NIHAA Members Enjoy Annual Meeting with Osborn, Kirschstein, and Spiegel

"The health of the NIH is good," Dr. Ruth Kirschstein, acting NIH director, told NIH alumni as she summarized the history and future prospects of the agency at the annual meeting of the NIH Alumni Association. Kirschstein's presentation was the first of three highlights of the well-attended membership meeting on June 17, 2000. NIHAA Public Service Awardee Dr. June E. Osborn spoke of her experiences as a scientific advisor and reviewer for NIH, and Dr. Allen M. Spiegel, NIDDK director, traced NIH intramural research on signal transduction over a 30-year period.

Dr. William Gay, the NIHAA president who opened and presided over the session held at the Mary Woodard Lasker Center, announced the election

(See Annual Meeting, p. 12)

Shalala Speaks Frankly at 80th ACD Meeting

By Rich McManus

HHS Secretary Donna Shalala dropped in on the 80th meeting of the advisory committee to the NIH director on June 8 to offer encouragement and congratulations on a variety of topics including the FY 2001 budget, NIH's effort to bolster oversight of human gene transfer, the progress of the Human Genome Project, and NIH's initiative to reduce health disparities. She also expanded upon and applauded President Clinton's decision, announced that morning, to extend Medicare coverage to participants in clinical trials, and answered questions in a relaxed and freewheeling session. "You've had me as candid as I've ever

(See ACD Meeting, p. 14)

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Angell To Give Fourth NIHAA Shannon Lecture

Dr. Marcia Angell, former editor-in-chief of the New England Journal of Medicine, will deliver the fourth James A. Shannon Lecture on Feb. 14, 2001 at 3 p.m. in Masur Auditorium, Bldg. 10. She will speak on, "The Ethics of Clinical Trials." The Shannon Lecture is sponsored by NIHAA.

Angell, who is a lecturer in social medicine at Harvard Medical School, has been associated with the New England Journal of Medicine for over two decades. She joined the Journal in 1979 and became executive editor in 1988. In September 1999, she became interim editor-in-chief following the departure of Dr. Jerome P. Kassirer.

(See Angell, p. 2)
She is a board-certified pathologist who received her M.D. from Boston University School of Medicine, and trained in internal medicine at Mt. Auburn and University Hospitals and in pathology at Mt. Auburn and New England Deaconess Hospitals.

Known, both nationally and internationally, for her writings on medical ethics and health policy, she is the author of the book *Science on Trial: The Clash of Medical Evidence and the Law in the Breast Implant Case* (Norton, 1996). She has written many influential articles and editorials, and is the co-author of the textbook *Basic Pathology*.

She is a member of the Institute of Medicine of the National Academy of Sciences, the American College of Physicians, and the Association of American Physicians. In 1997, Angell was named by *Time* magazine as one of the 25 most influential Americans. The article cited her not only for her work at the *Journal*, but also for her book *Science on Trial*, which became an "instant classic on junk science."


Last year’s lecture was by Dr. Purnell W. Choppin, retired president of the Howard Hughes Medical Institute, who spoke on, "A Role for Private Support of Biomedical Research."

Please see invitation to the lecture by Angell below.
Research Festival '00 Slated for Oct. 10-13

By Paula Cohen

Preparations are well under way for the 14th annual NIH Research Festival to be held on the Bethesda campus Oct. 10-13. The festival organizing committee, co-chaired this year by NHLBI scientific directors Dr. Robert Balaban and Dr. Elizabeth Nabel, has been busy planning a wide-ranging program showcasing the scientific diversity of the NIH intramural research program. This year's festival will follow a format similar to that of last year's festival, comprised of plenary, mini-symposia, and poster sessions; a job fair for postdoctoral fellows; a biomedical research equipment show; special exhibits on intramural resources; and a lunchtime food fair.

(For details, see box on this page and sidebar on p. 4).

The NIH Job Fair for postdoctoral fellows, sponsored by the Foundation for the NIH and spearheaded by the NIH Office of Education's acting director Brenda Hanning and fair coordinator Shirley Forehand, will kick off research festival events on Tuesday, Oct. 10. A keynote address on "Career Decision Strategies in the Era of Biotech: How to Decide What Pathway Is Right for You," by Dr. William Schrader, Ligand Pharmaceuticals, will begin job fair activities at 9:00 a.m. in Jack Masur Auditorium, CC. The job fair will follow in the NIH Visitor Information Center, CC, and will host a number of representatives from:

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Mini-Symposia I  
Wednesday, October 11 2:00-4:00 p.m.
- **Mechanisms of Blood Pressure Regulation and Dysregulation**  
  Co-Chairs: Mark Knepper, NHLBI, and Juergen Schnermann, NIDDK
- **Endocannabinoids and Related Lipid Mediators**  
  Co-Chairs: George Kunos, NIAAA, and Miles Herkenham, NIMH
- **Acquired Mitochondrial Toxicities**  
  Chair: Marinos Dalakas, NINDS
- **DNA Polymerases, Helicases, Nucleases, and Genomic (in)Stability**  
  Co-Chairs: Vilhelm Bohr, NIA, and Roger Woodgate, NICHD
- **The Cell Cycle**  
  Co-Chairs: Mary Lilly, NICHD, and Donna Cohen-Fix, NIDDK
- **Development and Degeneration of Glial Cells**  
  Co-Chairs: Vittorio Gallo, NICHD, and Lynne Hudson, NINDS

Mini-Symposia II  
Thursday, October 12 2:30-4:30 p.m.
- **Chromatin Structure, Gene Regulation and Boundary Elements**  
  Chair: David Clark, NIDDK
- **Protein Analyses and Proteomics: Emerging Methods in Mass Spectrometry**  
  Chair: Sanford Marky, NIMH
- **Membrane Microdomains**  
  Co-Chairs: Teresa Jones, NIDDK, and Ira Levin, NIDDK
- **Protein Trafficking and Disease**  
  Co-Chairs: Harris Bernstein, NIDDK, and Peng Loh, NICHD
- **Eureka! - The Scientific Discovery Behind Today's Medical Products**  
  Chair: Steven Ferguson, OTT
- **The Science of Alternative Medicine**  
  Co-Chairs: Stephen Stinus, NCCAM, and Jeffrey D. White, NCI
industry, government, the academic community, and nonprofit organizations. NIH postdoctoral fellows who are completing their research training and seeking permanent employment will have the opportunity to meet with these representatives from 10:00 a.m. to 3:00 p.m. For a listing of exhibitors and more information, visit the NIH Job Fair web site at www.training.nih.gov/jobfair.

Two days of scientific symposia begin with plenary sessions on Wednesday morning, Oct 11. “Nitric Oxide: Molecular Physiology, Pathology and Therapeutics,” chaired by Dr. Alan Schechter, NIDDK, and “Angiogenesis: Molecular Mechanics and Therapeutic Strategies,” chaired by Dr. William Stetler-Stevenson, NICI, make up the morning program. A third plenary session on “The Utility of Whole Genome Sequences: Early Glimpses of the Sequence-based Era,” chaired by Dr. Eric Green, NHGRI, will follow on Thursday morning, Oct. 12. All three plenary sessions will be held in Masur Auditorium, CC.

The morning sessions will be followed each afternoon by six concurrent mini-symposia with topics solicited from the IC scientific directors and members of the various special interest groups. Three poster sessions are also scheduled, featuring presentations by hundreds of NIH intramural scientists.

The Technical Sales Association will again sponsor the popular research festival exhibit show on Thursday and Friday, Oct. 12 and 13. Over 400 exhibit booths will display state-of-the-art equipment, supplies, and services by leading regional and national biomedical research suppliers.

NIHAA members are encouraged to attend. Program details are available on the Research Festival web site at http://festival2000.nih.gov.
Calendar of Upcoming Exhibits and Events

Exhibits

National Library of Medicine

Continuing until March 31, 2001 in the NLM Rotunda, "Breath of Life," an exhibit that examines the history of asthma, the experiences of people with asthma and contemporary efforts to understand the disease. For more information, call 301-594-7170.

An exhibit on the life and work of Dr. Joshua Lederberg, Nobel laureate, featuring memorabilia, letters, newspaper clippings and photographs, is on display until November 2000.

DeWitt Stetten, Jr., Museum

For more information about all the Stetten Museum exhibits, call the NIH Historical Office at 301-496-6610.

Other Activities of Interest

Medicine for the Public:

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

Sept. 19—Dr. Allan D. Kirk, Organ Transplantation
Sept. 26—Dr. Lauren Wood, Teenage AIDS
Oct. 3—Dr. Stephen Piscatelli and Dr. Aaron Burstein, Herbal Products and Interactions

NIH Events

The NIH Director’s Wednesday Afternoon Lectures are at 3 p.m. in Masur Auditorium, Bldg. 10. For confirmation of information call Hilda Madine at 301-594-5595.

Sept. 13—R.E. Dyer Lecture: Dr. Michael Oldstone
Sept. 18 (Monday)—NIH Director’s Cultural Lecture: Dr. Jared Diamond
Sept. 20—NIH Director’s Lecture: Dr. Thomas Cech

NIHAA Events

Wednesday, Feb. 14, 2001: the fourth James A. Shannon lecture, Dr. Marcia Angell, Masur Auditorium at 3 p.m.

For more information about NIH events call 301-496-1766. For more information about NIHAA events call 301-530-0567.
News From and About NIHAA Members and Foreign Chapters

Dorothy L. Allison, who was at NIH (1949–1962) and then at NIMH (1980–1984), writes from her home in Dagsboro, Delaware, where she lives in retirement, that she “worked for 13 years in OD where she was secretary to John E. Fletcher, who was assistant director for Information and Public Relations, and then secretary to Joseph Murtaugh, International Office.” She adds that she came back to NIH in 1980 and was secretary at the CC where she worked for Dr. David M. Jacobowitz before leaving in 1984.

Dr. John P. Atkinson, who was a clinical associate in the Laboratory of Clinical Investigation (1971–1972), a chief clinical associate, LCI, NIAID (1972–1973) and a staff fellow (1973–1974), is now professor of medicine in the division of rheumatology at Washington University School of Medicine in St. Louis. Recently he was named to the National Arthritis and Musculoskeletal and Skin Diseases Advisory Council. His research has focused on further understanding the origins of autoimmunity; for the past decade, his laboratory has worked on characterizing complement receptors and complement regulatory proteins.

Dr. Robert C. Bast, Jr., who was in the Biology Branch, NCI, (1972–1975), has been head of the division of medicine at M.D. Anderson Cancer Center. In March, he was appointed vice president for translational research at the center. He will work to facilitate collaborations between clinicians and laboratory investigators throughout the center. He will also be the co-principal investigator of the core grant from NCI with Dr. John Mendelsohn, president of M.D. Anderson.

Dr. Constance U. Battle, executive director of the Foundation for the NIH, was recently inducted into the Maryland Women’s Hall of Fame during a ceremony held in Annapolis. She was recognized for her local and national contributions to children with disabilities and women’s health. The author of over 30 articles, book chapters and monographs, she is also a professor of pediatrics at George Washington University School of Medicine, as well as an assistant professor of pediatrics and child health at Howard University. She has served as president of two national/international organizations, the American Women’s Medical Association and the Association for Care of Children’s Health. She also served as president of the District of Columbia Hospital Association.


Dr. Paul P. Carbone, who was at NCI (1960–1976) in the Division of Cancer Treatment, Medicine Branch, sent the following email: “Since I left NCI, I have been at the University of Wisconsin where I served as director of the Comprehensive Cancer Center until 1997. I became emeritus at that time, but I still see patients, do my research and serve as associate dean for HealthStar, an ambitious program to build $200,000 worth of teaching and research facilities for the medical school. I have two research projects funded by NCI to look at the role of difluoromethylornithine in the prevention of skin and bladder cancer. This compound was developed by Al Sjoersma, another NIH alumnus. I still serve on an NIH study section. Later this year, I will be appointed as the Yong Loo Lin professor at the National University of Singapore to help develop a cancer program. I have been a consultant and visiting professor at the Academia Sinica in Taiwan to coordinate the training of 13 young Taiwanese doctors in medical oncology. My oldest son David is also an NIH alumnus and he is now a professor of medicine at Vanderbilt. I also have a daughter, who graduated from UW and trained and was on the faculty at Johns Hopkins, and is a lab chief in the FDA working at the NIH on viral diseases. My third child of seven is also a physician, working at the University of Pennsylvania as an anesthesiologist and serving as a vice president for the University of Pennsylvania Hospital. She is also an executive MBA student at the Wharton Business School. The other children are in other fields, law and business. We now have 16 grandchildren and enjoy visiting them. I also manage to get a few rounds of golf in regularly.”

