NIHAA President's Letter

An Update on NIHAA

Since my column in the last issue of the NIHAA Update, the board has taken actions and members have made donations and paid dues to the extent that the association will have enough money to operate through the coming year.

Special thanks go to life and regular members who contributed to the association. Since appeals went out, nearly $9,000 was given in addition to dues paid by regular members.

The board voted to accept a report of the association's finance committee (Christine Carrico, chair; Artrice Bader, George Galasso, Jeanne Ketley, and Carol Letendre) that made six recommendations to improve the association's financial picture.

The recommendations are to: 1) review the organization's annual budget, broken down by project category; 2) reduce expenses by limiting its function to production of the NIHAA Update and a Directory, eliminating the luncheon at the annual meeting and reducing the cost of awards; 3) raise revenue by increasing membership, eliminating the first year of free membership, raising dues modestly, and charging the development committee to raise at least $10,000 annually; 4) make the NIHAA more attractive to join; 5) increase visibility by becoming an NIH-recognized entity; and 6) develop a succession plan, if necessary, for the executive director.

I hope that many of you will be able to attend our annual meeting on Saturday, Sept. 24.

Thank you.

Paul Van Nevel
President NIHAA

'Just Keep True North'
Zerhouni Predicts End to Conflict of Interest Issue

By Rich McManus

The conflict of interest (Col) issue that has so absorbed NIH since a series of news articles brought concerns to light in late 2003 will subside, predicted NIH director Dr. Elias Zerhouni. The agency will emerge balanced, trustworthy and as deeply involved in the vitality of science as ever, he said in an interview in May.

"I'm very optimistic that our approach is going to lead to a much more fair and balanced set of rules," he said. On Feb. 1, the director announced an "interim final HHS supplemental ethics rule" that immediately drew fire from employees on grounds that it was too strict, too intrusive on personal financial decisions, too broadly applied and detrimental to recruitment and retention of top scientists. But what employees didn't appreciate at the time, according to Zerhouni, was that the rule was both open to comment and dissent, and temporary; it posited a 1-year moratorium on some previously permissible outside activities, a year during which NIH could collect evidence about its ethics program. Zerhouni received more than 1,100 opinions from NIH staff, who emailed him personally, and more than 1,000 people sent messages to HHS during the public comment period. "I want to thank everybody who's been responsive and forthright in sending me both angry letters as well as informative letters," he said. HHS stated in the introduction to the interim rules that it would revisit them based on comments and feedback.

NIHAA Annual Meeting Scheduled for Sept. 24th

Dr. Margaret A. Chesney, deputy director of the National Center for Complementary and Alternative Medicine (NCCAM) and a member of the Institute of Medicine, will be the main speaker at the NIHAA annual meeting on Sept. 24. Her talk is titled, "What You Need to Know About NCCAM and Alternative Medicine."

The meeting will be held from 10 a.m. to noon at the Mary Woolard Lasker Center (the Cloister, Bldg. 60) on the NIH campus. The annual meeting is being held in September rather than June in response to member concerns that the June meeting conflicts with June graduation and wedding ceremonies. Chesney came to NIH from the University of California, San Francisco, where she was director of the Behavioral Medicine and Epidemiology Core of the UCSF Center for AIDS Research.

(See Zerhouni, p. 12)

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Annual Meeting (continued from p. 1)

The focus of her research has been the relationship between behavior and chronic illness, behavioral factors in clinical trials, and the development and evaluation of behavioral treatments of health problems.

She is past president of the Academy of Behavioral Medicine Research, the American Psychosomatic Society, and the Division of Health Psychology of the American Psychological Association.

John T. Burklow, head of NIH’s Office of Communication and Public Liaison, will also speak, providing an update on NIH happenings. John Dattoli, head of security at NIH, is an invited speaker and will cover related issues.

Attendees must enter at the Metro entrance to campus on Rockville Pike. Park in any lot because it is a Saturday, but try the Cloister lot first.

Alumni with badges and hangers may enter as if they were NIH employees unless the alert level is higher than yellow. Show the guard your badge, and you will be directed to the Cloisters, which is off of Center Drive just before Old Georgetown Road.

The NIH perimeter fence closes Aug. 29 and alumni with badges or hangers should receive new badges with magnetic strips by then. Attendees without a new badge will follow procedures for visitors.

Alumni without badges or hangers must have cars searched and obtain a “visitor’s” electronic badge that enables them to move freely around campus. The search should not take long on a Saturday.

**THIS IS YOUR INVITATION TO THE ANNUAL MEETING**

The Annual Meeting of the NIH Alumni Association
Saturday, Sept. 24, 2005

10 a.m. - 12 p.m.

Mary Woodard Lasker Center (the Cloister)
Bldg. 60, NIH, Bethesda, Maryland

Speakers:
Dr. Margaret Chesney
Mr. John T. Burklow
Mr. John Dattoli

Please RSVP to NIHAA Office at 301-530-0567

The NIHAA Update is the newsletter of the NIH Alumni Association. The NIHAA office is at 9101 Old Georgetown Rd., Bethesda, MD 20814-1616; email address: nihahaa@yahoocom; the website address now is http://www.fnl.nih.gov/nihaa/nihaa.html.

Editor’s Note

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

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The NIH Alumni Association thanks the Foundation for Advanced Education in the Sciences, Inc., and Wyeth for their help in publishing NIHAA Update and supporting our educational activities. We also thank the NIH Federal Credit Union. We extend appreciation to all the NIHAA members who make donations beyond their dues.

Research Festival Slated for Oct. 18-21, 2005
By Paula Cohen
The 20th NIH Research Festival will be held Oct. 18-21, 2005, at the Natcher Conference Center. The event is co-chaired by scientific directors Dr. Sheldon Miller of NEI and Dr. Robert Wenthold of NIDCD.

The opening plenary session on Tuesday, Oct. 18 at 9 a.m. in Masur Auditorium will feature the research of four early-career NIH investigators. Their research ranges from the structure of molecules (Susan Buchanan, NIDDK) to gene silencing (Shiv Grewal, NCI) to cell biology (Orna Cohen-Fix, NIDDK) to clinical investigation (Mark Gladwin, NHLBI). Dr. Zerhouni will also speak.

Other events during the 4-day annual showcase will include 21 symposia and 3 poster sessions, special exhibits on resources for intramural research, the Job Fair for NIH Postdoctoral Research and Clinical Fellows, the Festival Food & Music Fair, and the TSA tent show in parking lot 10H. See boxes for details or check http://researchfestival.nih.gov.

<table>
<thead>
<tr>
<th>Tuesday, Oct. 18</th>
<th>Masur Auditorium, Bldg. 10</th>
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<tr>
<td>8:30 a.m. - 9:00 a.m.</td>
<td>Continental Breakfast</td>
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<td>9:00 a.m. - 11:15 a.m.</td>
<td>Plenary Session</td>
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<td>Transport of Large and Small Molecules Across Bacterial Outer Membranes</td>
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<td>Dr. Susan Buchanan, NIDDK</td>
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<td>RNAi and Epigenetic Mechanisms</td>
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<td>Dr. Shiv Grewal, NCI</td>
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<td>Dr. Orna Cohen-Fix, NIDDK</td>
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<td>Unraveling the Reactions of Nitric Oxide, Nitrite and Hemoglobin in Human Physiology and Therapeutics</td>
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<td>Dr. Mark Gladwin, NHLBI</td>
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<td>Perspectives on the NIH Intramural Research Program: Past Progress, Future Progress</td>
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<td>Dr. Elias Zerhouni, NIH</td>
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The following are in the Natcher Conference Center

| 11:30 a.m. - 12:00 p.m. | Coffee Break |
| | Special Exhibits on Resources for Intramural Research |
| | Poster Session 1 |
| | Festival Food & Music Fair in Tent outside Natcher |
| | Special Exhibits on Resources for Intramural Research |
| | Symposia Session: Seven Concurrent Symposia |
| | Nanomedicine: Opportunities and Challenges |
| | Main Auditorium |
| | B Cells in Health and Disease: From Biomarkers to Treatment Options |
| | Balcony A |
| | Cognition, Emotion and the Prefrontal Cortex: Bridging the Gap between and Nonhuman Primates |
| | Balcony B |

