIAID's Division of AIDS ... **Dr. Paul Okunieff**, chief of the Radiation Oncology Branch at NCI's Division of Clinical Sciences, has left NIH to become chair of radiation oncology at the University of Rochester, where he will be responsible for the university's clinical and research programs. At NIH, he conducted innovative research in cytokines and long-term radiation effects ... **Dr. Harvey Pass**, head of the thoracic oncology section and senior investigator in the Surgery Branch, NCI, has left NIH to become chief of thoracic surgery at the Barbara Ann Karmanos Cancer Institute in Detroit. He will hold a similar post at the VA Hospital and will also be professor of surgery and oncology at Wayne State University School of Medicine, both also in Detroit ... **Dr. David Lee Robinson**, a 25-year scientist at NEI, has recently been appointed NIH ombudsman. What Robinson provides—chiefly to the five ICDs that offered financial support to establish the office for a trial period—is a place where problems can be worked out and discussed confidentially before they escalate ... **Michele Russell-Einhorn** has joined the NIH Office for Protection from Research Risks as director of regulatory affairs. She was with the Office of the General Counsel, HHS, where she had served as the legal ethics attorney for NIH since August 1991 ... **Dr. W. Sue Shafer** has been named deputy director of NIGMS. She will continue to serve as director of the NIGMS Division of Extramural Activities, a position she has held since 1989. She joined NIH in 1974 as a health scientist administrator in the Cellular and Molecular Basis of Disease Program, NIGMS ... **Dr. Donald F. Summers** has been named by the NCI as associate director for the Frederick Cancer Research and Development Center. He has worked for more than 30 years with poliovirus, rhabdovirus, influenza virus and hepatitis A virus ... **Ileana V. Trevino** recently joined NIH as deputy director of the OEO. Before joining OEO, she was an EEO consultant specializing in counseling, complaints investigation and EEO training.

AWARDS AND HONORS

Dr. Norman B. Anderson, NIH associate director for behavioral and social sciences research, was recently elected president of the Society of Behavioral Medicine, a multidisciplinary, nonprofit professional organization concerned with health and behavior ... **Dr. Wendy H. Baldwin**, NIH deputy director for extramural research, received on the 1997 National Public Service Award for her outstanding accomplishments in the areas of science administration and reinvention ... **Dr. Marjam Behar**, a scientific review administrator in the biochemical sciences initial review group, DRG, received the EEO Special Achievement Award for her work on Project SEED (Summer Educational Experience for the Economically Disadvantaged), an ongoing program developed by the American Chemical Society nearly 30 years ago ... **Dr. Michael Blaese**, chief of the Clinical Gene Therapy Branch at the National Human Genome Research Institute, has won the 1997 Federal Laboratory Consortium Award for Excellence in Technology Transfer for "his discoveries and efforts in technology transfer. [He] laid the foundation for an entire industry developed around gene therapy" ... **Dr. Terry Burke**, a research chemist and principal investigator in NCI's Laboratory of Medicinal Chemistry, was recently presented the 1996 Sato International Award by the Pharmaceutical Society of Japan during a ceremony held in Tokyo ... **Dr. John W. Daly**, chief of NIDDK's Laboratory of Bioorganic Chemistry, was recently elected to the National Academy of Sciences in recognition of his distinguished and continuing achievements in original research ... **Dr. David R. Davies**, chief of the section on molecular structure in NIDDK's Laboratory of Molecular Biology, was honored on Apr. 25 with a symposium on "Structural Thinking in Molecular Biology" that celebrated his 42 years of contributions to the study of structural biology at NIH. He was the first to use x-ray diffraction to elucidate the three-dimensional structure of an antibody molecule, and he and his