Dr. Richard L. Christiansen retired from NIDR in 1982 as director of Extramural Programs, NIDR, then accepted a position at the University of Michigan School of Dentistry. He started the International Union of Schools of Oral Health. He writes that his international interests were “largely started by my participation, near the end of my NIH career, in the 25th anniversary of the Hadassah School of Dental Medicine in Jerusalem at Hebrew University.” Christiansen is
now professor of orthodontics and past dean at University of Michigan School of Dentistry. On June 1, 2000, he received an honorary degree from the Nippon Dental University at its Tokyo campus. He was also invited to speak at the annual meeting of the scientific organization, "Shigakkai," in Japan.

Dr. Rita R. Colwell, director of the National Science Foundation, and recently elected to the NIHAA board of directors, received the 2000 Cosmos Club Award, becoming the 37th recipient. She addressed the club at a black-tie dinner on Apr. 25 and received a special certificate and $5,000 provided by the Cosmos Club Foundation. Her portrait is also displayed in the award foyer. She was selected as "a club member of great distinction. She is a biochemist, first woman director of the National Science Foundation, a microbiologist and a marine biologist. In addition, she has the attributes of an exceptionally qualified statesman in the field of science."

Dr. Peter Dans writes: "I was in NIAID from 1964–1967 in Bob Chanock's laboratory ... He is a person you ought to honor. I just published a book called Doctors in the Movies: Boil the Water and Just Say AAH, about how doctors (and scientists as well) have been portrayed in movies from the 1930's to the 1990's. I will be leading a discussion at one of the NIH summer festival films. I have been on the faculty at Johns Hopkins Medical Institutions since 1978 (now part-time)."

Dr. Mark M. Davis, who was a staff fellow in the Laboratory of Immunology at NIAID (1980–1984), is an investigator at the Howard Hughes Medical Institute and professor of microbiology and immunology at Stanford University School of Medicine. He shared the William B. Coley Award for Distinguished Research in Basic and Tumor Immunology with Dr. Michael Pfundshuh of the University of Saarlandes, Homburg, Germany. The award, given by the Cancer Research Institute, recognizes outstanding achievements in the field of basic immunology and cancer immunology. The awards were presented at a ceremony in New York City on May 24, 2000.

Dr. R. Gordon Douglas, Jr., who was a clinical associate and clinical investigator at NIAID in the Laboratory of Clinical Investigation, (1963–1966), retired as president of the Merck Vaccine Division in May 1999. In April he was honored as the recipient of the 2000 Maxwell Finland Award for Scientific Achievement. This award is presented by the National Foundation for Infectious Diseases to a scientist who has made outstanding contributions to the understanding of infectious diseases or public health. Douglas has recently joined the Dale and Betty Bumpers Vaccine Research Center as director of strategic planning. He will guide research strategies for potential HIV vaccine candidates. He will also be involved in collaborations among the VRC, academia and the pharmaceutical and biotechnology industries that will foster and facilitate HIV vaccine development efforts, and will advise on research efforts at NIH in other infectious diseases and cancer. He continues his advocacy of infectious disease prevention as a member of a group called the Princeton Project 55. This is composed of Princeton graduates from the class of 1955 who wanted to give something back in terms of public service. His projects are tuberculosis prevention, development of a TB vaccine, and talking to Congress and organizations both in and out of government.

Dr. James M. Felser, at NIAID in the Laboratory of Clinical Investigation as a medical staff fellow (1983–1987), and then at the Laboratory of Molecular Microbiology as a senior staff fellow (1987–1989) is now director, clinical research at Novartis Pharmaceuticals corporation in East Hanover, New Jersey.

Dr. Donald Fredrickson, former NIH director (1975–1981), spoke at the recent "Symposium on Science, Ethics and Society: The 25th Anniversary of the Asilomar Conference," sponsored by the University of Southern California, held at Asilomar, Calif. He presented a paper, "The First Twenty-Five Years after Asilomar." In it he recounted the political saga of establishing the recombinant DNA molecule program advisory committee (RAC) in response to the safety concerns and self-imposed moratorium of the scientific community about working with recombinant DNA molecules as discussed extensively in the 1975 conference. The activities put into place at NIH then led to the gradual relaxation of the moratorium, but with maintenance of public trust, and opened the way for the development of the scientific and commercial biotechnology revolution now at hand.

Dr. Peter Herbert, at NHLBI (1969–1977) has been named chief of staff at Yale-New Haven Hospital. After he left NHLBI, he joined the faculty at Brown University as professor of medicine. He returned to New Haven in 1991 to become chief of medicine at the Hospital of St. Raphael.
Dr. Frederic Ann Hoffman, who was at NCI (1976–1986), lastly as director of Extramural Clinical Trials, Biological Response Modifiers Program, Division of Cancer Treatment, is now senior director for complementary medicine, medical & clinical affairs at Warner Lambert-Consumer Healthcare in Morris Plains, New Jersey.

Dr. Robert Horlick, who was at NIH (1980–1986) in Dr. Bruce Paterson's laboratory at NCI, writes: "I was recently promoted to associate director of molecular pharmacology at Millennium Pharmaceuticals, Inc., in Cambridge, Mass." The company specializes in using genomics to develop drugs.

Dr. William J.M. Hruskesky, who was at NCI in the Division of Cancer Treatment (1974–1976), has left his position as professor and senior clinical investigator of medical oncology at the Stratton VA Medical Center and Albany Medical Center, to become director of research at the WJB Dorn VA Medical Center and professor in the department of developmental biology and anatomy, University of South Carolina Cancer Center. He will also be at the USC School of Public Health in the department of epidemiology and statistics.

Dr. John LaRosa was an NHLBI clinical associate (1967–1969) and chief resident (1969–1970). He then spent 20 years at George Washington University Medical Center, where he was dean for clinical affairs and then dean for research. He was later chancellor of the Medical School of Tulane University in New Orleans. On Sept. 1, 1999, he was named president of Downstate Health Center, State University of New York in Brooklyn.

Jean Kilbourne, who was a member of the National Advisory Council on Alcohol Abuse and Alcoholism for several years in the 1990's, sends the following news: Free Press has recently published her first book, Deadly Persuasion: Why Women and Girls Must Fight the Addictive Power of Advertising. It contains chapters on alcohol and tobacco advertising. She is a speaker who has been twice named Lecturer of the Year by the National Association of Campus Activities and is a visiting scholar at Wellesley College as well as an advisor to two surgeons general.

Dr. Victor J. Marder, who was at NIAMD, Clinical Hematology Branch, (1961–1964, 1966–1968), writes: "After 22 years at the University of Rochester School of Medicine and Dentistry, serving as co-chief and as chief of the Hematology Unit, I have taken a position as clinical professor of medicine and director of the department of medicine at the University of California Los Angeles, as of May 1, 1999. I remain fully committed and active in the lab, the classroom and the clinic, working on subjects of hemostasis, thrombosis and fibrinolysis. For 2 years, 1997–1999, I served as president of the XVII Congress of the International Society for Thrombosis and Hemostasis."

Dr. Herbert W. Nickens, an NHAA member who died in 1999, was posthumously honored in February 2000 with a memorial lecture that was presented at the 7th Biennial Symposium on Minorities, the Medically Underserved & Cancer, held in Washington D.C. Beginning in 1982, Nickens held a series of federal appointments with NIH and DHHS, becoming, in 1985, director of the Office of Policy, Planning, and Analysis at NIA. He left NIH in 1986 to become the first director of the Office of Minority Health at HHS. Then in 1988, he joined the American Association of Medical Colleges.

Dr. Robert K. Oldham was at NCI as associate director, DCT and founding director of Biological Response Modifiers Program (1980–1984). Earlier he had been at NCI as a medical oncology fellow, a clinical associate (1970–1972), and then he returned as senior investigator in the cellular and tumor immunology section of the Laboratory of Immunodiagnosis (1973–1975). He lives in Aiken, South Carolina, where he is the director of the Biological Therapy Institute. Most recently, he has been a senior consultant with the American Red Cross and Maxim Pharmaceuticals.

Dr. Barbara Packard, NHLBI associate director for scientific program operations and director, Office of Science and Technology, (1967–1971 and 1975–1996), now lives in Treasure Island, Florida. She writes, "I was the commencement speaker at my alma mater Waynesburg College, Waynesburg, Pa., on May 14, 2000. The title of my presentation was 'Opportunity, Change, Health,' I received an honorary degree—doctor of humane letters."

Dr. Stephen C. Schimpff, who was a clinical associate in the Baltimore Cancer Research Center of NCI (1969–1970), a guest worker at NIAID (1972–1973) and who remained with NCI as a senior investigator until 1982, is CEO of the University of Maryland Medical Center and executive vice president of the University of Maryland Medical System. He has been named chair of the board of governors of the CC. Schimpff, a member of the board and its
executive committee since their inception four years ago, is also chair of the finance working group.

Dr. Leon Smith, who was at NIAID as a staff fellow (1957–1959), is now director of medicine and chief of infectious diseases at St. Michael's Medical Center in Newark, New Jersey. At Caldwell College's 58th commencement ceremony on May 21, he received an honorary degree: doctor of medical research, honoris causa. During his 36-year career at St. Michael's, he taught more than 3,500 medical students. In 1962, he and his wife, Peggy, co-founded New Jersey's first free medical clinic. In 1964, Smith co-founded an ongoing infectious diseases conference which meets at a New York City or a New Jersey hospital. In 1984, he established the first free shower and clothing center for the homeless at Saint Patrick's Pro Cathedral in Newark. In 1995, he developed a school-based HIV/AIDS prevention program in Newark, Jersey City and Edison where AIDS patients talk to high school juniors and seniors. He has advised Essex County on the prevention and treatment of infectious diseases in jails. In 1997 and 1998, his fellow physicians voted him the best diagnostician in the New York/New Jersey/Connecticut metropolitan area and appointed him to “The Best Doctors Board.”

Dr. John Weisburger, who was at NCI (1949–1972), is now director emeritus and senior member of the American Health Foundation, Valhalla, N.Y. He was named an honorary member of the American Association for Cancer Research at its annual meeting in San Francisco on Apr. 3, 2000. He has been active in research on cancer prevention through nutritional intervention with specific dietary components. He is known for his studies on the role of the cooking of foods and the generation and prevention of specific cancer causing agents during cooking. He is also recognized internationally for his activities in the field of tea and health.

Dr. Gary Williams, who was at NCI in the Etiology Division, (1969–1971), is now at New York Medical College, department of pathology. He sends information about a course on the safety assessment of medicines, Oct. 29 to Nov. 3, 2000 in White Plains, N.Y. For information contact Mrs. Barbara Krokus at New York Medical College 914-594-3087 or fax 914-594-4163 or e-mail Barbara_Krokus@nymc.edu.

Dr. Michael Walker, who served as director of the NINDS Division of Stroke, Trauma, and Neurodegenerative Disorders and who had more than a 20-year career with NIH (1965–1999), retired recently. He was honored at an NINDS-sponsored seminar, "Stroke in the Next Millennium," held in Lipsett Amphitheater, Bldg. 10. He will continue to be seen around the campus, involved in a variety of neuroscience projects.

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., 20814-1522 or email at nihalumni@yahoo.com.

Name:
Home Phone:
News: (Include NIH affiliation)

9
Update on Two Nobel Laureates, Blumberg and Axelrod

Astrobiology and the Search for Origins

Shortly after Baruch Blumberg came to NIH in 1957, he and others in the clinical research group that he had joined (in what was then known as the Arthritis and Metabolic Diseases Institute) started a new section, which Blumberg named “Geographic Medicine and Genetics.”

“Thinking of genes by themselves can be misleading,” he explains. “You can’t look at just one gene at a time, and you can’t look at genes outside the context of the environment of the host, both internal and external.”