(See Program, p. 4)
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<th>Time</th>
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<th>Location</th>
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<tr>
<td>2:00 p.m. - 4:00 p.m.</td>
<td>Innate Immune Recognition&lt;br&gt;Molecular Epidemiology of Non-Hodgkin's Lymphoma&lt;br&gt;Etiology, Prognosis, and Underlying Mechanisms&lt;br&gt;Novel Mouse Models for the Study of Obesity and Diabetes&lt;br&gt;Cancer Stem Cells, Drug Resistance, and Therapeutic Targets&lt;br&gt;Refreshments</td>
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<td>Wednesday, Oct. 19</td>
<td>Natcher Conference Center</td>
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<td>9:00 a.m. - 10:30 a.m.</td>
<td>Poster Session II&lt;br&gt;Special Exhibition Resources for Intramural Research&lt;br&gt;Continental Breakfast</td>
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<td>10:30 a.m. - 12:30 p.m.</td>
<td>Symposia Session II: Seven Concurrent Symposia&lt;br&gt;Chronic Inflammation and Disease&lt;br&gt;The Dynamic Family, Endocytosis, Apoptosis, and Neurological Diseases&lt;br&gt;Molecular Gating of Ion Channel and Transport Proteins&lt;br&gt;The X Chromosome and Sex-based Difference in Normal and Pathophysiology&lt;br&gt;The Seeing Brain&lt;br&gt;Vascular Biology in Health and Disease&lt;br&gt;Multidisciplinary Biomedical Data Mining&lt;br&gt;Refreshments</td>
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<td>Conference Rm. F1/F2</td>
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<td>12:30 p.m. - 2:30 p.m.</td>
<td>Poster Session III&lt;br&gt;Festival Food &amp; Music Fair Tent outside Natcher Cafeteria&lt;br&gt;Special Exhibits on Resources for Intramural Research</td>
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<tr>
<td>2:30 p.m. - 4:30 p.m.</td>
<td>Symposia Session III: Seven Concurrent Symposia: The Dissection of Complex Genetic Traits&lt;br(Role of Dysfunctional Adipogenesis in Systemic Insulin Resistance&lt;br&gt;Dynamic Regulation of Excitatory Synapses&lt;br&gt;New Methods in Tissue Profiling&lt;br&gt;Emerging and Re-Emerging Diseases&lt;br&gt;Evaluation of Novel Vaccines for Old and New Diseases&lt;br&gt;CNS Plasticity in Addiction&lt;br&gt;Refreshments</td>
<td>Main Auditorium</td>
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<td>Thursday, Oct. 20</td>
<td>Natcher Conference Center</td>
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<tr>
<td>11:00 a.m. - 3:00 p.m.</td>
<td>Job Fair for NIH Postdoctoral, Research, and Clinical Fellows</td>
<td>Lower Level</td>
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<td>Technical Sales Association Research Festival Exhibit Tent Show</td>
<td>Parking Lot 10H</td>
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<tr>
<td>Thursday, Oct. 20: 9:30 a.m. - 3:30 p.m.</td>
<td>Friday, Oct. 21: 9:30 a.m. - 2:30 p.m.</td>
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Calendar of Upcoming Exhibits and Events

Exhibits

National Library of Medicine

An exhibit, "Changing the Face of Medicine: Celebrating America's Women Physicians," will be on display through Fall 2005. For more information, call 301-496-5963 or email educator@nlm.nih.gov. For information about History of Medicine exhibits please call 301-435-4993.

DeWitt Stetten, Jr., Museum

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

Other Activities of Interest

Medicine for the Public

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

October 2005—April 2006

FAES Chamber Music Series

The Chamber Music Series, sponsored by FAES, is now at the Landon School Mondzuc Performing Arts Center, 6101 Wilson Lane, Bethesda, on Sundays at 4 p.m. This is the series 38th year. For more information about subscriptions/prices please call 301-496-7976 or visit http://www.faes.org/music.htm.

Oct. 2—Ignat Solzhenitsyn, piano

Oct. 16—Takacs Quartet

Nov. 13—Belcea Quartet

Dec. 11—Steven Osborne, piano

Jan. 8, 2006—Randall Scarlata, baritone

Jan. 22—Kuss Quartet

Feb. 12—Arnaudo Cohen, piano

Mar. 19—Jan Vogler, cello and Louis Lortie, piano

Apr. 9—Winner of the Borciani Int'l String Quartet Competition

NIH Events

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

Sept. 14—NIH Director's Lecture: Dr. Solomon Snyder (JHU)

Sept. 21—Cultural Lecture: Dr. Amitai Etzioni (GWU)

Oct. 12—G. Burroughs Miller Lecture: Dr. Daniel Weinberger (NIMH)

NIHAA Events

Annual Meeting on Saturday, Sept. 24, 10 a.m. until noon at the Mary Woodard Lasker Center, (the Cloister, Bldg. 60), on the NIH Campus. Please see story on p. 1 for details.

For more information about NIH events call 301-496-1766. For more information about NIHAA events call 301-530-0567.
News About NIHAA Members and Former NIH’ers

Dr. Julius Axelrod, Nobel laureate and NIH scientist, who died Dec. 29, 2004. (See Update Spring 2005) was remembered on May 23 with “Celebrating Julie” in Masur Auditorium. Dr. Elias Zerhouni, NIH director, and Dr. Thomas Insel, NIMH director, hosted a program that featured proteges, colleagues and friends for a day of scientific reflection on Axelrod’s discoveries in his long and successful career. Among the speakers were Dr. Solomon H. Snyder, from Johns Hopkins, and Dr. Paul Grčengard, a friend. The symposium also highlighted recent progress built on Axelrod’s contributions. To view a videocast of the program online please check: http://videocast.nih.gov.

Dr. Baruch Blumberg, a 1976 Nobel laureate in medicine, who was in the geographic medicine and genetics section of NIAID (1957-1974), and a Fox Chase Cancer Center Distinguished Scientist, was honored on his 80th birthday with a scientific symposium. The event was held on June 16, 2005 at Fox Chase.

Drs. Michael S. Brown and Joseph L. Goldstein, 1985 Nobel laureates and former NIH clinical associates in 1968, who are now with UT Southwestern Medical School at Dallas, delivered the opening lecture at the 2005 American Society for Biochemistry and Molecular Biology on Apr. 2 in San Diego, Calif. They gave the Herbert Tabor/Journal of Biological Chemistry Lectureship on “The SREBP pathway: lipid homeostasis achieved by regulated intramembrane proteolysis.” Goldstein presented Part 1 and Brown Part 2. The lectureship honors Dr. Herbert Tabor, who is still active at NIDDK as chief of the pharmacology section in the Laboratory of Biochemical Pharmacology, for his long service to the Society and to the journal. The lectureship was established in 2004. The first speaker and recipient was Dr. Robert Lefkowitz, who was at NIAID (1968-1970) and is now an HHMI investigator and James B. Duke professor of biochemistry, Duke University Medical Center.

Dr. Sheldon Cohen, scientific advisor, NIAID, and visiting scholar, NLM and NIH, commissioned a series of art pieces and donated them to the National Library of Medicine several years ago. They can be seen in the History of Medicine Reading Room. Bronze portrait busts of three giants of medicine—Moses Maimonides, William Jenner and Louis Pasteur—are mounted on pedestals at the rear of the room. The sculptor was Karen Leigh (known professionally as Karen Leighty), who retired from NIAID in January 2005. Cohen also commissioned bronze medals depicting 20 important scientific figures such as Ambrose Paré, William Harvey and Andreas Vesalius. They were sculpted by Abram Belski and are also on display in a vertical case in the History of Medicine Reading Room.

Dr. Rita Colwell, who has served on various NIH advisory committees and is an NIHAA board member, is chair of Canon US Life Sciences, Inc. and Distinguished University Professor at the University of Maryland at College Park and at Johns Hopkins University Bloomberg School of Public Health. She was selected for the 2005 National Women’s Hall of Fame. That citation reads: “Dr. Rita R. Colwell became the first woman and first biologist to head the National Science Foundation in 1998, spearheading the agency’s emphases in K-12 science and mathema-

In connection with the display of the Varian A-60 NMR spectrometer, Dr. Edwin “Ted” Becker, NIDDK Scientist Emeritus, described the development of nuclear magnetic resonance (NMR) to the Biomedical Research History Interest Group on May 24. NIH’s first NMR spectrometer, a large and complex collection of equipment, arrived in 1957. The A-60, introduced in 1961, provided major technical advances in a package that could fit into a normal laboratory. This instrument moved NMR from a specialized, time-consuming technique to an analytical method that virtually every organic chemist in the world could use to elucidate molecular structure.

I set the stage for further advances as much higher field magnets were developed over the next decades. Now NMR is one of two methods (the other is x-ray crystallography) that is being used extensively at NIH and elsewhere to determine the three-dimensional structures of proteins and other macromolecules.

The A-60 was the instrument used in 1972 at the State University of New York. Stony Brook to first demonstrate that NMR could be used to produce images of macroscopic objects—two small tubes of water in the initial experiment, but now as MRI (magnetic resonance imaging) a staple for radiologists examining human anatomy and physiology. NIH’s inter-Institute In Vivo NMR Center, started in 1985, is now one of the world’s leading centers for advanced MRI research on brain function and related subjects.
Dr. Alfred Gilman, a Nobel laureate in physiology or medicine, and who did postdoctoral training in the NHLBI's Laboratory of Biochemical Genetics (1971), has been named dean of UT Southwestern Medical School at Dallas, effective June 2, 2005. His association with UT Southwestern began in 1981, when he joined the faculty as chairman of pharmacology, a post he will relinquish when a new chair is named. He will continue to lead the Alliance for Cellular Signaling, an interdisciplinary research effort he established in 2000. The program involves investigators at five academic centers and is aimed at advancing the understanding of cell communication networks. He will also continue to lead the Cecil H. and Ida Green Comprehensive Center for Molecular, Computational and Systems Biology.

Dr. Ruth Johnsson Hegyeli recently retired after 36 years with NIH (1969-2005). She was associate director for international programs at NHLBI for 33 of those years. She was awarded the International Peace Prize in 2004, the Fogarty Scholar gold medal in 2005 and the Surgeon General's Exemplary Service Award in 2005. Hegyeli worked on the draft of the Surgeon General's Call to Action in Global Health. She plans an active retirement, assisting needy and handicapped children, especially HIV/AIDS orphans in Africa and continuing to write and present her poetry.

Dr. John W. Hiemenz, who was a clinical associate at NCI (Medicine and Pediatric Branches, 1980-1983), has recently been named professor of medicine, director of hematologic malignancies and BMT program as well as head, infectious diseases research program at Feist-Weiller Cancer Center, LSU Health Sciences Center, Shreveport, La.