colleagues provided the first detailed picture of how an antibody protein works. He is also codiscoverer of the first triple-stranded polynucleotide helix ... **Drs. William Eaton and James Hofrichter**, NIDDK, received the 1996 Hillebrand Prize from the Chemical Society of Washington. They were cited for outstanding and original contributions to basic research on the dynamics and self-assembly of proteins. Twenty-six NIH scientists have won the Hillebrand Prize since its inception in 1924; 19 were affiliated with NIDDK ... **Dr. Anthony Fauci**, NIAID director, was recently named a master of the American College of Physicians for his contributions to the understanding of immunology and infectious diseases. Mastership is ACP's highest level of membership; he is now one of 324 ACP masters ... **Dr. Joseph F. Fraumeni, Jr.**, director of the Division of Cancer Epidemiology and Genetics, received the 1997 James D. Bruce Memorial Award for distinguished contributions in preventive medicine at the annual meeting of the American College of Physicians in Philadelphia ... **Dr. Ralph M. Garruto**, a research biologist in the NINDS Laboratory of Central Nervous System Studies, was among the 60 new members and 15 foreign associates recently elected to the National Academy of Sciences in recognition of his distinguished and continuing achievements in original research ... **Dr. Stephen I. Katz**, NIAMS director, received the Stephen Rothman Memorial Award, the highest honor given by the Society of Investigative Dermatology. He was also recently named president of the International League of Dermatological Societies, where he will serve a 5-year term and lead the group at the time of its 20th World Congress in Paris in 2002 ... **Dr. Ruth L. Kirschstein**, NIH deputy director, received the first Association for Women in Science Mentorship Award—established to honor those who serve as role models for women in science and help female researchers succeed in their careers ... **Dr. Mark Klebanoff** of NICHD's Division of Epidemiology, Statistics and Prevention Research was elected president (1998-99) of the Society for Pediatric Epidemiology Research, an organization founded in 1988 to provide pediatric scientists with a forum to exchange research and information ... **Dr. Richard M. Krause**, senior scientific

advisor, FIC, and former director of NIAID, has been inducted into the 1997 Hall of Excellence for the Ohio Foundation of Independent Colleges, which honors outstanding alumni of Ohio private colleges. In accepting this award, he joins a distinguished and diverse group that includes Sen. John Glenn of Ohio; F. Sherwood Rowland, Nobel laureate in chemistry; and actor Hal Holbrook ... **Dr. Alan Leshner**, director of NIDA, recently received from President Clinton a 1996 Distinguished Executive Rank Award, the highest commendation available to members of the Senior Executive Service ... **Bill Leonard**, a producer at NLM's Audiovisual Program Development Branch, has received CINE's Golden Eagle Award for his film, "The Visible Humans—A Step Toward Tomorrow." The prizewinning film examines the dazzling applications of NLM's Visible Human Project that created fully computerized images of both a male and female cadaver ... **Dr. E. Neil Lewis**, a scientist in the Laboratory of Chemical Physics, NIDDK, received the Outstanding Achievement in the Physical Sciences Award from the Washington Academy of Sciences for his development of a powerful, nondestructive tool to probe the chemical composition of complex biological systems. His infrared absorption and Raman emission microscopes can detect silicone gel in human breast tissue and other samples as small as 1 micron without damaging the sample ... **Dr. Louis H. Miller**, chief of the Laboratory of Parasitic Diseases, NIAID, is the recipient of the sixth annual Bristol-Myers Squibb Award for Distinguished Achievement in Infectious Disease Research for his work in identifying the basic genetic mechanism employed by malaria parasites to infect and survive in their hosts ... **Dr. Ira Pastan**, chief of NCI's Laboratory of Molecular Biology, received the Special Achievement Award sponsored by Coulter Corp., a research and biotechnology company in Miami. The award recognizes "contributions to biological science by way of new knowledge or methodology whose impact was not particularly evident at the time of the first description but which, over the years, has been seen to be a seminal event of outstanding significance" ... **Dr. Herbert Tabor**, chief of the Laboratory of Biochemical Pharmacology, NIDDK, was recently honored by the Washington Academy of Sciences. He won the

academy's highest award, the Distinguished and Outstanding Career in Science Award for his biochemical research, his leadership in training and for mentoring three generations of scientists and his service as chief editor of the *Journal of Biological Chemistry* ... **Dr. Paul Torrence**, chief of the section on biochemical chemistry, NIDDK, received an Outstanding Achievement in Sciences Award from the Washington Academy of Sciences. His investigations have led to a new approach to the targeted destruction of mRNA. This technology has promise for novel therapies for viral infections, inflammatory and cardiovascular disease and certain cancers ... **Dr. Sholom Wacholder**, a mathematical statistician in the Biostatistics Branch, Division of Cancer Epidemiology and Genetics, NCI, has been chosen to receive the 1997 Roche Epidemiology Prize for his publication, "The case-control study as data missing by design: estimating risk differences," which was judged outstanding in importance, originality, clarity of thought and excellence in writing ... **Dr. Terrie Wetle**, deputy director of NIA, recently received two awards for outstanding contributions to the field of gerontology: the President's Award from the American Society on Aging and the Key Award from the gerontological health section of the American Public Health Association.