The world at large became the site of his field work, studying polymorphisms and their relation to disease susceptibility—work that led to the discovery of the Australia antigen and later, after he’d left NIH, to the identification of the hepatitis B virus and the development of the hepatitis B vaccine.

Today, Blumberg’s focus is still, essentially, “geographic medicine and genetics,” but his “geography” has expanded beyond the terrestrial.

Last spring, Blumberg became the first director of the newly created NASA Astrobiology Institute (NAI). Its mission is the “study of the origin, evolution, distribution, and future of life on Earth and in the universe.”

Headquartered at the Ames Research Center in Mountain View, Calif., its work is carried out wherever the spirit moves affiliated scientists at what are now 11 participating U.S. institutions and one international team. And, like

the universe, the NAI is expandable.

Blumberg would especially like to see expansion in the form of coordinated NAI-NIH research. He envisions a variety of collaborations to be determined between NAI and NIH intramural scientists—jointly funded projects, perhaps, in such areas as new and emerging diseases, prebiotic chemistry, and the origins of cancer.

He’s had discussions with acting NIH director Ruth Kirschstein, deputy director for intramural research Michael Gottesman, and NIAID director Tony Fauci, and he plans to talk with more institute heads.

Discussions are under way for an NAI-NIH seminar to acquaint the scientific community here with the astrobiological plane.

It’s a program of “discovery of basic research,” Blumberg says. And although much of the research “is based on the notion that NASA has space flight capabilities,” most of it to date has been conducted on Earth—albeit under the sea, deep within rocks, or embedded in ice, for example.

“Astrobiologists are very interested in organisms that live under what we think of as extreme conditions; of course, they are not ‘extreme’ for these organisms, which we have given the name ‘extremophiles.’”

The greatest probability for life in our solar system, Blumberg says, is on Mars, Europa (a moon of Jupiter), and Titan (a moon of Saturn), as well as in “cosmic dust,” which can also be found all over Earth. If life actually exists in these places, it would most likely be under the conditions of early Earth, before our atmosphere had oxygen, when extremophiles probably flourished here, he says.

“We want to look at early Earth and the organisms that are still present in contemporary geothermal vents,” he notes, observing that although such astrobiological explorations may seem remote, “the whole world of molecular biology, as revealed by PCR, is based on an enzyme extracted from an extremophile that operates at very high temperatures”—a discovery that earlier generated considerable interest in the field of astrobiology.

Some life forms adore the cold.

“A lot of our people are in the Arctic and Antarctic, where they have found organisms living in ice crystal water channels. Nobody knows if they cause disease. I’m interested in exploring virology, the phage within these bacteria under these extreme conditions.”

Medical microbiologists and astrobiologists, Blumberg notes, tend to look at organisms differently. The “one bug—one disease” paradigm still prevails among the former, while the latter adopt an “ecological approach,” examining, for example, biofilms, or layers of bacteria glued together with long-chain sugars, and the interactions among organisms and the relation of their evolution to the changes in Earth’s environment.

Another possible field for mutual exploration, presumably with NCI, could revolve around the question, “When did cancer start?” The answer could be, “When cells first started.” Blumberg speculates. How cells started is a major astrobiological concern. The search for organic matter in space has uncovered such things as amino acids in meteorites and organic molecules floating freely in space dust.

The NAI’s initial request for proposals from institutional groups representing multiple disciplines brought in 50-plus
The accomplishments of some of the giants of 20th century biomedicine are newly available as the NLM makes the scientists' archival collections available on its "Profiles in Science" web site (profiles.nlm.nih.gov).

Launched in 1998, Profiles contains the personal collections that scientists have donated to NLM and features published and unpublished items including books, journal volumes, pamphlets, diaries, letters, manuscripts, photographs, audiotapes, video clips and other materials.

The most recent addition to the archive are documents from pharmacologist and neuroscientist Julius Axelrod, who shared the 1970 Nobel Prize for discoveries "concerning the humoral transmitters in the nerve terminals and the mechanism for their storage, release and inactivation." Axelrod spent his most fruitful years of research at NIH, first at the (then) National Heart Institute and later at the National Institute of Mental Health.

According to a recent ABC News poll, one of every eight adults in the United States has taken Prozac or a similar drug to help relieve anxiety or depression. That they can do so is the result of research by Axelrod in the 1960's. His work enabled pharmaceutical firms to create anti-depressants like Prozac. Prozac and similar drugs are called SSRIs (selective serotonin reuptake inhibitors) because they prevent certain actions of chemicals, called neurotransmitters, in the brain.

"Axelrod did not invent Prozac, but he discovered how early antidepressant drugs work in the brain, and he coined the term 'reuptake' to describe those actions," said Dr. Alexa McCray, who directs the "Profiles in Science" project at NLM.

Since his discovery in the early 1960's, Axelrod's explanation for how neurotransmitters work has forever altered the way modern pharmaceutical companies design antidepressant drugs. Furthermore, his work has greatly advanced how scientists understand the biological basis of human behavior. Axelrod was awarded the 1970 Nobel Prize in Physiology or Medicine along with Sir Bernard Katz of the University College London and Dr. Ulf von Euler of the Karolinska Institute in Stockholm.

Axelrod also helped to discover the pain-relieving medicine acetaminophen, better known by its brand name, Tylenol. He was one of the first scientists to conduct full studies of caffeine, amphetamine and mescaline. Until his retirement in 1984, he worked on research projects that sought to elucidate the relationship between drugs and behavior.

His research suggested that mental states were the result of complicated physiology and brain chemistry, rather than the sole result of psychological or environmental factors. This ushered in an era of pharmacological drugs that were designed to inhibit or stimulate neurotransmitters in the nervous system.

The new Profiles site shows off a variety of documents and includes materials that span the various phases of Axelrod's life and career. These include examples from his extensive collection of laboratory notebooks showing his early experiments involving caffeine and LSD, an unpublished manuscript from 1994, and a large sampling of his most important published articles.

Axelrod, known to friends as "Julie," still comes to the laboratory about three times a week to conduct research, according to Dr. Michael J. Brownstein, chief, Laboratory of Genetics, NIMH/NHGRI. His contributions are still felt among his colleagues. As Brownstein recounts, "He has a greater capacity than most scientists to take pleasure in other people's novel findings and to suggest followup experiments."
Annual Meeting, (continued from p. 1) of ten new members to the board of directors. Four were selected by association members-at-large: Dr. Rita Colwell, Dr. Murray Eden, Dr. Peter Frommer and Dr. Lawrence E. Shulman. Six were elected by the current board: Dr. W. Emmett Barkley, Dr. Samuel W. Greenhouse, Dr. Irvin J. Kopin, Dr. James O’Donnell, Joan Topalian and Paul Van Nevel.

In his brief remarks Gay noted that there is continuing need for support of the association’s program beyond the annual income from dues, but that gifts during the past year have helped sustain current operations. He thanked Celera Genomics and the NIH Federal Credit Union for support of the annual meeting.

Kirschstein, a longtime NIHAA member, gave an upbeat report of the status of the NIH. She mentioned especially the interest that has been shown by the Administration and Congress in greatly expanding the budget for biomedical research conducted and supported by the NIH. She mentioned that a Congressional initiative launched 3 years ago to “double the NIH budget in five years” is on track, and that the recent appropriations hearings went well. She said that the recent decision by HCFA to provide support for routine care of patients enrolled in clinical trials will be very beneficial. She expressed appreciation for the support being shown by health interest groups favoring stem-cell research. She reported that NIH is engaged in developing procedures to improve oversight of clinical research, particularly in studies of “gene therapy.”

The NIH is also looking into questions that have been raised concerning differences among the States as to the amount of NIH support going to their agencies and in-state institutions.

Gay presented the NIHAA’s eighth Public Service Award to Dr. June E. Osborn, president of the Josiah Macy, Jr. Foundation since 1996. The award was made in recognition of “her membership in many NIH review groups and as a major advisor to NIH for the past 27 years; her outstanding contributions in dealing with the AIDS epidemic on the national level, serving as the chairperson of the U.S. National Commission on AIDS (1989–1993); and her achievements in academic medicine and public health that have been particularly valuable to NIH.”

After receiving the award, Osborn talked informally about her experiences as an advisor and program leader in extramural NIH.

Dr. Cyrus R. “Bob” Creveling, NIHAA board member and program chairman for the annual meeting, introduced Dr. Allen M. Spiegel, NIDDK director, who gave an illustrated lecture “Three Decades of Research on Signal Transduction at NIH: A Broad Overview.”

Spiegel’s lively presentation first covered transduction as a general process and then described its significant role in the context of his own special research interests.

When the lecture was finished, Gay made a special presentation on behalf of the board of directors to Harriet Greenwald and Mary Calley Hartman. He gave each a plaque in acknowledgment of their ten years of outstanding service to the association.

Dr. William I. Gay

Harriet Greenwald (l) and Mary Calley Hartman with 10-year service awards.

In his remarks, he stated that their dedication and talent have been essential to the success of the organization, particularly the publication of the valued NIHAA newsletter, of which Greenwald is editor.

Following the program, attendees were invited to an attractive and ample buffet luncheon.

After the luncheon a number of alumni took advantage of a campus bus tour, conducted by R. Anthony “Tony” Clifford, director of the NIH Division of Engineering Services. The tour provided a unique opportunity to see and learn about the massive program of construction and building improvements under way at NIH.

Dr. Allen M. Spiegel
NIHAA Annual Meeting Attendees Tour Major NIH Projects

NIHAA members board the bus for a tour of the changing landscape of the NIH campus. R. Anthony "Tony" Clifford (far r), director of the Division of Engineering Services, provided the group with an interesting and detailed narrative.

The Mark O. Hatfield Clinical Research Center is beginning to take real form as it rises (above). The Louis Stokes Laboratory Bldg. (below), by contrast, seems almost done; it is scheduled for completion sometime this fall.

A view of the new Dale and Betty Bumpers Vaccine Research Center looking toward the northwest (above) shows that most of the major external features of the building are in place. The fast-track project is due to wrap up sometime in the fall. Below, the VRC as seen looking southwest. Neighboring Bldg. 37 (to the right of the VRC) is under floor-by-floor renovation at the moment, and shares certain architectural features with its new partner. The Bldg. 37 modernization project is supposed to be finished sometime around fall 2004.
ShaJaJa counseled patience: “Some smokey room, bul at the end, NIH explained, in which she also announced her budget process is now here yet. We’ll been,” she enthused at the end of a visit in which she also announced her intention “to leave NIH in the best shape this institution has ever been in.”

With respect to NIH’s next budget, Shalala counseled patience: “The budget process is nowhere yet... We’ll negotiate the whole thing in the fall in some smokey room, but at the end, NIH will be satisfied with the mark.” She explained, “I’ve learned that politicians were those people who in college crammed the night before the final exam.”

She said NIH has made “enormous progress-I couldn’t be more pleased” with steps taken to improve the quality of oversight in clinical trials involving gene therapy. “We have put an enormous amount of money into NIH, and all of it is at risk from a series of incidents... Cumulatively, they look like a pattern to the public, while to us it may look like an acceptable amount of risk.” To address shortcomings, her office on May 23 announced a new series of protections for human research subjects, and on June 6 she announced the appointment of a new director for the Office of Human Research Protection, which supersedes (and lifts out of NIH into the Office of the Secretary) the Office of Protection from Research Risks. “We need a much more refined office, not just one that closes down institutions and gives them a slap on the wrist.”

Shalala predicted that Medicare’s readiness to pay medical expenses associated with clinical trials will “coax millions more participants into research trials,” and estimated a cost for the program of some $350 million. Vowing to finish up her term as secretary “with a lot of enthusiasm,” Shalala said a new office of oversight of scientific fraud is set to open with “an absolutely first-rate” person as director. She said NIH “is taking seriously the issue of health disparities,” noting, “We can have the best health care in the world, but it isn’t sufficient if it doesn’t reach every one of our citizens. Insurance does not equal quality health care.”

She said she “couldn’t be happier with the Human Genome Project,” adding that she gives a copy of The Double Helix to anyone who mentions the controversy between publicly funded and private genome hunters. Asked by Dr. William Brody, president of Johns Hopkins University, how financially distressed academic health centers around the country can solve their problems, Shalala embarked on a frank discussion of political values and economic realities. Her busy schedule, however, overtook the debate and she left to a standing ovation (she had served on the ACD from April 1991 to January 1993). “Madame Secretary, we want to thank you for 7 ½ wonderful years,” said NIH acting director Dr. Ruth Kirschstein.