Dr. Daniel C. Ihde, former NCI deputy director (1991-1994) who died in December 2004 (spring Update, p. 26), was honored with the first annual Dr. Daniel C. Ihde Memorial Lecture on June 3. The lecture was hosted by the National Naval Medical Center and the Medical Oncology Branch of NCI. The speaker was Dr. John Minna (see p. 8) former chief of the NCI-Navy Medical Oncology Branch. His topic was “Molecular Pathogenesis of Lung Cancer with Translation to the Clinic.” Ihde served from 1981 to 1991 as deputy director of the NCI-Navy Medical Oncology Branch. His widow, Mary, speaking at the lecture said, “It is a pleasure, though tinged with sadness, to be here today in the company of so many who are gathering to memorialize my husband’s work here at NCI-Navy, the NCI-VA and the NCI from 1973 to 1994.” She added, “Dan’s years in the Washington area were among the happiest in both his life and mine.”

Dr. Mary-Claire King, American Cancer Society research professor, departments of medicine and genome sciences, University of Washington, Seattle, who has longtime affiliations with NIH, was elected to NAS's Institute of Medicine in May. She also delivered on Mar. 29 the 2005 Bernard Fisher Lecture at the University of Pittsburgh. As chair of the National Surgical Adjuvant Breast and Bowel Project from 1967 to 1994, Fisher led many NCI-funded clinical trials in landmark studies of breast cancer treatment and prevention. King is renown for her discoveries related to BRCA1 and hereditary predisposition to breast cancer. Also part of the program was Dr. Arthur Levine, who was at NIH (1967-1998), at NCI and NICHD lastly as scientific director, and who is now senior vice chancellor for the health sciences, and dean of the School of
Dr. John Minna, director of the Moncrief Center for Genetics and the Hamon Center for Therapeutic Oncology Research at the University of Texas Southwestern Medical Center in Dallas, received the Distinguished Service Award for Scientific Achievement from the American Society of Clinical Oncology. He was recognized for his work in lung cancer research and cancer genetics and the transforming and lasting impact his research has had on cancer. Minna was at NIH first as a fellow in NHLBI, then joined eventually headed the VA Medical Oncology Branch until leaving in 1991 for Texas.

Dr. James O'Rourke, NINDB clinical associate (1954-1957), has been at the University of Connecticut Health Center in Farmington. Since 1969 he has been a professor of pathology and surgery. He previously served as professor of ophthalmology at Georgetown University Medical Center (1957-1969). Currently he also directs the microvascular research laboratory, department of pathology at U Conn where he studies the influence of sympathetic nerves on fibrinolysis. He wrote to Update that he has “fond memories of learning from Drs. Milton Shy, Maitland Baldwin and Ed Rall in the early days of the then-new Clinical Center.”

Dr. Harvey Ozer, who was at NIAID as a research associate and NCI as a senior staff fellow (1966-1972), has a new position as professor and director, New Jersey Medical School - University Hospital Cancer Center, Associate Dean for Cancer Programs, UMDNJ-New Jersey Medical School in Newark.

Dr. William Raub, came to NIH in 1966 and worked at NEI, DRR and then became NIH associate director for extramural research and training, and subsequently was appointed deputy director of NIH in 1986. He was acting director of NIH in 1989 after Dr. James Wyngaarden resigned. Raub left to work at HHS as principal deputy assistant secretary for public health emergency preparedness and served as acting assistant secretary for planning and evaluation. In April 2005, HHS Secretary Mike Leavitt, appointed Raub to his senior leadership team as acting counselor for science policy, overseeing issues involving FDA, NIH, and CDC. He will also serve as an advisor on counterterrorism.

Dr. Irwin Rosenberg, a clinical fellow at NIAMD (1961-1964), is now senior scientist and director of the nutrition and neurocognition laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University. On Mar. 9, he gave a lecture on “Vitamin B-12 and Folate: Pathways to Your Bright Future,” as part of the Office of Dietary Supplements seminar series. His current research interests include nutrition and aging; folate nutrition; and the relationship between homocysteine, B vitamin nutrition, vascular disease and cognitive decline.

George Russell, who was at NIH (1962-1988) in OD Division of Management Policy, has sent us an update from Freeport, Florida where he now lives. Inspired by volunteer work he did for NIHAA and the Children’s Inn after he retired, he became a “volunteer junkie.” Because he is a strong conservationist/
environmentalist, Russell now sits on a variety of boards and committees for traffic safety, water quality, nature-based tourism and county health services planning. He also belongs to a group that conducts management studies for non-profit organizations and local government entities. His most recent involvement is working with a group that plans to build a village of foster care homes.

Dr. Solomon Snyder, who worked with his mentor Dr. Julius Axelrod in the Laboratory of Clinical Science, NIH. (1963-1965), is now director of the neuroscience department, Distinguished Service Professor of Neuroscience and professor of pharmacology and psychiatry at Johns Hopkins School of Medicine. On Mar. 14, 2005, he was awarded the National Medal of Science by President George W. Bush. Snyder advanced the field of neuroscience through the creation of a process to identify neurotransmitters—the messengers through which information is passed among neurons in the brain. He proved that in addition to the known amines, amino acids, and peptides, gases can also act as messengers of information. His research has contributed to the designs of new psychiatric drugs and has sped up the screening of new candidate drugs.

Dr. James Steele, who worked at NIH with Dr. Charles Armstrong on brucellosis and infectious diseases (1945-1947), before establishing the Veterinary Public Health Division of the Centers for Disease Control and Prevention, is now professor emeritus at the University of Texas School of Public Health. This year he was honored on his 92nd birthday, with the thirteenth annual James H. Steele D.V. M., M.P.H. lecture. It was given on April 5, 2005 by Lord Lawson Soulsby of Swallowham Prior who spoke on “Zoonoses Old and New: The Price of Freedom is Eternal Vigilance.” Soulsby is a world-renowned parasitologist and microbiologist.

Dr. P. Roy Vagelos, member and then head of the section of comparative biochemistry. Laboratory of Biochemistry, NHLBI (1956-1966), the 1994 NIHAA Public Service awardee, and former CEO of Merck & Co., Inc. and author of Medicine. Science. and Merck, will deliver the keynote address at the Pharmaceutical Marketing Congress on Sept. 13 at the Philadelphia Convention Center. He will talk on the changes in the pharmaceutical industry.

Vagelos is also a director of the Donald Danforth Plant Sciences Center and a trustee of the Danforth Foundation. He is also chairman of the board of Regeneron Pharmaceuticals, Inc. and Theravance, Inc. He is also chairman of the Board of Visitors at Columbia University Medical Center and chairman of its $1 billion capital campaign.

Dr. Harold Varmus, former NIH director (1993-1999), and a Nobel laureate for cancer research, is currently president and chief executive officer of Memorial Sloan-Kettering Cancer Center in New York City. In May Varmus received the 2005 American Society of Clinical Oncology (ASCO) Science of Oncology Award. This award, given for the first time was given in recognition for his research on the genetic origins of cancer. His talk was entitled “Oncogenes Come of Age”. In addition to highlighting historical advances in molecular genetics, Varmus presented his perspective on cancer within the culture of sciences in relationship to what is needed to more efficiently tie basic discoveries to progress in clinical oncology. Finally, he advocated for free access to research results, through the Public Library of Science, which he co-founded.

Storm Walsey, who was associate director for communications in OD at NIH from 1970-1992, is leaving Bethesda to move to La Jolla, Calif. He has been an active member of the NIHAA serving as secretary/treasurer and on the board as well as chair of several committees.

Editor's note: For the last three years Storm has served as chair of the NIHAA Update advisory committee, and NIHAA extends a special thanks for his efforts and endeavors on our behalf.

Dr. Gary Williams, who was at NCI (1969-1971), is now professor of pathology and director of environmental pathology and toxicology at New York Medical College. He has sent an announcement about: “The 12th International Course on Safety Assessment of Medicines, Basic and Regulatory Aspects.” The course will be held Oct. 17-21, 2005 in White Plains, New York. Contact Barbara Krokus at New York Medical College, Basic Science Building, Rm. 413, Department of Pathology, Valhalla, NY 10595-1599; phone 914-594-3087; fax 914-594-4163; email Barbara_Krokus@nymc.edu

NIH Alumni Can Make a Difference
Varied opportunities exist in and around NIH. Our program is for retired or soon to be retired NIH'ers.
We have a directory of volunteer opportunities that may be viewed at: http://www/nih.org/NIHAA/NIHAAvolunteer.html.
Email nihalumni@yahoo or cmchale@comcast.net if you would like to become a volunteer.
Former NIH Director Healy Returns for Women's History Month

By Munon Parry

On Mar. 28 the National Library of Medicine welcomed Dr. Bernadine Healy, former NIH director, back to lecture in honor of Women's History Month.

A history maker herself, Healy was the first woman to be appointed director of NIH, launching the groundbreaking Women's Health Initiative during her tenure.

Today, Healy is a medical and health columnist for U.S. News & World Report, and in a recent column she took issue with Harvard President Lawrence Summers' suggestion that the fewer women than men in the sciences may reflect men's greater "intrinsic aptitude" for the field.

Drawing on that article, Healy suggested in her lecture that evolutionary studies that describe gender differences between our cave-dwelling ancestors actually tell us very little about men and women today.

As she put it, the image of man as hunter-gatherer and woman as hearthkeeper may be "intriguing stuff" and cute fodder for jokes about women reading maps and men not asking for directions—but does it really tell us why girls don't grow up to be scientists?" Healy remembered personally experiencing some of the social factors that contribute to gender inequalities in the sciences in the late 1960's.