RETIREMENTS

Dr. John Folk, chief of the enzyme chemistry section, Laboratory of Cellular Development and Oncology, NIDR, retired as section chief, but will continue his affiliation with NIDR as a scientist emeritus ... **Dr. John T. Kalberer, Jr.**, NIH coordinator for disease prevention and health promotion since 1983, recently retired from federal service, ending a public health career that began 31 years ago. He worked at DRG, NCI and the Office of Medical Applications of Research. In his last position, he was responsible for implementing the NIH-wide ban on smoking. In his post-NIH life, he plans to continue his active lifestyle, which includes traveling, hiking, photography and playing tennis. He will move to Williamsburg, Va., where he is building a home surrounded by two rivers, a marina, a golf course and tennis courts ... **Jean Gunton**, DRG administrative officer,

retired recently after 20 years of federal service. Early in 1977, she joined DRG's Referral and Review Branch as a clerk-typist, and was later promoted to grants technical assistant, then to lead GTA. In 1986, she joined the administrative services office. At retirement, she was acting chief in the Office of Administrative Management. Retirement plans include travel with her husband, who is also retired ... **Ruth Monaghan**, the last of the founding employees of NIGMS, recently retired after 40 years of government service, 35 of which were spent with NIGMS and its predecessor. At retirement, she was deputy chief of the Grants Administration Branch and supervisor of its National Research Award Payback Service Center. She looks forward to having more time to "enhance her cooking skills" and plans to take a part-time job with a local business. She has always loved to travel, so future plans will include trips, maybe one as far away as Australia ... **Richard W. Murray, Jr.**, library technician in the NIH library, retired after 42 years of federal government service. He had spent the past 33 years as a member of the library staff, retiring as lead library technician in charge of serials processing. He plans to spend more time gardening ... **Dr. Vincent Oliverio**, associate director of NCI's Division of Extramural Activities and a highly respected pharmacologist, retired May 2 after 38 years of dedicated service. During those years he served eight NCI directors, from Dr. Rod Heller to Dr. Richard Klausner. ... **Barbara T. Peoples**, a native Washingtonian, has retired after 30 years at NIH, last as lead secretary in NHLBI's Office of Prevention, Education, and Control. In retirement, she plans to spend more time with her family, travel and do volunteer work ... **Dr. Harvey P. Pollard**, chief of NIDDK's Laboratory of Cell Biology and Genetics, retired recently after 24 years at NIH. He will cross Rockville Pike to become professor and chair of the department of anatomy and cell biology at the Uniformed Services University School of Medicine ... **Dr. Eugene Streicher**, coordinator of the NINDS Division of Fundamental Neurosciences and Developmental Disorders, recently retired after 46 years of government service, 43 with NIH. A quiet man, he represents in the words of NINDS director Dr. Zach Hall, "the best of NIH." He has not only had an impact on neuro-

science research, he is also held in remarkable esteem by his colleagues. His immediate retirement plans include traveling with his wife to Montana and China ... **Ron Winterrowd**, chief of NCRR's Medical and Photography Branch, retired after 37 years of federal service. The branch has won many awards and honors under his guidance. In retirement, he will be involved in the arts.