The 15 of the 18 advisors who were on hand heard presentations on several topics:

- Dr. Alexa McCray of the National Library of Medicine gave an update on NIH’s new clinical trials database, which debuted on Feb. 29. “Response has been incredible,” she said. The web site has logged 6.6 million hits so far, averaging 3,000 to 4,000 users per day (which generates some 42,000 pages of information daily). “Tuesday is our busiest day,” she disclosed, “although we don’t know quite why.” The database is in phase 1, which includes 5,000 mostly NIH-sponsored trials; phase 2 will involve the private sector and other sponsors. “This is just totally cool and amazing,” enthused ACD member Rebecca Eisenberg of Stanford Law School.

- A working group on NIH oversight of clinical gene transfer research issued an interim report on review of gene transfer protocols. The group proposes two pathways for review, depending on whether the protocol presents novel scientific, ethical or safety issues, or not. The group concluded that “there must be assurance that subjects will not be enrolled in a gene transfer protocol until NIH’s Office of Biotechnology Activities and the recombinant DNA advisory committee (RAC) has determined whether the protocol requires full RAC review and, in the case of a novel protocol, until after that review has occurred.” A proposed method of RAC review envisions open lines of communication involving the many parties to the protocol, including FDA, OBA/RAC, institutional review boards, institutional biosafety committees, research institutions, sponsors and patients themselves.

- As of June 8, the federal Human Genome Project was “within a whisker” (88.5 percent done) of achieving the working draft of the genome that was promised for spring 2000, said Dr. Francis Collins, NHGRI director. “I can say without reservation that the sequence of the human genome is largely in hand, and up there on the web (at the GenBank site sponsored by NIH) for study.” He added, “Working draft is great stuff, but finished sequence is better.” More than 20 percent of the sequence is finished, he said, showing a slide illuminating disease genes (including BRCA2) whose discovery was aided by access to draft or finished sequence.

- Dr. David Lipman, director of the National Center for Biotechnology Information at NLM, which hosts GenBank, said GenBank gets 175,000 visits per day, in addition to hundreds of daily emails and calls. “Gene products are what most scientists are
interested in, then genomic structure. Mostly, scientists want as complete and accurate information as possible on gene products." To demonstrate the value of his treasure trove, Lipman ordered up a discovery just for the ACD meeting: a colleague found a novel BRCT domain protein conserved only in humans and *Drosophila*. "We're very excited that, on demand, we can make discoveries with this data," Lipman said.

- Dr. Yvonne Maddox, acting NIH deputy director, reviewed the agency's health disparities initiative, which by 2010 aims to eliminate disparities in six major health areas. A formal Center for Health Disparities can be established administratively by Kirschstein, said Maddox. She forecast that such a center might be up and running by the end of the fiscal year in order to help meet the initiative's six goals.

- Dr. Stephen Straus, director of the National Center for Complementary and Alternative Medicine for the past 8 months, offered a "mature approach to a somewhat controversial undertaking," in his outline of NCCAM's draft strategic plan. "The public needs better guidance about which CAMs are effective," he said. Some 40 percent of Americans, and perhaps 2 of 3 people worldwide, practice CAM, he said. The center intends to start an intramural clinical research program.

- Due to the oceans of data being generated by such efforts as the Human Genome Project, an effort is under way to train a new generation of experts in bioinformatics. Reporting on the initiative to address this need was NCI director Dr. Richard Klausner, who called for "OB-cubed," an Office of Bioimaging, Bioengineering and Bioinformatics. NIH hopes to establish Centers of Excellence in Biomedical Computing, and has asked for $10 million in planning grants for the effort in FY 2001, he said.

In addition to the centers, Klausner said the field needs breakthroughs in information storage, curation, analysis and retrieval, plus investigator-initiated research and more computing infrastructure.

Dr. Larry Smarr, ACD member and director of the National Center for Supercomputing Applications at the University of Illinois (and cochair of the working group that gave rise to the new OB3 initiative), observed, "data management nowadays is an exponential snowball—you have to run as fast as you can to stay in the same place."

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### Missing From the Stacks

The NIH Library maintains a collection of annual reports from all intramural programs, but there are gaps, especially in the early decades, in what would otherwise be a comprehensive history of NIH intramural research. The *Update* received the following list of annual reports that were never received by the library, with a plea from NIH historian Victoria Harden (hardenw@od.nih.gov) and NIH Library Branch Chief Suzanne Greffsheim (sg8d@nih.gov) that holders of these volumes consider donating them to the NIH Library in Building 10.

**NIH Library**

- **NIH Library**
  - All reports after 1994
  - NIAMS (Now NIAMS)
  - NCI (may be two volumes per year)
  - NICHD
  - NDRC (Now NIDCR)
  - NIDA
    - All reports after 1994
  - NIGMS

- **National Heart Institute**
  - 1961 thru 1965, 1966

- **National Heart and Lung Institute**
  - 1969, 1970

- **NIMH**

- **NINDS (Now NINDS)**

- **Clinical Center**

- **Division of Computer Research and Technology**

- **Division of Research Grants**
  - 1974 and all volumes after 1984

- **Division of Research Resources**

- **Division of Research Services**
  - All volumes after 1984

- **Division of Research Services**
  - 1960 thru 1964, 1967

- **DRS, Biomedical Engineering and Instrumentation Branch**
  - (reports filed separately)
    - 1982, 1984

- **NCRR**
  - 1991

- **Division of Biologics Standards**

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15
Consortium Announces ‘Working Draft’ of Human Genome

The Human Genome Project public consortium announced that it has assembled a working draft of the sequence of the human genome—the genetic blueprint for a human being.

This major milestone involved two tasks: placing large fragments of DNA in the proper order to cover all of the human chromosomes, and determining the DNA sequence of these fragments.

The assembly reported consists of overlapping fragments covering 97 percent of the human genome, of which sequence has already been assembled for approximately 85 percent of the genome. The sequence has been threaded together into a string of As, Ts, Cs, and Gs arrayed along the length of the human chromosomes.

Production of genome sequence has skyrocketed over the past year, with more than 60 percent of the sequence having been produced in the past six months alone. During this time, the consortium has been producing 1,000 bases a second of raw sequence—7 days a week, 24 hours a day.

The average quality of the “working draft” sequence far exceeds the consortium’s original expectations for this intermediate product.

Consortium centers have produced far more sequence data than expected (over 22.1 billion bases of raw sequence data, comprising overlapping fragments totaling 3.9 billion bases and providing 7-fold sequence coverage of the human genome).

As a result, the “working draft” is substantially closer to the ultimate “finished” form than the consortium expected at this stage. Approximately 50 percent of the genome sequence is in near-“finished” form or better, and 24 percent of it is in completely “finished” form. Across the genome, the average DNA segment resides in a continuous gapless sequence “contig” of 200,000 bases. The average accuracy of all of the DNA sequence in this assembly is 99.9 percent.

The sequence information from the public project has been continuously, immediately and freely released to the world, with no restrictions on its use or redistribution. The information is scanned daily by scientists in academia and industry, as well as by commercial database companies providing information services to biotechnologists.

Already, many tens of thousands of genes have been identified from the genome sequence. Analysis of the current sequence shows 38,000 predicted genes confirmed by experimental evidence. There are many thousands of additional gene predictions to be tested experimentally. Dozens of disease genes have been pinpointed by access to the working draft.

Consortium goals. The consortium’s goal for the spring of 2000 was to produce a “working draft” version of the human sequence, an assembly containing overlapping fragments that cover approximately 90 percent of the genome and that are sequenced in “working draft” form, i.e., with some gaps and ambiguities. The consortium’s ultimate goal is to produce a completely “finished” sequence, i.e., one with no gaps and 99.99 percent accuracy. The target date for this ultimate goal had been 2003, but the new results mean that the final, stand-the-test-of-time sequence will likely be produced considerably ahead of that schedule.

Complementary approaches. In a related announcement, Celera Genomics announced that it has completed its own first assembly of the human genome DNA sequence. The public and private projects use similar automation and sequencing technology, but different approaches to sequencing the human genome. The public project uses a “hierarchical shotgun” approach in which individual large DNA fragments of known position are subjected to shotgun sequencing (i.e., shredded into small fragments that are sequenced, and then reassembled on the basis of sequence overlaps).

The Celera project uses a “whole genome shotgun” approach, in which the entire genome is shredded into small fragments that are sequenced and put back together on the basis of sequence overlaps.

The hierarchical shotgun method has the advantage that the global location of each individual sequence is known with certainty, but it requires constructing a map of large fragments covering the genome. The whole shotgun method does not require this step, but presents other challenges in the assembly phase. Both approaches align the sequence along the human chromosomes by using landmarks contained in the physical map produced by the Human Genome Project.

“The two approaches are quite complementary. The public project and Celera plan to discuss the relative scientific merits of the methods employed by the two projects. In the end, the best approach may well be to use a combination of the methods for sequencing future genomes,” said Dr. Francis Collins, director of the National Human Genome Research Institute. In fact, current plans by the public project to sequence the genome of the laboratory mouse involve this hybrid strategy.

The Human Genome Project will now focus on converting the working draft
and near-finished sequences to a finished form. This will be done by filling the gaps in the working draft sequence and by increasing the overall sequence accuracy to 99.99 percent.

Although the working draft version is useful for most biomedical research, a highly accurate sequence that is as close to perfect as possible is critical for obtaining all the information there is to get from human sequence data. This has already been achieved for chromosomes 21 and 22, as well as for 24% of the entire genome.

**Human DNA variation.** The greater-than-expected sequence production has also yielded a bumper crop of human genetic variations—called single nucleotide polymorphisms or SNPs. The Human Genome Project had set a goal of discovering 100,000 SNPs by 2003. Already, with the assembled sequences and other data accumulated by the SNP Consortium, scientists have now found more than 300,000 SNPs and will likely have 1 million SNPs by year-end.

These SNPs provide a powerful tool for studies of human disease and human history.

**Background.** Sequencing, which is determining the exact order of DNA's four chemical bases, commonly abbreviated A, T, C and G, has been expedited in the Human Genome Project by technological advances in deciphering DNA and the collaborative nature of the effort, which includes about 1,000 scientists worldwide working together effectively.

The Human Genome Sequencing Project aims to determine the sequence of the euchromatic portion of the human genome. The euchromatic portion excludes certain regions consisting of long stretches of highly repetitive DNA that encode little genetic information, and that are not recovered in the vector systems used by the genome project. Such regions account for about 10% of the genome, and are said to be heterochromatic. (For example, the center of chromosomes, called centromeres, consists of heterochromatic DNA.)

The international Human Genome Sequencing consortium includes scientists at 16 institutions in France, Germany, Japan, China, Great Britain and the United States. The five largest centers are located at: Baylor College of Medicine, Houston, Texas; Joint Genome Institute in Walnut Creek, CA; Sanger Centre near Cambridge, England; Washington University School of Medicine, St. Louis; and Whitehead Institute, Cambridge, Massachusetts. Together, these five centers have generated about 82 percent of the sequence.

The project has been tightly coordinated so that no region of the genome is left unattended to, and duplication is minimized. Participants in the international consortium have all adhered to the project's quality standards and to the daily data release policy. The project is funded by grants from government agencies and public charities in the various countries. These include the National Human Genome Research Institute at the National Institutes of Health, the Wellcome Trust in England, and the U.S. Department of Energy.

The total cost for the working draft is approximately $300 million worldwide, with roughly half ($150 million) being funded by the NIH. The cost of sequencing the human genome is sometimes reported as $3 billion. However, this figure refers to the original estimate of total funding for the Human Genome Project over a 15-year period (1990–2005) for a wide range of scientific activities related to genomics. These include studies of human diseases, experimental organisms (such as bacteria, yeast, worms, flies and mice), development of new technologies for biological and medical research, computational methods to analyze genomes, and ethical, legal and social issues related to genetics.
Health Disparities Research Tops NIH Agenda

By Carla Garnett

Some disturbing trends have surfaced in the nation’s health: Rates for blindness due to glaucoma in African Americans are six times higher than the rates for whites. American Indians and Alaska Natives are nearly three times as likely as whites to have diabetes diagnosed; Hispanics and Latinos are almost twice as likely. African Americans and Native Americans show increased susceptibility to kidney complications of diabetes.