"As a medical student at Harvard, out of an all-female Vassar, I wondered whether I would be dazzled by male genius," she recalled. "What struck me was that men, who made up most of the student and faculty bodies, were pretty smart but had no special edge. However, men were the anointed normative standard as both doctors and patients, and women had little choice but to buy in." When Healy made her debut in 1991 as NIH director, she joked that she might have been offered the post only because things were so bad that no man would take the job. At the time, scientists were leaving in record numbers, and the agency had been accused of sexism and racism in hiring and promotion.

NIH had been without a director for almost 2 years, and her appointment was viewed especially positively because of her experience as former deputy director of the White House Office of Science and Technology Policy. Aware of the tendency to see male physiology as the norm in clinical trials and treatment regimens, Healy went on to launch the Women's Health Initiative, the first large-scale clinical study of women's health (involving more than 150,000 participants) ever undertaken.

The results have shown that standards developed from the study of men do not always apply to women. But do physiological differences translate into any significant differences between men's and women's brains? Although there is some evidence that men and women may excel in different types of problem-solving, Healy said she believes the sexes are intellectually equal. She explained that we can have "a constructive discussion about small differences that show men score a bit higher in spatial reasoning," but we need to remember "that women excel with..."—and in overall school performance.

As a judge, she said, is to develop educational models that would help all students to master these skills, ended with remarks from a recent case she had written about the legal fate of Terri Schiavo. Calling for nurses to take on a more active role in their patient's care, Healy noted that the decision to remove food and water was made without an independent medical review of the patient's case—in instead, the judge relied upon neurological reports from 2002.

Furthermore, Healy pointed out, the reports reflected attempts by each side to "win the case." The winner in court is usually the one with the most convincing medical witnesses, who speak with the greatest confidence and authority. One expert's opinion is pitted against another's, and the judge has to figure out which to believe.

Healy suggested the competition will fail all the family members, preventing everyone involved from reconciling themselves to a decision that should be made in the best interests of the patient.

Discussing some of the most controversial issues in science and medicine today, the former NIH director encouraged attendees to consider their own contributions to public understanding. How do we explain conflicting data or medical ethics to non-specialists, who receive a barrage of good and bad health information from the media?

Those of us in the know, she concluded, have a special responsibility to help others develop an informed opinion.
Footnote to NIH History

Why Doesn’t NIH Have a Heliport?

From Dr. Paul Schmidt*

Your story in the Spring 2005 issue, “Hurray for Hollywood, NIH in Prime Time,” records qualms at seeing an NIH helicopter in the initial episode of the NBC series Medical Investigation. The NIH alumni would not be surprised if NIH did have a team ready to fly off to stamp out disease but your article begs the telling of the true story of why NIH does not have a heliport?

Forty years ago neither NIH nor the Naval Medical Center had a heliport. Someone at NIH, I think I know who, had a brilliant idea, and as Head of the Clinical Center Blood Bank (now Transfusion Medicine Department) I was to go to Cape May, New Jersey to sell it. The plan called for the PHS which provided medical care for the Coast Guard to arrange for some special blood donors. They would be the top students in each training cycle of Coast Guard recruits and would be flown by the Coast Guard helicopter to NIH on a Friday, donate blood and then have a free weekend in DC. Good incentive, good publicity, good blood, bad idea.

First, I had to call the Chief Medical Officer of the Coast Guard, of course a PHS Assistant Surgeon General. He had already been chided in and said that he would get the Commandant’s plane. The conversation went something like this: “Son, be in uniform,” “I don’t have a uniform.” “You NIH guys are all the same, be in uniform.” “Yes, doctor.” “Call me admiral and pick me up on the way to the airport.” “Yes, sir.”

Since I am six foot three, I followed tall people like Milt Skolaut around NIH for two weeks, but without success as a borrower. I had no choice but to go to Cape May in my plain brown tweed overcoat. On the appointed morning I overslept, phoned the admiral and arrived at 0910 at North Field, National Airport in my plain brown coat. I parked at “Military Only.” A gray plane was there with the props already turning slowly, and guards with sidearms. At the head of the steps was a Coast Guard Lieutenant Commander with fancy gold rope on his shoulder. It was the Admiral’s aide and he waved me into the rear of the plane. Braid and brass were all up front having coffee as we took off. I got no coffee.

Ninety miles is a short flight but an angry Admiral still found time to come back. The greeting: “Because of you, I drove through a red light on Foxhall Road on the way to North Field.” A policeman stopped me so I put my arm at the window so he could see the braid, and he waved me through. “Yes, doc... admiral: I’m sorry, sir.”

When we landed at Cape May there were two gray limousines with bumper flags. I was relegated alone to the second and the flag was removed. In a few short feet we were at the gate to the base and stopped. Out from the side road came a brass band and then platoon after platoon of recruits, rifles slightly askew but mostly in step. We proceeded up to HQ after them at five mph. Salutes, handshakes and a round of inspecting kitchens and mess halls. The admiral had on white gloves. As the tallest person there, I was given gloves to check the tops of the refrigerators (refrigerators). Then we walked the infirmary that had the beds on one side filled with frightened lads, bedcovers tight as sails in the wind.

Lunch in the Club was preceded by sherry and was very polite. I was glad to see that I outranked everyone but the base commandant and, of course, the admiral, but I just mumbled polite things. I am convinced to this day that it had been whispered about that I was at least a Deputy Assistant to the Assistant Deputy Secretary of the Treasury. Despite that, I was passing muster because as a former Army medical corpsman I knew the drill.

After a little rest and more inspections, we were off to the parade ground for a retreat ceremony. It was a graduation ceremony as well and the admiral gave out the medals. He made a speech and I made a speech about donating blood. There was a high wind and even the enormous loudspeakers aimed at the ranks of tottering kids could only send all of our words back at us. Later at the airport the admiral spoke to me for the first time: “I was surprised that you knew what to do.” I said, “Thank you, admiral.” I was in the rear of the plane again on the way back to DC but this time I got coffee.

I went to see Jack Masur the following week with my apologies. He seemed to know the whole story but did not blame me. He said, “Did you know that the aide to that guy is a Christian Scientist? Everything the PHS wants to do to keep those kids healthy seems to get blocked.” Later he told me that the scheme fell through because nobody wanted to be responsible for the kids on a weekend in DC, known to the Coast Guard as Sin City. The Coast Guard said that NIH should be responsible for them. NIH said it could not be responsible because it did not have Shore Patrol.

The Navy got the heliport. For NIH to receive urgent or important cargo, it had to ask the Navy for “Permission to Land” instead of the other way around.

*Dr. Paul Schmidt was chief of the CC Blood Bank (now the transfusion medicine department), from 1954 to 1974.
Zerhouni (continued from p. 1)

"We've had a good response from many of the employees," Zerhouni added. "The most helpful comments have been the ones that were very specific—people who came to me with emails saying, 'Here is my specific situation and look what it would do to me.' This process, as painful as it is, is going to protect the agency and we're going to put it behind us.

He admitted that the Feb. 1 announcement was poorly received. "Clearly the impact of the interim proposal that was advanced by HHS and the Office of Government Ethics has had quite a detrimental effect on morale. That's the one thing that just was not intended at all," he said. In the intervening months, he has met with hundreds of employees and is fully acquainted with—and sympathetic to—many of their concerns. But he is unyielding when it comes to NIH's need to provide unimpeachable scientific authority.

"We are absolutely not going to compromise on real ethical problems," he said. "The old rules were just not designed to be protective of the agency's interest....There is nothing that is more important to NIH than to maintain the integrity of its advice and public trust."

Zerhouni expressed surprise that many people "interpreted [the HHS interim rule] as being NIH rules. They don't know that, by statute, ethics rules are not under the control of the agency that is subject to the ethics rules." The virtue of the interim rule (upon which NIH insisted), he says, is that it permits "fine-tuning," and that it gives NIH time to collect data on the effectiveness of its ethics program.

"This is an interactive process," he emphasized. "You look at a variety of different proposals from across government—no one has the final answer. You weigh the evidence as you proceed.

"We're making great progress now," he declared. "I've been meeting with OGE, HHS and other components of the government, and I'm very optimistic that our approach is going to lead to a much more fair and balanced rule."

The two concerns that most riled NIH'ers—that employees with no chance of conflict faced mandatory stock divestiture, and that outside activities as innocent as choir membership seemed to require official permission—will likely not survive the review process unchanged, Zerhouni noted.

What most gratifies him is that, out of the hashing process, a streamlined, quick, uniform and comprehensible set of ethics guidelines will emerge, replacing the scattered approach that results when all 27 institutes and centers at NIH have their own ethics offices with unique interpretations of what the rules really mean.

To Zerhouni, the 1-year moratorium gives NIH a chance to develop a fully transparent, sensible ethics program. "It's very important to solidify the office...and create a good administrative service center. We have committed to having a very strong administrative service center that will be responsive and quick." He wants to institute a "much more centralized ethics management system" where "all operate under the same rules and methods for applying them.

"We are going to come out of this much stronger," Zerhouni said. "The agency will stand for the right things and our rules will not impose an incredible burden on our employees—I don't want that."

Zerhouni acknowledged that all of this has taken its toll on NIH morale. "Especially when it comes on the heels of other things like A-76, and reorganization, and budget issues, and I empathize with that very much. I'm totally in touch with many, many people on the campus who are telling me what they're going through. But I think we'll see it through. I'm confident that this will be worked out shortly, and that we'll get to a better balance on this issue with everybody involved....I have total confidence in the quality of our people here. I am amazed at the resilience of our science administrators and our scientists in the face of great challenges. [Col] is just one challenge among many."