DEATHS

Frank "Herb" Attix, 72, a nuclear and medical physicist who worked for NIH in the 1960's, died July 25 at Shady Grove Adventist Hospital after a heart attack. He worked in the field of radiation therapy in cancer treatments ... **Dr. Lowell E. Bellin**, 68, a public health official who was known as the "medical cop" in the 1970's when he was health commissioner of New York City under Mayor Abraham Beame, died at his home in Brooklyn, N.Y., of complications from advanced Parkinson's disease. Early in his career, from 1956 to 1957, Bellin was a fellow in clinical cardiology at NIH ... **Bertil Gustav Bergquist**, 75, who retired in 1980 as a budget officer at NIH, died of lung cancer June 11 at Manor Care Health Care Services in Chevy Chase. At retirement, he had worked 18 years at NIH. Prior to that he was an auditor at the Department of Health, Education and Welfare ... **Dr. W.W.S. "Bill" Butler, III**, 73, died Feb. 6 in Roanoke, Va., from complications of a heart attack. He was a founding member of Jefferson Surgical Clinic in Roanoke, where he had practiced medicine, specializing in urology, since 1955. In 1953, he was a senior investigator at NCI ... **Christine M. Campbell**, 28, an engineer in the NIH fire prevention section, Division of Public Safety, died Apr. 30 as a result of complications from a bone marrow transplant. She was being treated for Hodgkin's disease at Johns Hopkins Hospital in Baltimore. She began working for the fire prevention section in 1991. She was diagnosed with Hodgkin's disease in 1995 and still was able to pass the grueling 8-hour professional engineering licensing exam ... **Dr. Yao-Teh Chang**, 91, an NIH research scientist who discovered a drug, now called clofazimine, for the treatment of leprosy, died June 3 at Suburban Hospital after a heart attack. He was on the NIH research staff from 1947 until retiring in 1986. The World Health

Organization lists clofazimine as an important part of multi-drug treatment of leprosy ... **Dr. Elliot Charney**, 74, a research chemist and section chief, NIDDK, who retired in 1990 from the chemical physics laboratory at NIH, died of a cerebral hemorrhage Mar. 25 at a hospital in Hanover, N.H. He retired from NIH as chief of the section on spectroscopy and structure and had served as chief of the chemical physics laboratory. He helped develop techniques that are used in DNA research, and wrote a book, *The Molecular Basis of Optical Activity*. He also wrote the first volume for the Atomic Energy Commission of a history of the Manhattan Project, on which he had worked during WW II. After NIH, Charney was a visiting scholar at Dartmouth College ... **Frances Miller Daly**, 85, a nurse who worked for 40 years at NIH and retired in 1974 as head of the CC employee health service, died of septic shock Apr. 17 at Montgomery General Hospital ... **Roberta M. Downes**, a longtime NIH employee who had worked in DRG and later in the Management Policy Branch, OD, died in early April in Sykesville, Md. She was MPB's expert on the extramural program in the 1960's ... **Sylvia Justine Turner Downing**, a biochemist and cell biologist with NCI, died Feb. 15 at George Washington University Hospital. Her scientific career began with NCI in 1960 on the Metabolism Service (later the Metabolism Branch), and she became a member of the endocrinology section when it was formed within the Metabolism Branch. In 1990, she joined the newly established Laboratory of Nutritional and Molecular Regulation at the Frederick Cancer Research and Development Center and was a staff member of LNMR until her death ... **Jesse Ferguson**, 60, whose NIH career began with the CC in 1961 and spanned 36 years, died in early June of an apparent heart attack. During his years at NIH, he held the positions of chief, patient escort service; chief, admissions section; and clinic administrator and deputy chief of the outpatient department ... **Mary Genevieve Finegan**, 78, a contract specialist at NIH, died of breast cancer Apr. 21 at Montgomery General Hospital. In the 1970's, she joined the research grants section of NIH, where she stayed until her retirement in 1989 ... **Dr. Judith Marie Flannery**, 57, a famous world-class triathlete and a retired NIH biochemist, died Apr. 2, after being