Death rates from heart diseases are disproportionately high among blacks. Native Americans have a higher incidence of meningitis due to Haemophilus influenzae B. Stroke, a major health problem for the entire country, disproportionately affects minority citizens—particularly African Americans. Sudden infant death syndrome is more prevalent in minority populations—two and a half times more prevalent in blacks and three to five times more prevalent in Native Americans. In 1998, blacks were nearly 10 times more likely than whites to be diagnosed with AIDS.

In fact, certain sectors of the nation do not enjoy the same benefits of health and increased life expectancy that the majority of Americans do.

NIH Responds

Recognizing these differences—commonly called health disparities—Secretary of Health and Human Services Donna Shalala launched a department-wide initiative to eliminate or reduce six specific health gaps by 2010. The six areas are cancer screening and management, infant mortality, HIV/AIDS, heart disease, diabetes and immunizations. The initiative, involving every agency in the department, also serves as the DHHS response to President Clinton’s Race Initiative.

Last September, NIH director Dr. Harold Varmus answered the secretary’s initiative by establishing an NIH-wide working group to develop a strategic plan for tackling health disparities; in January, NIH acting director Dr. Ruth Kirschstein elevated membership on the working group to IC director level, effectively putting the initiative on the fast track and giving it teeth.

“NIH has a central role in eliminating persistent health disparities through medical research, research training, and dissemination of scientifically sound medical information,” Kirschstein said, in her opening statement to Congress earlier this year. In fiscal year 2001, NIH will allocate $20 million to establish a new Coordinating Center for Research on Health Disparities within OD.

In addition, a new trans-NIH working group will develop a strategic plan to eliminate or reduce health disparities among different segments of the American population. The plan will include goals, timetables and ways to track budgets and accomplishments.

All Aboard

Going beyond the six areas identified by the Secretary’s initiative, NIH expects each institute to develop its own strategic plan for addressing disparity in the disease areas it studies. These individual plans will help determine the priorities and emphasis areas in the total NIH strategy.

NIH acting deputy director Dr. Yvonne Maddox and NIAID director Dr. Anthony Fauci, who now cochair the trans-NIH working group, recently introduced the initiative, “Addressing Health Disparities: NIH Program of Action,” to the agency’s Council of Public Representatives (COPR).

“Initially, NIH will focus on racial and ethnic minority populations including African Americans, Asians, Pacific Islanders, Hispanics and Latinos, Native Americans and Native Alaskans,” said Maddox, who also represents NIH on the DHHS disparity initiative panel.

“Additionally, research on health disparities related to socioeconomic status will be included.”

The NIH initiative’s goals are to develop a 5-year strategic research agenda encompassing all institutes, improve recruitment and training of minority investigators, expand outreach and communication efforts in target communities, form new partnerships with other federal and private organizations with similar interest in addressing health gaps.
and get more minority participants into clinical trials.

**Next Steps**

Maddox said before the strategy can move forward, it will have to pass muster with NIH associate director for research on minority health Dr. John Ruffin and his advisory committee as well as Kirschstein. Several ICs have had their advisory councils review their individual plans; NIH will also confer on the plan with COPR members. Since Kirschstein put the initiative atop NIH's agenda in January, "individual institutes developed their plans and submitted them to working group cochairs in remarkable response time," Maddox reported.

"If you look carefully," Fauci explained, "virtually every disease that we study has a disparate nature—particularly if we are talking about racial and ethnic populations. Now, that disparate nature may not always be something that we here at NIH can do research on. For instance, it may have to do with socioeconomic factors and other aspects. But there are things we can address from a research standpoint and from a research training standpoint. That is what the charge to the individual institutes was. It goes way beyond saying, 'This disease has a health disparity. We are studying this disease, so therefore, we are studying health disparities.' It is much deeper than that."

**NIH/SNMA Health Awareness Fair Draws Hundreds**

A health awareness fair hosted jointly by NIH and the Student National Medical Association (SNMA) drew more than 500 participants to NIH’s campus on June 3. The fair capped a weekend of activities that represented the first outreach events in connection with NIH’s effort to eliminate racial and ethnic health gaps.

"Addressing Health Disparities: The NIH Program of Action," the agency’s comprehensive and ambitious plan that was announced earlier this year, has six main goals—to recruit and train minority investigators; to advance community outreach activities; to form new and enhance current partnerships with minority and other organizations that have similar goals to close health gaps; to define, code, track, analyze and evaluate progress in ethnic and minority health research more uniformly across the agency; to enhance public awareness of health differences among populations; and the program’s centerpiece—to develop a 5-year strategic research agenda.

On June 3, middle and high school minority students and their families from Washington, D.C., Maryland and Northern Virginia were invited to the Natcher Conference Center, where health and fitness experts gave interactive presentations on a number of topics including fitness development and maintenance, youth violence prevention, substance abuse prevention programs as well as NIH-sponsored research and research training opportunities. This 2-day event was supported and planned by a committee with representation from each IC.

By Carla Garnett

On June 2, NIH welcomed more than 40 medical and dental school students to the Stone House for an all-day symposium that ended with laboratory tours and a visit by former Congressman Louis Stokes. The students heard presentations on the importance of minority participation in clinical and basic research and about recruitment tools such as the NIH loan repayment program.

Youngsters browse the multitude of health and health career information available at the fair.

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Dues are an important source of our income, and we need your continued support. If you have not sent in your 2000-2001 renewal notice, please send it in.
A Place of Respite
NIH Family Lodge To Be Built Near Lasker Center on Campus

By Carla Garnett

For many years, Clinical Center caregivers have known of at least one thing almost all patients have in common: When a person is seriously ill, his or her family is also seriously affected. When treating the patient, a good caregiver has to think about treating the patient's family too.

What happens when visiting hours are over for the day and the patient’s family leaves the hospital? Often the family has traveled many miles to be with the mom, dad, or brother undergoing treatment. Repairing to a local motel quickly loses its appeal when all anyone wants is the normalcy and comfort of home. Developers of the Children's Inn realized this long ago; the inn’s success since it was built in 1990 to help pediatric patients regain a sense of home is well documented.

What about families of adult patients, though? Shouldn’t there be a warm, homely place for them, too? CC director Dr. John Gallin thought so, and so did members of the Foundation for NIH (FNHI), which has undertaken a project to build an NIH Family Lodge on campus.

"Having a chronic illness places an incredible burden on the family as a whole—on marriages, as well as on healthy children of an ill parent," Gallin explained. "The NIH Family Lodge will provide housing for the families and loved ones of Clinical Research Center adult patients. The lodge will also provide transitional housing for patients and their family caregivers after hospital discharge, while they are learning the skills needed to sustain care at home. If space is available, patients who are being treated at the CRC and travel to NIH from long distances, but do not require hospitalization, may use the facility."

The new lodge will replace what had been called the NIH Guest House, building that sat at the corner of Center Drive and West Drives — was razed in October 1997 to make way for CRC construction. Since then, CC logistics officials have arranged for families of adult patients to use off-campus housing—mainly local hotels, motels or short-term apartments. These arrangements work well, but they are far from convenient, inexpensive or homey.

"We need a comfortable place that will provide respite and lodging for families and caregivers of our patients," explained Jan Weymouth, CC space management officer. “Often families come to support their loved ones and must find lodging either in local hotels—at great cost—or by utilizing the current guest house, neither of which is convenient to the CC.”

The current “guest house” is located in eight apartments on Battery Lane about 1.5 miles from the hospital, Weymouth said. Although this is a successful program, and the families who use it are grateful to stay there rather than at hotels, it is not convenient to the CC.

“It cannot accommodate many families,” she continued, “and it does not meet their emotional needs like the Family Lodge will do when it provides a comfortable, private environment that will be shared by others who can provide support, if needed.”

With an idea of pooling resources with the Children's Inn, Gallin, who sits on the inn's board of directors as a clinical advisor, broached the possibility of adding an adult facility onto the inn. Not wanting to dilute the pediatric focus of the inn’s mission, however, board members declined to pursue adding on to that facility. Several on the board later came to Gallin to offer their help in getting another inn-like place built on campus, this one for families of adult patients. How could such a project be financed? That was just about the time the newly invigorated FNHI emerged. FNHI provides donors in the private sector the opportunity to collaborate with NIH in projects that bolster the agency’s
research and training activities. The Family Lodge effort fits the bill.

"This whole lodge concept promotes what is called in the medical community ‘family centered care,’ remarked Dr. Constance Battle, FNIIH executive director. "The idea is that in addition to providing the very best physical medical care, we also need to address patients' emotional, psychological and spiritual needs. They are concerned about their condition and prognosis, they're undergoing uncomfortable and perhaps painful procedures, they're separated from family and they're often lonely. We plan to create a comfortable, convenient and supportive setting that will enhance the research experience for patients and their families and encourage patient participation in research trials."

The lodge is tentatively being planned as a 35-unit facility, erected near the Lasker Center—walking distance to the new hospital—where Convent Dr. meets Center Dr. Each unit will be like a small apartment with a bathroom and kitchenette. Each kitchenette will include a sink and a microwave. There will be common gathering and recreation rooms. In addition, Battle noted that a telecommuting center will be installed so residents can keep in touch back home, and perhaps even maintain their jobs by working remotely via computer.

"My experience with the Children's Inn has taught me over and over that families need privacy, but also need support," remarked Weymouth, who also serves as lodge program manager.

"The lodge will provide both housing for families here for long periods and who travel great distances, as well as opportunities for those who live close by but need a rest or a shower or just a place to get away from the hospital for a few hours. When space allows, outpatients will have the opportunity to use it on a daily basis while in treatment, rather than waiting in the halls or public spaces of the CRC. We can do so much more to provide comfort to our patients, their families and caregivers in a place so close to the CRC that it will just take minutes to reach their loved ones. In this way they will always feel connected both to their loved ones and the CRC."

So excited are Gallin and his wife, Dr. Elaine Gallin, at the prospect of a lodge that this year they have donated half of his retirement pay from the Commissioned Corps to the effort.

"With NIH's new clinical treatment programs—particularly solid organ transplants and bone marrow transplants—a greater number of patients with higher acuity illnesses are now staying longer at the Clinical Center than before," Gallin said. "I have seen in my own patients the tremendous benefit of having family members nearby while they participate in the studies here."

"The site is important for its beauty and its proximity to the hospital," Battle concluded. "We want an architect who can design in the spirit of the lodge—a comfortable, convenient place of respite for regrouping and deferring during the high stress of being ill."

### Funding the New Lodge

"Because government funding is not available for this purpose," explained Dr. Constance Battle, executive director of the Foundation for the NIH, "the foundation is soliciting private support." Project planners estimate that $9 million is needed—$7.5 million to build the lodge and $1.5 million to endow family support programs. The foundation has already raised more than $3 million for construction, and $1.5 million in endowment to help sustain the lodge's programs. FNIIH board of directors chair Dr. Charles Sanders, retired CEO at Glaxo Inc., has been instrumental in acquiring leadership gifts, Battle noted. Three major pharmaceutical companies have contributed $1.5 million each to the project. Another $4.5 million for construction costs is being solicited through a 2000 campaign plan developed by the foundation. Other maintenance costs for the lodge would be borne by the institutes and centers treating patients whose families stay at the facility. Planners hope that once the $9 million goal has been reached, the lodge—unlike the Children's Inn—will be self-sustaining without ongoing fundraising. "The Family Lodge project is the foundation's fundraising priority in 2000," said Battle. "We will seek gifts at every level." The foundation hopes to receive contributions from anyone interested—corporations, foundations and individuals. To learn more about the lodge or how to make contributions, contact the Foundation at 301-402-5311 or visit online at http://www.fnih.org.
For Your Information

Meet Dr. Howard Gadlin, NIH Ombudsman

Dr. Howard Gadlin is the director of the NIH Office of the ombudsman and head of the Center for Cooperative Resolution. The word "ombudsman" originated in Sweden during the 19th century, where the term applied to a public official appointed to investigate citizen's complaints against government agencies. The purpose of the Office of the Ombudsman is to ensure that every voice in NIH can be heard and that problems can receive an impartial review to provide the NIH community with confidential and informal assistance in resolving work-related conflicts, disputes and grievances; to promote fair and equitable treatment within NIH; and to work toward improving the overall quality of worklife. The office offers dispute resolution services and helps people to use non-adversarial approaches in resolving disputes. Gadlin's five-person office handled 305 cases last year. He is a former psychology professor with 17 years of professional experience as an ombudsman on both coasts—10 years at the University Massachusetts, Amherst, and most recently 7 years at the University of California in Los Angeles.