Zerhouni says NIH'ers need take no action yet on stock holdings and should wait for further direction. But he remains wary of consulting arrangements with biotechnology and pharmaceutical companies. "I'm not going to resume or touch any consulting from anybody at NIH until we have a good sense of what's really involved here."

He said the intent "is not to discourage, but to encourage, normal academic pursuits and interactions that are necessary to science" such as the commercialization of inventions... "But I do not believe that all activities are okay as long as they are not overlapping with the official duty. We need to have a better, stronger stance than that... NIH needs to have unimpeachable advice. We need to be the most objective source of advice."

Zerhouni freely concedes that the old ethics system communicated poorly with its clients. His byword for transparent communication is that "those who make the rules need to hear from those to whom the rules apply." He points to two examples of this philosophy in action: When NIH learned from its workforce that parking on campus was becoming intolerable, Zerhouni created an ad hoc parking committee that quickly addressed the problem by adding temporary gravel lots (among other ameliorations). And when security rules in the post-9/11 climate became cumbersome for NIH'ers, he cre-
ated the CABS—the community advisory board for security.

"You'd be amazed how [these bodies] can improve things" when you give those affected by rules the chance to modify them, he said. The lines of communication between parties "must always be open, frank, honest and adaptive," he added.

Zerhouni could not comment about the progress of individual investigations of those who may have broken the rules, but he did say that "the rule structure that we had... didn't lend itself to good compliance."

Nevertheless, there is a role for NIH scientists in the larger scientific universe: "There are benefits to consulting," he said. "When it comes to translating discoveries—absolutely! And when it comes to the exchange of ideas, yes, it must be bidirectional. But the involvement in marketing and promotion—this bothered me, especially for government scientists. We have to be above reproach.

"We need to have a clearer view of what's really okay and what's not okay," he concludes. "It's very important to get to a conclusion, and to put this issue behind us. The great majority of our employees are people of great integrity, and really deserving of respect and support.

"What's more important in a crisis is not how you get into it, but how you get out of it," he said. "That's how great institutions determine themselves. You will see that, within a few weeks or months, I think NIH will realize that we've done the right thing, in the right way. Let's resist halftime quarterbacking; the game's not over. Wait for the end of the game," he counseled. "We will end up with a preserved reputation and a good system that will make us proud... Yes, there are difficult moments, but you don't lose sight of what's right.

"I'm totally confident and optimistic about this, despite dire predictions to the contrary," he said. He noted that "Dr. [David] Schwartz [nominee for NIEHS director] is coming, Dr. [James] Battey [NIDCD director, who had planned to leave NIH in the wake of new Col rules] is not leaving."

Zerhouni pointed toward the several "outstanding directors" he has appointed during this time, observing, "NIH remains very attractive to them. I'm confident that conditions that we offer here are just unparalleled... There is nothing that's as outstanding as the intramural program that we have, in terms of resources, in terms of the ability to focus entirely on your science, the ability to be supported for long periods of time so that you can take real gambles and risks in your research."

Zerhouni said it has been most gratifying to him to see "a culture of sharing and collaboration that is growing at NIH... I think we're seeing great maturation of the agency in an era where science is requiring interdisciplinary efforts. I think that bodes well." He joked that an institute director recently called his tenure as NIH director "a Perfect Storm," because it has coincided with so many upheavals not of his own making. "I'm pleased by the progress of the agency and challenged at the same time by the Perfect Storm," he said calmly. "But I also know that I've been through these sorts of rough times before in my life, and if you just keep true north, you'll be fine. And I think our employees will be too. They're great employees."

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**NIH Alumni Association, Inc.**

May 23, 2005

Dr. Elias Zerhouni, Director
National Institutes of Health
Bethesda, Maryland 20892-0148

Dear Dr. Zerhouni:

The members of the NIH Alumni Association express their gratitude for your efforts to change the proposed Conflict of Interest regulations affecting NIH staff. Members of the association believe that these regulations, as proposed, have an adverse impact on the ability of NIH leadership, and of laboratory and branch chief's, to recruit and retain staff.

Sincerely,

Paul Van Nevel, President

**RESOLUTION**

Whereas: Proposed Conflict of Interest regulations governing NIH staff will have an adverse impact on recruitment and retention of staff.

Be It Resolved: That the NIH Alumni Association believes that the proposed Conflict of Interest regulations be revised to make them less onerous to all NIH Staff, benefiting NIH recruitment and retention of staff.

Note: In a letter dated June 22nd, Dr. Zerhouni expressed gratitude for the resolution and indicated it would be taken into consideration as the rules are revised.
Commentary From the NIH Assembly of Scientists

NIH Assembly of Scientists Recaps Conflict-of-Interest Work and Sets Up Shop for Continuing Activities and Activism

The Executive Committee of the Assembly of Scientists was elected in February of this year and has been working hard to represent the views of NIH scientists. It has worked with representatives of the intramural laboratory community, the extramural NIH staff, NIH leadership, and members of many related professional societies.

The First Five Months: Aims and Accomplishments


* First, it has educated both the NIH community and the public—including the press and politicians—that the charges of conflict of interest against a few scientists do not reflect the overwhelming majority of NIH scientists and employees. It has also spoken out against the interim final regulations, explaining how it views them as onerous, intrusive, and a threat to the ability of the NIH to accomplish its mission.

* It has encouraged NIH scientists and other employees, as well as professional societies and advocacy groups, to submit any objections they may have to the regulations during the official comment period and to communicate them as well to other interested parties.

* Third, the Executive Committee has proposed an alternative set of regulations designed to prohibit conflicts of interest without jeopardizing NIH recruitment and retention and employee freedom.

* Finally, to prepare the way for institutionalizing the Assembly of Scientists to address other important issues related to morale and the quality of life of NIH scientists—including paperwork, resources, and respect—the Executive Committee has devised bylaws and an organizational structure.

Changes in the Air

Along with many other factors, including extensive consultations and work by Dr. Zerhouni and the Executive Committee, these activities have contributed to a change in atmosphere and attitude—from one in which NIH scientists were viewed as engaged in unethical practices to enrich themselves to one in which such charges were perceived as overblown or mistaken and the regulations as overbroad and counterproductive.

This change in perception has been the critical prerequisite to generating the momentum to change the regulations.

It is also the impetus for our withdrawing a lawsuit we had launched in April to challenge the regulations. Although we had not considered the lawsuit the preferred option, we had sued because of the impending start of the stock divestiture clock and the statute of limitations that might have negated our right to sue. During the ensuing six weeks, the change in atmosphere and receptivity to our position made it much more likely that a revision approximating our proposal would occur in the policy rather than the legal arena. In addition, the withdrawal of the lawsuit has not foreclosed any rights.

In mid-May, the Committee met with the NIH director to discuss potential revisions in the conflict-of-interest regulations and their future implementation. As a result of that meeting, we have chosen an Executive Committee member to serve on the Implementation Committee, and we look forward to helping ensure that new regulations are implemented in a fair, balanced, and effective manner that does not overwhelm NIH employees with paperwork.

Throughout this process the Executive Committee has been working with the deputy director for intramural research; Assembly of Scientist representatives are now regularly attending the Scientific Directors meetings to enhance communication.

New AOS Bylaws And Work for the Future

Finally, working with legal counsel, the Executive Committee has drafted new bylaws, which can be viewed at the Assembly web site: http://homepage.mac.com/assemblyofscientists/.

These bylaws call for a Council of 24 members, 12 representing institutes and centers and 12 at large delegates. At least three places will be reserved, one each for a tenure-track investigator, a staff clinician, and a staff scientist. Members of the Council will elect a 10-member Executive Committee and select a chair, deputy chair, secretary, and treasurer, each of whom will serve a one-year term.

Elections for the Council will be held in October 2005, and the newly elected members will begin serving in November.
Safra Lodge Stirs Passionate Commitment

It’s rare for professionals involved in a construction project to speak of passion, but that is the word everyone involved with the Edmond J. Safra Family Lodge uses when they talk about the building. The executive director of the Lodge, Jan Weymouth, says the entire group had the same “passionate goal to get this built. We all knew this was a very special place.”

The 26,500-square-foot, 34-room building that opened June 1 was conceived to meet the emotional and spiritual needs of adult Clinical Center patients and their families. Converting the concept into a comfortable home-away-from home presented a number of challenges for the project team. Project Officer Shah Saleh of the Office of Research Facilities was assigned in 1999 to manage design and construction. The lodge had to meet an array of safety, security and environmental requirements, coordinate its schedule with the CRC opening, and be easy and most effective to maintain and operate.

The challenges began with design. The lodge needed not only to create a sense of warm hospitality, but also needed to fit into the more institutional look of most campus buildings. It needed to allow patients plenty of privacy, but give them places where they could choose to socialize. Early members of the project group saw presentations by eight architectural firms before selecting a collaborative proposal from LSY Architects and Weinstein Associates. They envisioned the lodge as more of a large home than an apartment building.

“We all worked together as a team, and as a result, everyone involved is happy with the final product,” says Saleh.

“‘There was an emotional commitment to the project, beyond the feeling of another day at NIH.” says Weymouth.

To complete the transformation of the lodge into a home, interior designers had to attend to far more detail in the furnishings than is typical in an NIH office or lab building. Many of the furnishings were custom produced by multiple vendors. Inez Austin, the lodge decorator, said, “This is the most positive effort I’ve been involved with. The personal attachment everyone formed for the project caused them all to work well beyond what was technically required.”