struck by a car on River Road in Seneca during a 55-mile bicycle training ride with two friends ... **Dr. Roger B. Fuson**, 81, who worked at NIH for 21 years before retiring in 1982 as a science administrator at NIGMS, died of a heart ailment June 19 at Calvert Memorial Hospital. Prior to coming to NIH in 1961, he had been a research bacteriologist with the VA Hospital in Salt Lake City and an experimental medical laboratory associate director at a hospital in Montana ... **Adele Tenny Galloway**, 71, a former NIH clerk, died May 11 at the Meridian Nursing Center in Frederick, Md. She had a stroke and a lung ailment. She worked for NIH in the 1960's and 1970's ... **Dr. Otto A. Gansow**, 56, chief of the radioimmune and inorganic chemistry section of NCI's Clinical Science Division, died Apr. 19 at Georgetown University Hospital after a stroke. His research at NCI involved monoclonal antibodies and better ways to find tumors ... **Dr. Juli Y. Haga**, 71, owner of the Shoen Bonsai shop in Rockville, died of an aortic aneurysm and a heart attack May 30 at an inn in Tinton Falls, N.Y. She was stricken at a dog show where she was exhibiting her Tibetan terrier. In the late 1960's, she was a postdoctoral fellow in electron microscopic study of virus subunits and ribosomes at NIH. She left NIH to become head of Princeton University's electron microscopic laboratory. She returned to Washington in 1974, opened her shop and was also an electron microscopist at Georgetown University Medical School ... **Dr. Eugene K. Harris**, 69, a biostatistician and a retired applied science laboratory chief of NIH's Division of Computer and Research and Technology, died of cancer July 4 at his home in Madison, Va. He joined NIH in 1965, and worked on the statistical design and analysis of biomedical research projects and helped develop statistical methods for clinical laboratory medical tests. After retiring from NIH in 1983, he became research professor in the biomedical engineering department at the University of Virginia. He was also a clinical statistics consultant, a clinical professor in the pathology department and an adjunct professor in the biostatistics division of the University of Virginia Health Sciences Center in Charlottesville ... **Melvin J. Josephs**, 71, whose federal career included employment at NLM, died of cancer on June 2 in Bethesda. He was

also a retired executive director of the American Society of Plant Physiologists ... **Lena J. Wetherell Koepper**, 84, of Derwood, who worked for NIH as a research biologist for 34 years, died Apr. 15 in Shady Grove Adventist Hospital ... **Elmer Myles Lazarus**, 64, a mechanic who retired in 1994 as chief of the NIH heavy equipment repair section, died of cancer Apr. 17 at Montgomery General Hospital. His NIH career began in 1962, when he joined the grounds maintenance staff ... **Frank L. Libersky**, 80, a cataloguer with NLM for 20 years, died of a stroke June 25 at Sibley Memorial Hospital. He was a member of the Medical Library Association and the American Association for the Advancement of Science ... **Dr. Ralph S. Lloyd**, 88, a dentist who served as assistant U.S. surgeon general in the 1960's, died of congestive heart failure Aug. 25, 1996, at his home in West Palm Beach. In 1953, he became chief of the CC dental department. From 1962 until 1966, he was chief dental officer and assistant surgeon general. Following his retirement, he moved to Florida and joined a private dental practice in Lake Worth, Fla. ... **Clare L. Markham**, 73, died July 7 of lung cancer at her home in Olney, Md., with her family present. From Feb. 1966 until Aug. 1989, she was a statistician at NICHD. Once retired, she was a dedicated volunteer at the Children's Inn, the R&W, Suburban Hospital, the Bethesda Co-op, the Bethesda Women's Club, and she also served as a docent at the McCrillis Gardens in Bethesda ... **Dr. Lonnie E. Mitchell**, 70, a professor of psychology at Coppin State College in Baltimore, who had been an intern at NIMH, died of kidney failure on May 4 at his home in Fairfax Station. He had also worked on plans for NIDA and was the institute's first chief of information and prevention. In the 1980's, he was director of Washington's drug and alcohol treatment agency and outpatient clinic director with the Washington VA Hospital. While teaching clinical psychology at the University of Rochester in the early 1970s, he created the university's Center for Afro-American Studies ... **Dr. Margaret E. Martin**, 81, a chemist, died of a stroke Mar. 30 at Holy Cross Hospital in Silver Spring. She had retired in 1976 after 14 years with NIMH. Prior to that, she had been a chemist with the FDA and the Agriculture Department ... **Edward E.**