Bench Honors Ophelia E. Harding

When sitting on this bench, which was established in honor of the NIH resident housing manager, one appropriately views the NIH residential quarters. The bench plaque reads, "In memory and appreciation of Ophelia E. Harding, NIH Resident Housing Project Manager, 1972-1995; Clinical Center Nurse, 1955-1972." She died in 1997, and the bench was a combined effort of the residents who knew her and NIH staff who worked with her.

Try this New Web Site: Clinicaltrials.gov

The NIH recently launched the first phase of a consumer friendly database to provide the public with information on federal and private medical studies available to patients nationwide. Called "ClinicalTrials.gov," it provides patients, families, and members of the public with easy access to clinical trials information, including studies currently recruiting patients, the trial locations, the criteria for participation, and the purpose of the studies. The site, which currently contains over 5,000 clinical studies sponsored primarily by NIH, will add studies from other federal agencies and private industry in the coming year. Visitors to the site can search the database by disease or condition or by the study sponsor. It also provides the public with additional resource information, frequently asked questions, and a user's guide.
Hatfield Visits Clinical Research Building Site

Mark O. Hatfield, former U.S. senator from Oregon and member of the National Advisory Council on Aging, is shown with Margie DeBolt, project architect of the Clinical Research Center, who is describing details of the CRC exterior to him and his wife Annette. The new CRC, is named in his honor. He served for 30 years as a senator and for 8 as chairman of the Senate appropriations committee, always championing money and support for clinical research. The building is scheduled to open in 2002.

Check This Out

The NIA has a free 100-page booklet on exercise for seniors with information on exercises, motivation, safety, self-tests, benefits, and nutrition. A companion video has just been released that costs $7. To receive both the booklet and the video, mail a check or money order for $7, payable to the National Institute on Aging and send to NIAIC, Dept. F.P.O., Box 8057, Gaithersburg, MD 20898-8057. To receive only the free booklet, call 1-800-222-225.

Say Hello to Eurest

For almost 50 years, Guest Services, Inc., a not-for-profit entity that was established by Congress in the 1930's to provide food service to government agencies, ran the cafeteria services at NIH. They have been replaced by Eurest Dining Services, a component of a British multinational corporation Compass PLC, which recently won a 10-year contract to provide service at six campus cafeterias and two cafes in Bldgs. 1, 10, 31, 35 and 45. The company manages 145 facilities within an hour and a half of Washington, D.C., including the Supreme Court, NASA's Goddard Space Flight Center, the FAA, Montgomery College, Fannie Mae, Freddie Mac, Lockheed Martin, Caterpillar, Prudential, State Farm, IBM, Shell Oil, Mobil, and Chevy Chase Bank. Eurest promises to improve the variety, quality and presentation of the food at lower prices. The proof will be in the eating since a recent survey showed that 43 percent of NIH'ers bring their lunch to work.

Sea School

Continuing Education, Inc., University at Sea is sponsoring, in conjunction with Holland America, a series of medical meetings in 2000-2001. NIHAA will benefit if we participate. Interested NIHAA members should call 1-800-422-0711 or email: contactus@continuingeducation.net.
NIH Notes—February 2000 to July 2000
Appointments and Personnel Changes

Dr. Richard A. Anderson recently joined NIGMS as a program director in the Division of Genetics and Developmental Biology, where he will manage research grants in the areas of DNA recombination and cell growth and differentiation. He was at Wake Forest University School of Medicine, where he worked as an associate professor in the departments of internal medicine and pathology with research affiliations in the departments of biochemistry and surgical sciences. Dr. Julian Azorlosa has joined CSR as the scientific review administrator of the behavior and biobehavioral processes-1 study section, which provides initial scientific review of clinical and pre-clinical research grant applications pertaining to psychopharmacology and basic behavior process. He was associate professor of psychology from 1996 to 1999 at Southeastern Louisiana University. Dr. George Barnas recently joined the CSR as scientific review administrator of the lung biology and pathology study section in the pathophysiological sciences integrated review group. Previously, he was SRA in the Division of Extramural Activities, NIDCD. Before coming to NIH in 1997, he was an associate professor at the University of Maryland. Dr. J. Carl Barrett, scientific director of NIEHS since 1995, has been appointed director of the Division of Basic Sciences, NCI, starting in April. He has worked at NIEHS since 1977, and is an expert on mismatched repair genes and telomerase.

Dr. Mark Boguski, a senior investigator in the Computational Biology Branch of NLM's National Center for Biotechnology Information and an intramural researcher at NIH for 12 years, has agreed to join Science magazine's board of reviewing editors. Dr. Norka Rutan, who has been appointed associate director for extramural activities at NIGMS. She was deputy associate director of the Division of Extramural Activities at NIGMS. Rabbi Reeve Robert Brunner has joined the staff in CC's Spiritual Ministry Department. Rabbi Brunner is also at the Bethesda Jewish Congregation, where he has served for 14 years. Dr. Michael Chaitin recently left the University of North Texas Health Sciences Center at Fort Worth to join CSR. He is the scientific review administrator of the visual sciences A study section in the molecular, cellular, and developmental neuroscience integrated review group. From 1992 until coming to CSR, Chaitin was an associate professor (tenured in 1994) in the department of anatomy and cell biology at UNT. Capt. Robert DeChristofore has been named deputy chief of the CC Pharmacy Department. He has been with the Pharmacy Department for 21 years. Dr. Harold Freeman, chief executive officer and president of North General Hospital, Harlem, and chairman of the President's Cancer Panel, was appointed to a newly created position of associate director for health disparities at NCI. He will work part-time as a "special government employee" setting up an NCI Center for the Study of Health Disparities. Dr. Nancy Hicks recently joined CSR as a scientific review administrator in the social sciences, nursing, epidemiology, and methods integrated review group. She has specialized in studies of the health effects of ionizing radiation, elemental mercury and beryllium as well as studies on epidemiological and statistical methods, and she has published extensively. Al Hinton, who worked for the U.S. Park Police, has been selected the new chief of the Police Branch in the Division of Public Safety. Robert Fuller, a longtime veteran of the Prince George's County police department, has been selected as his deputy. Dr. Charles G. Hollingsworth has been selected director of the Office of Review at NCRR. He will oversee grant review activities that focus on the support and development of resources for biomedical technology, clinical research, comparative medicine and research infrastructure. Tom Hooven has been named the new executive officer at NICHD. Although he spent much of his career at NIH, he joined NICHD from the Environmental Protection Agency where he served as deputy director of the Office of Program Management Operations in the Office of Prevention, Pesticides, and Toxic Substances. Camille Hoover was recently appointed executive officer for NCCAM. She will serve as an administrative partner to the director, Dr. Stephen E. Strauss, identifying opportunities and leading the design and implementation of innovative business and management systems. She is a social worker by training and has also been an administrator. Dr. Robert Huebner has been named deputy director of NIAAA's Division of Clinical and Prevention Research. He joined NIAAA in 1988. In his new position he will be responsible for advising the DCPR director in planning, administering and implementing alcohol treatment, prevention and health services research programs. Dr. Jerry Klein has joined the CSR where he will be scientific review administrator of two study sections in the oncological sciences integrated review group. These sections review Small Business Innovation Research and Small Business Technology Transfer Research grant applications in the areas of diagnosis and treatment of cancer, radiation biology and medical physics. Dr. Michael Kozak recently joined CSR as scientific review administrator of study section 5 of the behavior and biobehavioral processes integrated review group, which reviews applications in the areas of adult psychopharmacology, aging and treatment development. Since 1994, he was clinical director of the Center for the Treatment and Study of Anxiety, Medical College of Pennsylvania. Dr. Barnett "Burry" Kramer, deputy director, Division of Cancer Prevention, NCI since 1996, has been named director of the Office of Medical Applications of Research (OMAR) that is in the NIH Office of Disease Prevention. He is also currently the editor-in-chief of the Journal of the National Cancer Institute and a clinical professor in the department of medicine at USUHS. Thomas LaSulvia has been named associate director for scientific information and program planning in NIAID's Division of AIDS. He was director of research and evaluation at the Fenway Community Health Center in Boston. Dr. Scott Leischow, an expert in pharmacological treatments for nicotine research, has been appointed chief of the Tobacco Control Research Branch in the Behavioral Research Program, NCI. He comes to NIH from the School of Public Health, University of Arizona, where he was an associate professor. He was also director of the Arizona Program for Nicotine and Tobacco Research, and co-director of the Biobehavioral Oncology Research Program at the Arizona Cancer Center. Dr. Monica Liebert has joined NIDDK to direct basic science projects for the urology program of the Division of Kidney, Urologic, and Hematologic Diseases. She comes to NIH from the
University of Texas-M.D. Anderson Cancer Center and Health Sciences Center, both in Houston, where she served as associate professor in the departments of urology, surgery, and cell biology. She will also continue her research on urothelial differentiation and altered gene expression in bladder cancer in NCI's Urologic Oncology Branch. Dr. Mark P. Mattson was recently selected as associate director of biomedical technology at NCRR. He has an extensive background in both chemistry and physics and has been with the Office of Naval Research since 1983. He will head NCRR's grant portfolio, which includes more than 60 Biomedical Technology Resource Centers nationwide, and NCRR's Shared Instrumentation Grants Program...

**Dr. Mark P. Mattson** is NIA's new chief of the Laboratory of Neurosciences at the Gerontology Research Center in Baltimore. His laboratory will conduct studies to elucidate the molecular and cellular mechanisms responsible for nerve cell dysfunction and degeneration in age-related disorders...

**Dr. Guy McKhann** has been named associate director for clinical research at NINDS. He formerly chaired the department of neurology at Johns Hopkins University and founded and directed the Zanvyl Krieger Mint/Brain Institute. He also will be acting clinical director for intramural research and will coordinate NINDS intramural and intramural researchers...

**Dr. Sydney A. McNalley, Jr.** has been selected as associate director of research infrastructure at NCRR. He will oversee grant program activities that support the development of state-of-the-art biomedical research facilities, improve animal research facilities, expand and develop faculty research capabilities at predominantly minority institutions, and improve the public's understanding of science...

**Dr. Lore Anne McNicol** was recently appointed director of NEI's Division of Extramural Research... Dr. Sandra L. Melnick has been appointed chief of the Analytic Epidemiology Research Branch in NCI's Epidemiology and Genetics Research Program, Division of Cancer Control and Population Sciences. The branch identifies priorities and sponsors peer-reviewed extramural epidemiologic research in cancer etiology and modifying factors, nutritional epidemiology, infectious disease epidemiology, hormonal studies, molecular epidemiology, metabolic/enzymatic pathways, physical and chemical agents, and environmental epidemiology...

**Barbara Merchant** has been appointed executive officer at NINDS. A veteran administrator at NIH, she has worked at NLM in the Division of Extramural Programs and the Library Operations and then as principal administrative officer of the Basic Research Division in NIMH's intramural program. In 1995, she was selected chief, Administrative Management Branch for the Division of Intramural Research at NIDDK...

**Dr. Laura K. Moen** recently joined NIGMS as a scientific review administrator in the Office of Scientific Review, where she will manage the review of selected research training, program project, and center grant applications. She is a biochemist who comes to NIGMS from Old Dominion University in Norfolk, where she was an associate professor in the department of chemistry and biochemistry...

**Dr. Susan K. Pierce** has been appointed chief of the Laboratory of Immunogenetics, NIAID. She was the William A. and Gayle Cook Professor of Biology and since 1987, a biochemistry professor in the department of biochemistry, molecular biology and cell biology, all at Northwestern University...

**John Seachrist** has been selected as director of the Office of Grants Management at NCRR. He will oversee a broad spectrum of grants management activities concentrated in four areas: biomedical technology, clinical research, comparative and research infrastructure...