Creation of a “healing garden” at the lodge is a separate project endowed by the Safra family was also completed this spring.

Lodge benefactor Lily Safra (l) and Dr. Charles Sanders, chairman of the Foundation for NIH board of directors, listen to remarks at the recent dedication. Said Sanders, “The more we can spotlight such enlightened generosity, the more others may be inspired to be involved in new programs which support the NIH research mission—the cure of disease and the preservation of human health.”
Patients and Staff Celebrate Hatfield Move

By Kathryn Boswell

The lobby of the Mark O. Hatfield Clinical Research Center was relatively still and silent on Saturday morning, April 2. A few people lingered at the café tables by the fountain, while others quietly prepared for the day ahead—wiping countertops, sweeping hallways, and turning on computers. The calm was soon broken by the muffled sound of wheels rolling across the tile floors somewhere in the south end of the first floor echoing through the CC lobby. “The patient is on his way,” someone hollered over a radio.

Every person who had been answering phones, mopping floors, scrubbing desks, or checking files stopped what they were doing, walked out into the lobby, and turned to look in the direction of the growing clamor. Doctors, nurses, hospitality staff, housekeepers, construction workers and visitors all strained to get a glimpse of the convoy heading towards the pediatric unit.

As the sound grew louder and louder, people’s faces changed from looks of expectation to welcoming smiles. The CRC’s first pediatric patient had arrived. Marcos Arrieta, lying in his bed, was escorted by a crew of nurses, volunteers, other staff and his mother, Maria, as he made his way from the old hospital to the bright, new rooms of the CRC where he was formally welcomed by CC director Dr. John Gallin as the new pediatric unit’s first patient.

Arrieta shyly smiled as Gallin shook his hand and pointed out some of the features in the boy’s room, including the flat-screen television that also serves as a computer monitor and the glow-in-the-dark animal footprints on the ceiling.

The new pediatrics unit and Gallin welcomed four more patients and their family members: Derek Aldona Reyes, Valeria Rivero, Kathryn Yokoyama and Nicole Hofhine. They were so excited about the move.

Hofhine’s mother, Michelle, walked into the room and immediately exclaimed, “Look at this view! You can see the Children’s Inn right across the street.” as she looked out the large room window. Nicole and her mother have been coming to the CC for almost ten years and had been anxious to see the new building. “We were here when they broke ground for this building.” Michelle says. “It’s great to finally see the inside.” Nicole seemed pleased with her room as well, as she arranged her two stuffed dogs beside her in bed and smiled at the sight of her very own computer keyboard.

The pediatric unit was not the only area of the hospital alive with movement and transitions. Hundreds of staff, movers, and volunteers were on hand to coordinate the transport of 89 patients from the old building to the new. Proudly wearing their bright blue T-shirts with the “Follow Me to the CRC” logo designed especially for the Clinical Center move, volunteers and staff tended to every need—moving furniture, cleaning new work stations, stocking pharmacy shelves, preparing patients’ meals for the day, translating for non-English-speaking patients and their families, reassuring patients, or communicating updates from the move headquarters in the medical board room.

The most realistic option for the move was completing it in one day. Senior Nurse Executive Laura Chisholm, who served as co-chair of the relocation task force, explains, “Logistically, we could not split our patient services between two locations. We had to move all of our equipment and patients at the same time, which made it all the more challenging. Thankfully, we had a great team working together, so it made the whole move go exceptionally well.”

For months leading up to the move, employees participated in a multitude of simulated tests, drills and exercises to prepare them for any situation that might arise on the move date and the days following. The relocation task force led practice walks through various routes from the Magnuson to Hatfield building many times, looking for anything that may interfere with the movement of patient beds and determining the best path to efficiently move arriving patients. “We have been through every scenario, prepared for every possible thing that could happen,” says one volunteer. “We’re ready. No one is nervous; we’re just excited.”

The move was completed ahead of schedule at 3:38 p.m., but not without a few obstacles along the way. “The fa-
Clinical Center Welcomes First Admitted Patient

A Vermont resident with a devotion to helping others was the first new adult patient admitted to the newly opened Mark O. Hatfield Clinical Research Center.

Phyllis Davis of Barre arrived in admissions at 12:04 p.m. on Sunday, April 3, to participate in a protocol conducted by Dr. Constantine Stratakis, an NICHD investigator.

The study focuses on adrenal tumors and a group of rare and sometimes difficult to diagnose conditions known collectively as Carney Complex. More than 500 patient volunteers have participated in the clinical trial since it started in 1994. The goal is to confirm the diagnosis and map the inherited factors involved. Both aspects of the study, Stratakis explains, can help patients and their physicians better address potential health problems. Serious complications include heart and a variety of other tumors.

Dr. J. Aidan Carney, professor emeritus at Mayo Clinic College of Medicine, first reported the complex in the mid-1980's. “The disorder has multiple components,” said Carney, Stratakis' mentor and collaborator. “Any and all can occur by themselves and are not necessarily connected.”

Davis spent a week at the NIH Clinical Center. The protocol involves numerous blood draws, MRIs and other tests. She'll come back for follow up annually. “I’m doing this for a good reason,” Davis says. “What the doctors learn will make it easier for others.”

While here, Davis had a chance to explore the hospital, including the new chapel and recreation therapy’s arts and crafts area. “I love working with my hands and have really enjoyed the arts and crafts. It’s a beautiful building—roomy and airy.”

Her week-long stay at the new hospital has meant a brief interruption to a project she holds dear. “I started ‘Precious Gifts of Love’ after the tsunami last December. We are collecting stuffed animals for the children who survived. These little children need something to hold and be comforted by.” So far, Davis, helped by her daughter Justina of Stafford-Va., has collected more than a dozen boxes of cuddly critters.

In a sunny room on 5 West—on the south side overlooking the courtyard—Davis sits holding her stuffed bear. The bear is wearing a tiny NIH T-shirt. “I need my own stuffed animal to cuddle and hug,” she says, smiling.

By Sara Byars
The NIH Logo: What Does It Mean?

by Dr. Victoria Harden

As we drive along highways, we often see a sign bearing two yellow parabolas and immediately recognize "the golden arches," the logo for McDonald's restaurants. Such visual identification has become pervasive, even in the Federal government. The NIH has used three logos since 1969, but what do they mean? Why were these logos adopted?

Conversations with Ron Winterrowd, former Chief of Medical Arts and Photography at NIH when the logos were designed; Storm Whaley, former NIH Associate Director for Communications; and Marc Stern, former Chief, NIH News Branch, revealed the stories behind these images.

Before 1969, NIH did not have a separate logo, Winterrowd stated. NIH was viewed as the "laboratory arm" of the U.S. Public Health Service (PHS). The PHS seal or the Department of Health, Education, and Welfare's logo were used on NIH publications and other documents. In 1965, however, the President's NIH Study Committee produced a report, Biomedical Science and Its Administration: A Study of the National Institutes of Health. Report to the President (Washington, DC: Government Printing Office, February 1965), that strongly urged increased NIH communications with the public. This report, colloquially known as the Wooldridge Committee Report after its chairman, Dr. Dean E. Wooldridge, provided the impetus for upgrading the NIH Office of Information. In 1970, Storm Whaley was hired as the first Associate Director of NIH for Communications.

In 1969, Clifford F. Johnson, serving as the Director of Information in the Office of the Director, assigned George Mannina on his staff to oversee development of an NIH logo. Mannina worked with Charlie Shinn of the NIH Medical Arts and Photography Branch, who submitted several candidate logos. The one chosen was a triangle with rounded sides and the initials "NIH" in the center.

NIH Director Donald Fredrickson believed that this logo symbolized three aspects of the NIH mission, "research, treatment and education," as Ron Winterrowd remembers, or "searching, serving, and teaching," as Storm Whaley remembers.

In 1976, work began on a new logo to update the triangle and develop a symbol that could be recognized in a foreign country where the Roman alphabet was not in use. Another artist worked with Huley Bray of the Office of Communications, Office of the Director, and proposed concentric triangles with rounded vertices but straight sides. Dr. Fredrickson, according to Ron Winterrowd, liked the new design but wanted it altered to indicate NIH's relationship with grantees and other health institutions. To respond to Dr. Fredrickson's request, the artist "took out a little bit of each triangle and left the ends open." Winterrowd stated. "We thought this would show a link to the outside and also look like the glassware that is used in NIH laboratories."

The new logo offered many possibilities: it could be used with or without the words "National Institutes of Health" encircling it. Its component parts could be rendered in one, two, or three colors. To mark the 1976 bicentennial of the Declaration of Independence, Winterrowd noted, "the lettering was done in a medium gray which gave a silver look. The outside triangle was in a blue and the inside triangle was a red. It had a very patriotic look." NIH has had one additional logo, which was used only during its 1986-87 centennial observance. This logo was chosen from a contest in which "384 individuals submitted 1,354 highly creative entries," according to an NIH Record account. Sherry Meyers, a Clinical Center psychiatric nurse, won the $500 prize with a design that featured the number 100 with a microscope set in interlocked zeroes and the Words "National Insti-
"Logos are powerful," stated Winterrowd. "A good logo is an image on a sign that registers in your mind while you're driving down the highway at 70 miles per hour." Logos also attract nicknames. The first NIH logo was often termed a "sprung triangle," while the concentric triangle logo was known either as the "coathanger" or the "wool mark" because of its similarity to the logo of the Woolmark Company.