Nicholas, Jr., 73, retired director of the NIH Division of Personnel, died July 13 of lung and throat cancer at his home in Lancaster County, Va. He retired in 1988 after 25 years of service, including two extended periods as acting associate director of administration at NIH. Before NIH, he was a civilian personnel officer with the Department of the Army and a State Department aide in Albania after World War II ... **Dr. Peter Dimiter Orahovats**, 75, a former vice president of Bristol-Myers Co., who retired in 1985 as director of the company's scientific products division, died of cardiac arrest on July 21 at St. Mary's Hospital in Leonardtown, Md. From 1949 to 1951, Orahovats was a research fellow at NIH. In 1951, he left to become head of pharmacology at the Merck Institute for Therapeutic Research in New Jersey and stayed there until joining Bristol-Myers in 1959 ... **Jane Greverus Perry**, 87, an author, naturalist and economist, died Apr. 16 at her home in Winter Haven, Fla. She was a longtime Washington resident who served as an economist in several federal agencies and on four presidential commissions. Her last federal job was at NIMH. ... **Dr. Marcel W. Pons**, 65, a scientific review administrator and referral officer with DRG, died on Feb. 21 at his home in Olney, Md. He came to NIH in 1988 and was instrumental in establishing the virology and AIDS study sections, with which he continued to work until his illness. In recent years, he had also administered the review of applications to the study section on chronic fatigue syndrome ... **Dr. Georgia Perkins Reaser**, 76, an administrator, died of congestive heart failure on Mar. 29 at Coronado Hospital in California. She had been a former assistant to the director of NICHD. In 1975, she became coordinator of San Diego County's child health and disability prevention program. Later, she administered the maternal and child health division for the county. Until her retirement, she also served on the faculties of the University of California at San Diego and San Diego State University ... **John F. Roatch**, 76, a retired captain in the PHS, died on July 2 at his home in Arizona. He joined NIH in 1959 and retired in 1972 as chief of the social work department at the CC. After moving to Arizona, he continued his career as director of the social service department, Indian Medical Center,

Phoenix. He was a charter member of the National Association of Social Workers. ...

Dr. Robert J. Robinson, 78, an endocrinologist who was an assistant professor at Howard University Medical School and an FDA official, died of cancer Apr. 30 at his home in Rockville. In the mid 1950's,

after he completed his residency in internal medicine at what became Howard University Hospital, he completed an NIH postdoctoral fellowship in endocrinology ...

Dr. Morris Schaeffer, 89, a microbiologist and virologist, died of a heart attack Jan. 4 at a hospital in Eugene, Ore.

Following directorship of a virus and rickettsia lab at CDC, he joined NIH in the mid-1960's and worked in the Division of Biologics Standards. Later, he was the director of the Bureau of Biologics at FDA. He also worked at the Center for Drugs and Biologics ... **Dr. Marvin A.**

Schneiderman, 78, a specialist in the statistics of health and epidemiology, died of coronary artery disease at his Bethesda home on Apr. 1. He retired from NCI as associate director for science and public policy. He was an expert in the application of statistics to biological and medical experiments, and he had done statistical analyses on the likelihood that behaviors such as drinking, smoking, diet, and sun exposure might cause cancer. After retirement, he taught at Georgetown University Medical School and the Pittsburgh School of Public Health. He was a member of the NIHAA board of directors and the historical committee ...

Dr. Stuart M. Sessoms, 75, died suddenly Apr. 24 at his home in Durham, N.C. He joined NIH in 1953, where he served as assistant director of the CC and assistant and associate director of NCI. He also became the third deputy director of NIH in 1962. Upon his retirement in 1968, he held the rank of assistant surgeon general (rear admiral) in the PHS. After government service, he became director of Duke University Hospitals. In 1976, he was named vice president of Blue Cross and Blue Shield of N.C., where he remained until his retirement in 1987 ... **Dr. Roald**

Shern, who spent 21 years with NIDR before retiring in 1991, died of cancer Mar. 25 at his home in Venice, Fla. His career at the institute bridged laboratory, epidemiological and clinical research, beginning with NIDR's National Caries Program and concluding in the Clinical Investigations and Patient Care Branch of

The NIHAA recently received a contribution from Mrs. Mary Calley Hartman in memory of Dr. Margaret Martin, Edward Nicholas, Jr., John Roatch, Dr. Marvin Schneiderman, Dr. Stuart Sessoms and Sam Silverman.

the intramural program. His studies helped develop tests that can be used to predict the clinical effectiveness of antiplaque agents. His expertise in measuring tissue fluoride levels contributed to the development of a controlled release device that attaches to the tooth and continuously delivers fluoride to the oral cavity ... **Sam Silverman**, 80, a medical photographer, died May 21 at Suburban Hospital from head injuries suffered in a fall at his home in Bethesda. He retired from NIH in 1971, after 30 years of federal service, 21 years in the Medical Arts and Photography Branch, DRS, where he had been a photo laboratory supervisor. He had served in the Army during World War II and earned a Purple Heart in the Battle of the Bulge ... **Marsha Slavin**, 79, a health analyst who worked for NIH as an

administrative assistant in the early 1960's, died Mar. 10 at Sibley Memorial Hospital ...