**Dr. Susan Stecher** has been named director of communications, NCI, heading a new Office of Communications, which replaces the Office of Cancer Communications. The office will include five programs, each headed by an associate director:

- **Electronic Information Products and Systems, Communications Coordination, Outreach and Partnerships, Media and Public, and Technologies and Services**...
tion and a pioneer in computer-assisted rehabilitation. Before coming to NCMMR, he was professor of neurology at the University of Maryland Medical School and acting chief of physical medicine and rehabilitation at the Baltimore Veterans Administration Hospital.

Honors and Awards

Dr. Durrell R. Abernethy, NIA clinical director, recently received the Rawls-Palmer Award from the American Society for Clinical Pharmacology and Therapeutics at its annual meeting in Los Angeles. His research focuses on the control of vascular tone by angiotensin, endothelin, calcium and their inhibitors ... Dr. Robert Dedrick, who directs the Drug Delivery and Kinetics Resource in the ORS Division of Bioengineering and Physical Science, has been named NIH Engineer of the Year for 2000 for his research contributions in applying chemical engineering principles to important medical and biological problems ... Dr. Anthony S. Fauci, NIAID director, recently received two honors: At the 37th annual meeting of the Infectious Diseases Society of America, he was presented with the 1999 Bristol Award, "in recognition of a career reflecting major contributions to knowledge about infectious diseases." At Shippensburg University, Fauci received an honorary doctorate and spoke to the new graduates on “Privilege and Responsibility in the New Millennium” ... Dr. Loretta Finnegan, medical advisor to the director, Office of Research on Women’s Health, recently was the keynote speaker and received the first Paolo Picchio Award at the Third National Conference on Methadone Maintenance and other Substitution Therapies held in Pietrarsa, Italy ... Mary Ann Guerra, deputy director for management, NCI, recently received Vice President Gore’s Hammer Award for her role as leader of the IntraMall team. IntraMall is an innovative, full-service system that uses the power of Internet technology to streamline federal procurement. It was tested in January 1998 at NCI before it was adopted throughout NIH in June 1998. In addition to Guerra, members of the original IntraMall development team include: Karen Ottner, Jed Riklin, Janice Romanoff, and Jeffrey Weiner, NCI; Alan Graeff and Don Preuss, then of the CC; Laura McNay and Alex Rosenthal, NIAID; Patrick Sullivan, NIDDK; Dennis George and Danielle Kaczynski, CIT; Gary Kelley and Donald Kemp, OPM; and Richard Nelson, OD ... Janice Hedetniemi, director, Office of Community Liaison, recently accepted the Montgomery County Civic Federation Community Hero Award on behalf of her office from federation president Dr. Jorge L. Ribas. The award recognizes contributions to the quality of county life and was won on the basis of NIH’s commitment to create a partnership with surrounding neighborhoods ... Dr. Colleen Hough, a postdoctoral fellow at NIA, has received an AFLAC Travel Scholarship Award for outstanding work in cancer research. She is one of 81 members of the American Association for Cancer Research who have received AACR-AFLAC Young Investigator-Scholar Awards. She is studying global gene expression patterns in ovarian cancer ... Dr. Daniel Kastner, NIMH genetic section chief, was the recipient of the metropolitan Washington chapter of the Arthritis Foundation’s first Breakthroughs in Arthritis Research Award. He successfully identified the genes that are responsible for types of arthritis associated with two inflammatory disorders known as TRAPS—tumor necrosis factor receptor-associated periodic syndrome and FMF (familial Mediterranean fever) ... Dr. Stephen L. Katz, NIAMS director and NCI Dermatology Branch chief, was awarded an American Academy of Dermatology Presidential Citation on Mar. 13, “for leadership and
vision in enhancing international dermatologic relationships and advancing the quality of worldwide dermatologic care". Dr. Ruth Kirschstein, acting NIH director, is one of six individuals who received Albert B. Sabin Heroes of Science awards for the year 2000 from Americans for Medical Progress. She was honored for her contributions in support of biomedical research. Dr. Harvey Klein, chief of the Department of Transfusion Medicine, was recently elected president-elect of the American Association of Blood Banks. His one-year term begins in November 2000.

Dr. Edison Liu, director of the Division of Clinical Sciences, NCI, was the recipient of the 24th American Association for Cancer Research-Richard and Hindu Rosenthal Foundation Award Lecture. He was recognized for his pioneering translational research demonstrating the use of oncogene markers for therapeutic selection, most specifically in the areas of signal transduction and pathways in breast cancer.

Dr. Skip Matthews, head of the chemistry section of the Laboratory of Pharmacology and Chemistry in the Environmental Toxicology Program at NIEHS, has been named Society of Toxicology Congressional Fellow for the year 2000. He will spend a year in Washington working primarily with the U.S. Department of Agriculture in the Office of Pest Management Policy.

Dr. Franklin Neva, chief of the opportunistic parasitic diseases section of the Laboratory of Parasitic Diseases, NIAID, recently received an award from the American Society of Tropical Medicine and Hygiene. He received the 1999 Donald Mackey Medal for outstanding research in tropical medicine. He was honored for his research on Chagas’ disease in Brazil, Kala-azar in India, and cutaneous leishmaniasis in Honduras.

Dr. Paul Plotz, chief of NIAMS’ intramural Arthritis and Rheumatism Branch, recently received a mastership from the American College of Physicians-American Society of Internal Medicine. His research has involved autoimmune phenomena, particularly regarding myositis, and he has contributed significantly to discussions on health care reform and medical education.

Dr. Jose Ribeiro, chief of the medical entomology section in the Laboratory of Parasitic Diseases, NIAID, was honored with an award from the American Society of Tropical Medicine and Hygiene. He received the 1999 Bailey Ashford Medal for distinguished work in tropical medicine. Over the past 20 years, his research career has focused on the discovery and characterization of anticoagulants, antiplatelet, vasodilatory and immunomodulatory substances found in the saliva of blood-sucking insects and ticks. These molecules aid in the transmission of leishmaniasis, Lyme disease and some arboviral diseases.

**Retirements**

Dr. Anthony Chung retired from federal service in May after 18 years as a scientific review administrator in CSR. He was SRA, first of the cardiovascular and pulmonary study section, and then of the cardiovascular and renal study section in the cardiovascular sciences integrated review group. He plans to enjoy the leisure of a retired life and the opportunity to spend more time with his family. However, he will miss NIH.

Virginia and Bill Holcomb retired together from NIH in February. Virginia completed 20 years with the CC’s clinical pathology department as a medical technologist. Bill completed 26 years with the PHS Commissioned Corps, 13 of which were at NIH during two separate tours. Since 1990, he
had been a radiation safety training officer. [Editor’s Note: As the Update went to press, we learned that Virginia Holcomb, 60, died July 14 of breast cancer at the National Navy Medical Center Hospital in Bethesda] ... Bonnie Kalberer has retired after more than 30 years at NIH. She began her NIH career in personnel, serving as personnel officer in NINDS and NICDC, and later moved into management, science education policy, and program development and implementation. She plans to stay in the Bethesda area and will divide her time among family, consulting and volunteer work at the White House and for the Washington Area Women’s Foundation, and the Westie Rescue, as well as traveling and playing tennis ... Dr. Mohindar Poonian, a health scientist administrator in CSR, recently retired from government service. His research expertise encompasses the broad areas of organic chemistry, nucleic acids synthesis, molecular biology and diagnostic techniques. In retirement, Poonian’s plans include consulting, spending more time with his family, gardening, investing, and reading ... Nola Whitfield, a program analyst with NIDDK’s Office of Scientific Program and Policy Analysis, has retired after 27 years at NIH. She also worked at NCI and played a role in developing NCI’s Comprehensive Minority Biomedical Program. 

Deaths

Nancy Granewich Adams, 67, an occupational therapist who worked at NIH, died of breast cancer Apr. 4 at Washington Adventist Hospital. In conjunction with her job as an occupational therapist with the clinical disorders branch of NIH’s neuropsychiatric research facility, she worked also at St. Elizabeths (1966-1998) as the hospital occupational therapy training supervisor ... Robert L. Campbell, a retired NIH employee, died in September 1999. He worked as an information specialist, NIMH (1948-1962) and then was an administrative officer at NIAMDD (1962-1976) ... Allen Chester, 75, a retired program analyst with NIGMS, died Apr. 28 at Suburban Hospital after a heart attack. He moved to the Washington area in the early 1960’s and after working six years as an analyst with the Navy and Air Force departments, he joined NIGMS in 1969. During the 1970’s he was a branch chief. He retired from NIH in 1983 and was a substitute social studies teacher in Montgomery County ... John P. Daly, 85, an X-ray technician who worked for NIH (1958-1970), died Feb. 22 at Montgomery General Hospital. He had Alzheimer’s disease. ... Dr. John L. Decker, 79, longtime NIH scientist and administrator, died of a heart arrhythmia July 13 at Suburban Hospital. He was an authority on systemic lupus erythematosus and chief of the for the NIH program at NIDDK (1965-1983). From 1983-1990, Decker was director of the Warren G. Magnuson Clinical Center. After he retired from NIH, he did consulting work for the FDA. From the start, Decker was active in the NIHAA serving on various committees and on the board of directors for two terms ... Elvira S. Dunham, 80, who was a grants supervisor (1957-1967) at NIH, died of cancer Feb. 1 at Montgomery General Hospital ... Anita Briggs Dunn, 91, a retired administrative assistant at NIH, died May 30 of complications from injuries suffered in a fall. She spent 12 years in the office of grants administration at NIH before retiring in 1973 ... Dr. Elizabeth Albrecht Frey, 49, a Silver Spring resident who had worked at both NIH (1980-1986) and USUHS (1986-1991), died of an aneurysm Feb. 11 at Holy Cross Hospital ... Dr. Andrew E. Gal, 81, a medical research chemist at NINDS, died of respiratory and renal failure May 12 at Arlington Hospital. He worked at NINDS from the early 1960’s to the late 1980’s and retired as a section head ... Genevieve “Gen” Evelyn Garner, 81, died on Feb. 27 at the Goodwin House in Alexandria, Va. She had worked at NIH (1948-1974). In 1948, she joined NIH as a member of the Buildings Management Branch. In this job, and later, as a member of the Office of the Executive Officer, CC, she worked on the planning and opening of the CC. Then she served in administrative and special assistant roles in OD and when she retired in December 1974, she was special assistant in the office of the associate director for administration. Once retired she and her husband, Bill, who died shortly before her, spent time sailing and boating ... Matilda Harutunian, 71, a secretary and editor who worked at NEI (1983-1993), died Apr. 14 at a hospital in Atlantic, Fla., after surgery for a heart ailment. She lived in Bethesda, but was taken ill in Florida while on vacation ... Susan Ruth Herbert, 59, a nurse who was a clinical trials specialist working in coordinating drug development trials for NIDA (1994-2000), died of breast cancer July 13 at her Bethesda home ... Dana Hill, 44, a social science analyst at NHLBI, died of breast cancer Mar. 3 at Casey House Hospice in Rockville ... Dr. John A. Jacquez who was in the department of physiology, University of Michigan, Ann Arbor, died Oct. 16, 1999. He was a scholar-in-residence at the Fogarty International Center (1983-1984) ... Mildred Locke Jennings, 85, a research grants processor with NIH in the 1970’s, died of lung cancer May 20 at her home in Leisure World in Silver Spring ... Elbridge Johnson, 70, a security officer at NIH in the 1970’s, died of cardiac arrest Apr. 21. After he left NIH, he worked as a customer service representative with the Washington Suburban Sanitation Commission ... Dr. Elvin A. Kabat, 85, a renowned microbiologist who was a pioneer in the field of immunology, died June 16 at Royal Mergerstine nursing home in North Falmouth, Mass. Although he spent much of his professional career at Columbia University, he spent time and conducted research at NIH. He was a Fogarty scholar-in-residence in 1974-1975. In 1991, he was honored with the National Medal of Science. It cited him for “his seminal contributions in the field of immunology, and for bringing the field to its present prominence” ... Dr. Seymour Kety, 84, a psychiatrist who was also a world-renowned neuroscientist, died May 25 at his home in Westwood, Mass. Kety received, in 1993, the Albert Lasker Special Achievement Award for lifetime achievement. He was cited for his work in neuroscience, especially his “discovery of a method for measuring cerebral blood flow that led to current brain imaging techniques, adoptive studies in schizophrenia that established its genetic origin, and visionary leadership in mental health that ushered psychiatry into the molecular age.” In 1951, while at the University of Pennsylvania, he began working with NIH. He was recruited as the first scientific director of what became NIMH. In 1956, he became chief of NIMH’s clinical science laboratory. He continued at Penn and also worked at Johns Hopkins University medical school, In 1967 he joined Harvard University, retiring in 1983 ... Lois Perry Meng, 84, a science writer with NIMH (1956-1976), died Feb. 17 at Carriage Hill Facility in Bethesda. She had emphysema ... Ninos C. Myrianthopoulos, 78, a scientist emeritus at NIH and former chief of the birth defects and genetic disorders section, died Feb. 20 at
Walter Reed Army Medical Center after a heart attack. He was an authority on Huntington’s chorea and other forms of neurologic disorders. He first came to NIH in 1955 and retired in 1988 as a research geneticist in the developmental neurology branch. In 1989, he was named a scientist emeritus.