The power of the NIH logo is discernible in the way it has been used on television. The NBC television network's Medical Investigation program, supposedly based on NIH events, took the concentric triangle logo and changed it so that it looks like one of the arms has been bent downward. It is clearly not the actual NIH logo, yet it is recognizable if one is familiar with the actual logo.

Office of NIH History Highlights

History in the Halls

For years, the oil paintings on the walls in Bldg. 1's corridors have hung in the background as visiting members of Congress, scientists, and administrators walked between offices and conference rooms in the 1930's-era building. If the visitors and staff members bothered to look up, they would have noticed stately portraits of men and one woman, all former NIH directors and early scientists. If they wondered who was pictured in these paintings, they would not have had much help from the plaques affixed to the formal frames. But that is about to change. The Office of NIH History plans to install new labels for each portrait later this year. The new labels will provide information about the important contributions of former scientists and directors. The Office of NIH History hopes that these new labels will not only familiarize staff and dignitaries with the work and history of the NIH, but will also encourage people to seek out further information through the Office's resources.

Conference Announcement

The Office of NIH History is sponsoring a major conference on "Biomedicine in the Twentieth Century: Practices, Policies, and Politics." It will be held in the Lister Hill Auditorium on the NIH campus on Dec. 5-6, 2005. The keynote speaker will be evolutionary geneticist and social critic Richard C. Lewontin, Alexander Agassiz Research Professor at Harvard University. The NIH community and the public are invited. Please mark the dates on your calendars. For more information contact Caroline Hannaway, conference organizer at hannawayc@mail.nih.gov

NIH History Day 2005

The third annual NIH History Day will be held on Sept. 22, 2005. Kicking off a year commemorating the 25th anniversary of the first publication on HIV/AIDS, NIH Historian Dr. Victoria A. Harden will speak about the NIH response to the epidemic in the early 1980's. Panels from the AIDS quilt will be hung at the CRC from Sept. 12 to Oct. 12. Harden's illustrated lecture, entitled: "'An Indescribable Experience': NIH Researchers and the AIDS Epidemic, 1981-1990," will be delivered at 11 a.m. in the Lipsett Amphitheater in Bldg. 10. At the lecture, all NIH staff who worked on AIDS research or patient care in any capacity during the 1980's will be asked to stand and be recognized. Additional information is available at http://history.nih.gov/NIH_HistoryDay05.html

What's Your News

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

**NIH Grant to 'Rocket Boys' Pays Dividends**

*Based on material by Dan Luckett, CSR*

Like many researchers with big ideas and limited funds, Terence Boylan decided to seek government funding. On Feb. 9, 1957, he sent a proposal to the NIH, asking for a grant of $10 to build a rocket. He didn’t know if his ideas would be laughed at or found worthy of support. If he had been a more experienced researcher, he would have known that the odds favored laughter. Terence, however, was only 9 years old, and he earnestly believed NIH was the place to go for funds.

A few days earlier, he had asked his father where he got money for his research. Dr. John Boylan, a physician and medical researcher at the University of Buffalo, was busy reading medical school applications. So he didn’t ask why his son wanted to know. He just quickly said his grants came from NIH.

As a winter’s night settled on their home in Snyder, New York, Dr. Boylan returned to his reading and Terence set his sights on writing to NIH.

*My friend and I are very interested in space travel and have a great idea for a rocket ship. We were wondering if we could have a little sum of money ($10.00) to fulfill our project. We would be most grateful if you would send it to us. Sincerely, Terence Boylan*

As he recalls the story, Terence Boylan explained how the idea grew out of a special friendship with his next door neighbor, Bruce Cook, who had cerebral palsy as a young child and was paralyzed in all limbs, except his left arm. “He was just my best friend and playmate,” he added. “I’d go over to his house, grab his wheelchair and push him down the street into our little village. We just hung out together all the time.” Their rocket dreams were also fueled by shared interests. Bruce had a keen interest in astronomy, Terence was fascinated by rockets, and they both loved to experiment with their chemistry sets.

Their first rockets were made of found objects and balsa wood. If they didn’t blow up, they disintegrated in flight. Determined to do better, Terence went to the public library in nearby Amherst, New York, where he found a shelf devoted to books on rocketry and Wernher von Braun, who developed the famous V-2 rocket. Terence sat for hours looking through the books. “Understanding what I could,” he says, “but largely looking at diagrams.” Eventually, Terence drew up elaborate plans for a shiny aluminum rocket. This is when he and his friend ran into money problems. The aluminum they needed cost $2.00 a sheet, and they had already spent most of their savings on experiments with balsa wood rockets.

Terence’s request made its way to the NIH Division of Research Grants. The little white envelope likely arrived in a bulging canvas bag of mail. In 1957, DRG was struggling with a wave of applications. Previous investments in biomedical research were paying off with dramatic advancements and many new research proposals. According to DRG historian Dr. Richard Mandel, application volume in 1956 “had increased 40 percent, outpacing duplicating facilities and requiring immediate staff expansion.” At the same time, new grant money was pouring into NIH. After the Salk polio vaccine was deemed effective in 1955, President Eisenhower and Congress realized it would be cheaper to fight diseases in laboratories than in hospitals, and the 1957 NIH grants budget was doubled to $123 million.

It’s thus amazing that anyone had time to tear open Terence’s letter. But someone did, and it soon raced through the division. Smiles and laughter likely trailed as it landed on the desk of DRG’s Chief, Dr. Ernest M. Allen, one of the key architects of the NIH grants program that transformed medical research in this country.

The unusual request made its way to the outside experts who served on the NIH national health advisory council. Though they could not recommend government funding, they decided to make personal investments in the future, passing the hat to send Terence the money he needed for his research.

Many years later, after finding and interviewing Boylan, the Center for Scientific Review has brought his story to life: “Shining Lady in the Sky: How the Rocket Boys of Buffalo Were Launched by a Government Administrator and Committee at the National Institutes of Health,” which is viewable online at http://www.csr.nih.gov/history.

The story is a tribute to the passion and imagination of researchers—young and old—who seek to do something no one has done before and a tribute to the amazing things that can happen when we invest in the best of them.
Recent Honorees at NIH

Bldg. 33 Named for Congressman C.W. ‘Bill’ Young (R-FL)

Construction of Bldg. 33 is nearly 85 percent finished and should be completed by year’s end. Located at the corner of Rockville Pike and Cedar Lane, the new 150,000-gross-square-foot lab building and adjacent plaza/courtyard was formally named the “C.W. Bill Young Center for Biodefense and Emerging Infectious Diseases,” in honor of the U.S. congressman from Florida currently serving his 18th term in the House of Representatives. A longtime promoter of medical research, he founded the national registry for bone marrow donors, chaired the House committee on appropriations for 6 years, led the subcommittee on defense twice and was vice chair of the health appropriations subcommittee for 8 years.

NIH Honors Dr. Gary Felsenfeld, a ‘Quintessential NIH Scientist’, with a Day-Long Symposium

NIH is filled with successful scientists, but “successful” does not even begin to describe the life and career of Dr. Gary Felsenfeld (r), chief of the Laboratory of Molecular Biology, NIDDK. Recently, NIDDK’s Division of Intramural Research and the FAES held a tribute to his career titled, “DNA and Its Complexes.” Friends, colleagues and admirers honored the man and his science in a day filled with scientific presentations focused on research involving DNA-protein interactions relating to transcription.

“He is an extraordinary scientist who, in a career spanning over four decades, has made one monumental discovery after another,” said Dr. Allen Spiegel, NIDDK director. “I’m impressed not only by the elegance of his work, but also by the absolutely undiminished enthusiasm he takes in unraveling nature’s secrets.”

Extraordinary is a term often used to describe Felsenfeld, who joined the LMB in 1961 to work on protein-nucleic acid interactions. He came from the California Institute of Technology where he had studied physical chemistry as a graduate student under Dr. Linus Pauling, and from the University of Pittsburgh. In between, he spent two years in the Laboratory of Neurochemistry at the National Institute of Mental Health where he joined Dr. Alexander Rich and Dr. David Davies. At NIH, Felsenfeld, along with Davies and Rich, performed their famous RNA triplex experiments. They discovered the first three-stranded helical nucleic acid molecule, titled the F.D.R. triplex for Felsenfeld, Davies and Rich. This discovery revealed the diversity of structures that nucleic acids can form. “You have to be very lucky to start your career with something like that,” said Felsenfeld. “It keeps you going through the slower days that always follow.” But Felsenfeld did not have many slow days after that pivotal discovery. He built upon those findings with studies of DNA and RNA structure and in his later research on chromatin first at Pittsburgh and then at NIH in the newly formed LMB.

“Gary has the ability to do so much with experimental elegance,” said Nobel laureate Dr. Richard Axel, who was a postdoc with Felsenfeld. “Technical grace alone is important, but inadequate. So to this Gary adds an ability to add connections that are simply not apparent to others.”

Room Dedicated to Dr.Neva

A conference room in Bldg. 4 was dedicated to Dr. Franklin A. Neva (r), director of the NIAID Laboratory of Parasitic Diseases (LPD), 1969-1993. Neva also served as a section head from 1993 to 2005. He made significant scientific contributions in the field of virology and in the areas of malaria, leishmaniasis and strongyloidiasis. Neva transformed the LPD into a modern world-renowned branch that is at the forefront of vaccine development, molecular biology and immunology for parasitic diseases. He retired from NIH on Jan. 1, 2005, and is a scientist emeritus, active in clinical and lab work. On May 16, he was also honored with a symposium where his colleague traced LPD’s (and Neva’s) history.