Joseph J. Weeda, Sr., 53, who spent 21 years at NIAAA, died June 28 from complications of diabetes. He joined NIAAA as a grants management specialist in 1976, and was promoted to chief of the Grants Management Branch in 1983 ... **Dr.**

Alfred Weissler, 80, a chemist who worked both at NIH and FDA, died of pneumonia July 6 at Georgetown University Hospital. He also had a heart ailment ...

Jack Wiener, 80, who worked for 25 years as a program analyst and research grants specialist for NIMH, died July 27 at his home in Bethesda from heart and kidney ailments. He began work at NIMH in 1956 and retired in 1981 ... **Dr.**

Marjorie Price Wilson, 73, died of a cerebral accident on June 12. From 1960 to 1970, she worked as an assistant director for Program Planning and Evaluation in the Office of the Director, NIH. After NIH, she worked at the Association of American Medical Colleges, became vice dean of the University of Maryland Medical School, then ended her career as chief executive officer for the Educational Committee for Foreign Medical Graduates.



The NIH director's house gets a face-lift in preparation for the clinical research trainees who moved in this summer. The select group of the nation's medical and dental students compose the charter class of NIH's new Clinical Research Training Program, which is modeled after the Howard Hughes Medical Institute-NIH Research Scholars Program. The first CRTP class will stay for 1 year with a possible 1 year extension. The director's house, which was unoccupied, houses six of the nine students.

NIH Retrospectives



FEDERAL SECURITY AGENCY 14 October 1949 PUBLIC HEALTH SERVICE NATIONAL INSTITUTE OF HEALTH

Summer 1957

A new Research Associate Program designed to give qualified young physicians and dentists the background they need for basic medical research was established at NIH, and is scheduled to begin on July 15 ... NIH appropriations totaling \$211,183,000 for the fiscal year 1958 have been passed by Congress and approved by President Eisenhower. This is an increase of \$28,176,000 over last year's budget.



Spring 1967

On July 21, President Lyndon B. Johnson visited NIH, where he toured the Clinical Center, including the laboratories and addressed the NIH community. In his speech the President called NIH "a billion dollar success story," and sounded a let-the-people-know theme. A presidential visit is a highlight of any year, but the NIH research hospital is an international attraction and the flow of visitors never ceases. In the first 6 months of 1967, almost 1,900 persons from every continent visited the CC. For example, during the week that the President visited, the staff received administrators from the University College Hospital in London and the Royal Infirmary in Manchester; orthopedic surgeons from Moscow and Munich; a government hospital architect from Buenos Aires; an

instructor in internal medicine from National Taiwan University; a radiologist from the University of Geneva; virologists from the Institute of Hygiene in Montevideo; and 42 biology teachers from a summer institute at the University of Maryland.



Summer 1977

Dr. Marie U. Nylén has been appointed director of Intramural Research of the NIDR—the first woman to be named to such a position at NIH ... NCI celebrated its 40th Anniversary on Aug. 5 with a ceremony in Masur Auditorium. Senator Warren G. Magnuson, who introduced the original legislation

establishing NCI, was the principal speaker.

The NIH Record

U.S. Department of Health, Education, and Welfare September 18, 1974 Vol. XXII No. 18 National Institute of Health

Summer 1987

On May 21 the DeWitt Stetten, Jr., Museum of Medical Research was dedicated in a ceremony at the Clinical Center. (See article on p. 3 about the program commemorating the 10th anniversary of the museum) ... NIH will be an entirely smoke-free workplace by Sept. 1, meaning no smoking will be permitted in any NIH buildings, on or off campus. The new policy was described by Dr. James B. Wyngaarden, NIH director, in a memo to all employees.



President Truman helped ceremoniously place the Clinical Center cornerstone on June 22, 1951. Behind Truman (l to r) are Dr. William H. Sebrell, NIH director; Oscar R. Ewing, FSA administrator; John McShain, CC builder; and Surgeon General Leonard A. Scheele. The CC cornerstone has been missing since it was removed intact from the original front wall on June 17, 1977, by workers of the ACRF addition. If you have information about it, call or write the NIHAA office.