Dr. Eva Julia Neer, 62, a noted biochemist and heart researcher at Harvard University and Brigham and Women’s Hospital in Boston, died Feb. 20 in Cambridge, Mass., of breast cancer. An NIH grantee and study section member, she received an NIH Merit Award in 1989. She had been a member of the National Advisory General Medical Sciences Council since 1998.

Dr. Seymour Perry, 78, a cancer researcher at NCI who became a specialist in assessing medical technology, died May 20 at his home in Washington of prostate cancer. He was deputy director of the Division of Cancer Treatment, NCI, former director of OAMR at NIH, and professor and chairman of family and community medicine at Georgetown University Medical Center. He was a founding member of the NIHAA board of directors and also on the NIHAA Update board of contributing editors. Since 1995, he had been director of the WHO Collaborating Center of Health Technology and established a network of 650 health care professionals around the world researching the safety, efficacy and cost of medical technologies. He was a former assistant U.S. surgeon general who had a 23-year career with the USPHS.

Dr. Elbert A. Peterson, 81, a pioneering NIH scientist known for his work in protein separation chemistry, died of cardiac arrest Feb. 22 at his home in Garrett Park. In 1950, he joined the staff at NIH and worked for 36 years before retiring in 1986 as chief of the protein chemistry section of the Laboratory of Biochemistry, NCI. After retirement he continued to work for another 10 years on reduced schedule. He developed, in the mid-1950s with Dr. Herbert Sober, cellulose ion exchange chromatography. This work won the 1971 Hillebrand Award of the Chemical Society of Washington. George McCaw Pickrell, Ill, 71, a building engineer who retired in 1983 after 30 years at NIH, died Mar. 15 at his home in Kensington. He had diabetes and heart ailments.

Dr. Harriet Lange Rheingold, 92, a child psychologist and research professor emeritus at the University of North Carolina, died Apr. 29 at a retirement center in Chapel Hill, N.C. Early in her career, she was a research psychologist at NIH before joining the North Carolina faculty as a research professor in 1964.

Janet R. Terry, 84, died Feb. 29 at a nursing home in Philadelphia. She had Alzheimer’s disease. She is a former kitchen staff supervisor at NIH. She also brought artwork to NIH through the National Gallery of Art’s “Pictures for Patients” in the 1960s. She lived in Rockville from 1953 to 1966 and was married for 44 years to former Surgeon General Luther L. Terry, who died in 1985. The Terrys moved to Philadelphia in 1966, a year after Terry retired as surgeon general.

Alice Brake Throckmorton, 77, an administrative assistant at NIH in the 1960s, died of vascular disease Feb. 3 at Holy Cross Hospital.

Brenda H. Vanags, 53, a computer specialist at NIH, died May 10 at the Lynn House in Alexandria, Va. She had over 30 years of government service with most of her career at NIH. She worked at NIA and joined NIAMS as a computer specialist in the Scientific Information and Technology Branch. She provided information on grants and applications from the IMPAC system for the management of the extramural program. NIAMS will plant a tree on the NIH grounds in her memory.

Pauline Hubert Wall, 84, who was at NCI (1948–1980) lastly as section chief in the cancer communications office, died of congestive heart failure June 28 at Suburban Hospital. Her entire NIH career was spent in the NCI information office. She worked in the graphics and audiovisuals section and in the NCI publications, visuals and reference section.

Florence R. White, 91, a retired NIH biochemist, died of congestive heart failure Mar. 29 at her home in Schenectady, N.Y. She was at the NIH for about 30 years before she retired in 1977.

Eileen Hartford Wolfe, 38, a former NIH research and laboratory technician in the 1980’s, died Feb. 22 at her home in Sarasota, Fla., of complications associated with multiple sclerosis.


Late-Breaking IC Changes

Dr. Carl Kuperf, the first and only director of the NEI, stepped down on July 15 after 30 years at NIH. He served under six NIH directors and six presidents and watched the NEI budget grow from $24 million in 1970 to more than $450 million today. Kuperf shaped vision research in this country, building a program of clinical trials in vision research, including the landmark diabetic retinopathy study, and advocating basic research on central visual processing in the brain. He will continue to see patients at NIH and will complete a catalogue of the Cogan Collection. This is a compilation of more than 50,000 clinical cases and pathology reports done by the late Dr. David Cogan, an NEI researcher.

Dr. Jack McLoughlin, deputy director of NEI since 1998, has been named acting head until a permanent director is selected.

Dr. Harold Slavkin, director of the NICDR, left July 15 to become dean of the University of Southern California’s School of Dentistry, his alma mater. Dr. Lawrence Tabak was named the new director of the National Institute of Dental and Craniofacial Research on July 1, and he will begin Sept. 1. He currently directs the Center for Oral Biology, Aab Institute of Biomedical Sciences, at the University of Rochester. Dr. Neal Nathanson, director of the Office of AIDS Research, is leaving NIH on Sept. 1.
Remembering Sidney Udenfriend (1918–1999)

By Dr. Bernhard Witkop
NIH Scholar

On May 25, friends, disciples, and colleagues of Sidney Udenfriend gathered at Drew University in Madison, N.J., for a memorial to a pioneer in the fields of metabolism and molecular biology.

When James Shannon hired both of us more than 50 years ago to work in the new National Heart Institute, he predicted that our common interests would lead to a successful marriage of organic chemistry and biochemistry. Indeed, our mutual “trypto-fun” started when, in 1953, Udenfriend and Herb Weissbach demonstrated that 1-5-hydroxytryptophan is the natural substrate for aromatic amino acid decarboxylase and converts it to serotonin. At that time, serotonin was suspected to be a novel neurotransmitter, controlling sleep, memory, mood, and other physiological functions. This area of budding research would ultimately lead to the organization of ISTRY—the International Study Group for Tryptophan Research—in 1983.

Tryptophan-5-hydroxylase was another of Udenfriend’s studied enzymes. He wanted to assay it by a tritiated substrate in the same way he’d followed the conversion of trans-4-3H-l-proline to 4-OH-proline in the post-translational conversion of procollagen to collagen.

However, there was a big surprise, in 1966, when the conversion of 5-3H-tryptophan to 5-OH-tryptophan proceeded with almost full retention of tritium, which was not lost but migrated into the neighboring 4-position. In fairness to all the participating investigators, Udenfriend coined the name of “NIH-Shift” for this unprecedented phenomenon.

The biosynthesis and metabolism of another fundamental neurotransmitter, norepinephrine, fascinated both Udenfriend and Julius Axelrod, who received the Nobel Prize in 1970 for related research. In the formation of norepinephrine, according to Udenfriend, the rate-limiting step is hydroxylation of tyrosine. The preceding step, hydroxylation of phenylalanine, is involved in the clinical syndrome of phenylpyruvic oligophrenia, or phenylketonuria. Again, when Udenfriend looked for a rapid assay of phenylalanine hydroxylase by offering it the tritiated substrate 4-3H-l-phenylalanine, tyrosine was formed with more than 95 percent retention of tritium.

The introduction of the “Visiting Program” in the late fifties was a boon for NIH and brought us such outstanding postdocs as Siro Senoh, from Japan, who made 6-hydroxydopamine available to Udenfriend and the novel metabolite of norepinephrine, the so-called normetanephrine, available to Axelrod.

When in 1968 Udenfriend accepted the position of director of the Roche Institute for Molecular Biology, he parted from his beloved NIH with a heavy heart. Soon thereafter, he showed his gratitude and attachment by acting as one of the three “godfathers” who helped to name Building 1 the James Augustine Shannon Building.

A less well-known contribution of Udenfriend to NIH was his early recognition of the merits of Marshall Nirenberg, years before Nirenberg received the Nobel Prize in 1968 for deciphering the genetic code, and of Nirenberg’s wife, Brazilian biochemist Perola Zaltzman, who worked in Udenfriend’s lab and would have left had her husband concluded his search for a position outside NIH. If not for Udenfriend’s finding places for Nirenberg and Zaltzman at the Heart Institute, NIH would have lost them both.
NIH Retrospectives: 5 Decades of History

Summer 1950

Miss Margaret Doonan, NIH librarian, is retiring after 30 years in the PHS. The NIH-PHS library had a long history before moving to Bethesda in 1942. In 1920, Doonan began the library in the PHS filing room that was in the Butler Building, now torn down. The library then consisted of several hundred books that she had collected from various PHS offices. The NIH-PHS library now has 60,000 volumes ...

Down by Bldg. T-6 families are busy at work on NIH garden plots. The parents are weeding and digging, the kids are running up and down the hills. There are 90 plots (35 x 40) that are available for cultivation and pretty soon there will be produce galore—lettuce, onions, peas, lima beans, beets, carrots, corn, tomatoes and then flowers blooming.

Summer 1960

Continuing along with the history of the NIH library the Surgeon General, PHS, recently approved an organizational move elevating the NIH Library from a section in the Scientific Reports Branch to branch status in the Division of Research Services ... On Aug. 15 two institutes were added to NIH by an Act of Congress: the National Institute of Neurological Diseases and Blindness and the National Institute on Arthritis, Rheumatism, and Metabolic Diseases ... The Federal Security Agency announced that federal employees will be dismissed only if the temperature hits 95 and the humidity hits 55 percent. Weather conditions in Washington, physicians say, are not likely to endanger the health of normal persons during ordinary working activity.

Summer 1970

The NIH Library, now located in the CC, has added innovations such as an electronic security system, longer loan periods, enlarging and improving the library collection, and a copy service has been initiated. Orientation program and tours will be offered weekly ... Dr. Carl G. Baker has been named sixth director of the National Cancer Institute. Baker, a physician and biochemist, has been on the NCI staff since 1949.

Summer 1980

Dr. Robert Levy, director of the National Heart, Lung, and Blood Institute, recently was awarded the Van Slyke Award in Clinical Chemistry by the American Association for Clinical Chemistry. He was cited by AACC as "a world renowned authority and pioneering investigator in lipid and lipoprotein transport, lipid metabolism and medical approaches to atherosclerosis in relation to hyperlipidemia" ...

Calvin B. Baldwin, Jr., has been named NIH associate director for administration. He has been executive officer of NCI since 1970, and will now serve as the principal advisor to the NIH director on administration and management concerns as well as director of the office of administration ... On July 9, the White House announced that Dr. Vincent T. DeVita, Jr. has been named ninth director of the National Cancer Institute.

Summer 1990

Nine years of hoping, 2 years of building, and 4 years of high-level corporate and political lobbying culminated in the opening of the Children's Inn at NIH during the third week of June. Festivities began Sunday, June 17 with an open house and ended the following Friday night at a dinner. ... Intramural NIH has distinguished itself in one of the most competitive areas of biomedical science—publication of research. According to a recent issue of The Scientist, 10 NIH researchers are among the top 100 most-cited scientists of the 1980's. The list was compiled from the files of Science Citation Index, a publication of the Philadelphia-based Institute for Scientific Information (ISI). The scientists are: Dr. Robert Gallo, NCI; Dr. Anthony S. Fauci, NIAID; Dr. Ira Pastan, NCI; Dr. Thomas Waldmann, NCI; Dr. Stuart Aaronson, NCI; Dr. Michael Sporn, NCI; Dr. William Paul, NIAID; Dr. Ronald Crystal, NHLBI; Dr. John Daly, NIDDK; and Dr. Martin Rodbell, NIEHS.