-N from an article by Marcia Vital, NIH Record, July 15, 2005
NIHAA UPDATE

NIH Notes March 2005 - July 2005

Appointments and Personnel Changes

Dr. Ling Chin has been named chief of NIDCD’s new Translational Research Branch, Division of Scientific Programs. She will develop a program that links the institute’s research developments with tangible, real-world applications. Translational research is “bench-to-bedside” research that transfers knowledge from basic studies to practical advances in health care, as well as “bench-to-practice” research to bring results to implementation in a timely manner ... Dr. Arlene Chiu, associate director at NIBIB’s Office of Research Administration, left May 1, to direct grant reviews at the California Institute for Regenerative Medicine. She will be responsible for managing the research portfolio of the institute and for organizing and directing the review of research grant applications ... Lisa Colpe has joined the Office of Extramural Research, OD, NIH, as senior advisor for Roadmap. She will oversee the NIH Roadmap activities focusing on issues of relevance to extramural research policy. She is a research psychologist who comes from NIMH where she served as chief, Psychopathology Risk and Protective Factors Research Program since 2001 ... Dr. Robert Desimone, who was scientific director of the Intramural Research Program at NIMH, has been named director of the McGovern Institute for Brain Research at MIT ... Dr. Paulette S. Gray, acting director of NCI’s Division of Extramural Activities since 2003, was appointed permanent director of the division Apr. 17. She is responsible for the overall scientific, fiscal, and administrative management of the division, including broad strategic planning, development, implementation and evaluation. She oversees the reviews for more than 7,000 awards in NCI’s extramural research portfolio and also coordinates the National Cancer Advisory Board and the Board of Scientific Advisors. Gray came to NCI in 1984 as the first special review officer with the Division of Extramural Activities. She was a health scientist administrator, the first chief of the Review Logistics Branch, and then served as the division’s first associate director for extramural applications ... Dr. John C. Haaga has been named deputy associate director for the Behavioral and Social Research Program at NIA. He will help advance health science administrators’ projects, coordinate cross-institutional research efforts and manage a portfolio of health services research and international demography grants. Before joining NIA, Haaga had a wide variety of work experiences with the RAND Corp., the Population Council, the National Academy of Sciences and the Population Reference Bureau ... Dr. Chuck Hackett was recently appointed deputy director of NIAID’s Division of Allergy, Immunology, and Transplantation. In 1996, he joined DAIT and was a section and branch chief. Before coming to NIAID, he served on the faculties of the Wistar Institute and the University of Pennsylvania, and as director of cellular immunology at ImmuLogic Pharmaceutical Corp., in Palo Alto ... Dr. Barton Haynes, a professor of medicine and director of their Human Vaccine Institute, Duke University Medical Center, has been named to lead the Center for HIV/AIDS Vaccine Immunology (CHAVI), a consortium of universities and academic medical centers established by NIAID. The center’s goal will be to solve major problems in HIV vaccine development and design ... Lynn C. Hellinger, has been named associate director for management at NIA. Previously she was associate director for management and operations at NIAID. At NIA, she will handle human resources, organizational efficiency and public management ... Dr. Mary E. Kerr has joined NINR as deputy director. She comes to NINR from the University of Pittsburgh, where she has served most recently as UPMC Health System chair in nursing science in the School of Nursing. Her research has focused on preventing cerebral ischemia and maximizing cerebral perfusion in the critically ill patient with a neurologic condition. Recently, she participated in the research-themes meeting on public access chaired by NIH director - Dr. Elias Zerhouni ... Dr. Elizabeth Koss is now a scientific review administrator for the risk, prevention and health behavior integrated review group at CSR Review. She first came to NIH as a senior staff fellow in the Laboratory of Neuroscience at NIA. She went on to serve as project officer and NIH liaison for the WHO Special Program for Research on Aging before joining the faculty at Case Western Reserve University, where she studied cognitive and behavioral aspects of aging and dementia. She returned to NIH to serve as assistant director of the Alzheimer’s Disease Centers Program at NIA for the past 4 years before joining CSR ... Dr. Sandra Melnick recently joined CSR as a scientific review administrator in the health of the population integrated review group. She will oversee a new study section that will review grant applications on the...
epidemiology of infectious diseases, reproductive health, asthma and other pulmonary diseases. She has been chief of the NCI Analytic Epidemiology Research Branch for the past 8 years. Prior to that, she was with the Office of AIDS Research and the NIAID Division of AIDS... Dr. Howard Moss, was named NIAAA's associate director for Education and Career Development. He is an addiction psychiatrist, who comes to NIAAA from the University of Pennsylvania School of Medicine, where he served as professor of psychiatry and director of the Substance Abuse Fellowship Training Program. Moss will advise the NIAAA Director on all areas related to science education and the training and development of scientists participating in alcohol research activities in both the extramural and intramural programs. Among his duties will be responsibility for the development of educational programs for physicians and graduate and undergraduate students. He will also serve as acting director of the Office of Research Translation and Communications... Dr. Sally J. Rockey recently became the deputy director of the Office of Extramural Research, OD. She comes to NIH from the U.S. Department of Agriculture. In that role, she provided leadership for and managed all aspects of the agency's information technology and software applications, spearheading the successful reconstruction of its IT department and bringing the department into compliance with USDA and OMB directives... Dr. Michael Selmanoff recently joined CSR as a scientific review administrator in the integrative, functional and cognitive neuroscience integrated review group. He comes to NIH from the University of Maryland School of Medicine where for the past 27 years, he has been a faculty as a professor of physiology... Dr. Brent Stanfield has been appointed to direct the NIDDK's Division of Extramural Activities... Dr. Barbara Smothers, has left NIAAA to take the position of Director of the Division of Extramural Affairs with NINR. She joined NIAAA in 1988 and worked as a member of the NIAAA extramural review staff and in the Division of Epidemiology and Prevention Research... Leonard Taylor, Jr., director of the NIH Office of Research Facilities has recently announced that he is leaving NIH in early August to become the vice president of facilities at the University of Maryland Medical Center in

New Directors Named for CSR and NIEHS

Dr. Antonio Scarpae was recently named director of the CSR. He joined NIH on July 1, 2005 from Case Western Reserve University in Cleveland where he was the David Inez Myers professor and chair of the department of physiology and biophysics.

"I've been a reviewer for nearly 20 years and a grantee for 30 years, so I know the system from the outside," says Scarpae. "But I'm sure I'll be surprised when I get to work." Before making any decisions, he says he wants to listen first. "For the next 3 to 4 months, I will use vacation days from Case to spend some time each week at NIH, talking with everyone I can to learn first hand the needs and opportunities that exist." Scarpae also plans on talking with members of the scientific community. Doing so should come easy, since he has been an officer or board member of many scientific societies. He also has served on the editorial boards of 13 scientific journals and served as editor or co-editor for 5 journals.

When time comes to make decisions at CSR, he says he will rely on the scientific administration skills honed during his 18-year tenure at Case, where he oversaw the development of a small physiology and biophysics department into one now ranked among the best in the country. "I've inherited staff with enormous talent and dedication," he says. "My task is to catalyze them to make effective changes that can be embraced by all the communities served by CSR." Scarpae knows CSR will have no choice but to explore new territories, given its evolving challenges. "Our ultimate goal will not be to simply change things but to ensure the vitality of NIH peer review as we adjust to rapid and significant changes in science, technology and the resources available." An interview with Scarpae is available on CSR's web site: http://www.csr.nih.gov/

Dr. David A. Schwartz, who was named new director of the NIEHS and the National Toxicology Program on Oct. 25, 2004, began his appointment on May 23, 2005.

"I am honored to step into the leadership of the NIEHS and look forward to the work ahead," said Schwartz. "My concerns about the conflict of interest rules have been heard and are being seriously considered and addressed. I will work with Dr. Zerhouni and others at the NIH to ensure the careful handling of real conflicts of interest among our employees, while treating all of our employees reasonably and fairly."

He is currently serving at Duke University as director of the pulmonary, allergy, and critical care division and vice chair of research in the department of medicine. At Duke, Schwartz played a principal role in developing three interdisciplinary centers in environmental health, sciences, environmental genomics, and environmental asthma. As NIEHS director, he will oversee a $711 million budget that funds multidisciplinary biomedical research programs, prevention, and intervention efforts that encompass training, education, technology transfer, and community outreach. NIEHS currently supports more than 850 research grants. Schwartz received his B.A. degree in Biology from the University of Rochester in 1975, his M.D. from the University of California-San Diego in 1979, and his M.P.H. from Harvard School of Public Health in 1983. He is a co-author of more than 150 research papers, 38 book chapters, and a textbook and has served on numerous study sections. He is a member of the American Society for Clinical Investigation and the Association of the American Physicians, and in 2003, received the American Thoracic Society Scientific Achievement Award.
Baltimore ... Dr. Joseph Tomaszewski has been named deputy director of the Division of Cancer Treatment and Diagnosis, NCI. He has over the past year served as the acting associate director of the Developmental Therapeutics Program of DCTD, while simultaneously continuing to oversee the Pharmacology and Toxicology Branch of DTP ... Dr. Jaye Viner was recently appointed chief of the Gastrointestinal and Other Cancers Research group in NCI's Division of Cancer Prevention. She has served in this group since 1998, leading its efforts to prove the value of promising technologies for the prevention of skin, liver and hematolymphoid cancers. She joined NCI in 1995, working in the Laboratory of Molecular Biology in the Division of Basic Sciences ... Dr. Judith Vaitukaitis, NCRR director, has been named a senior advisor on scientific infrastructure and resources to NIH director Dr. Elias Zerhouni. Dr. Barbara Alvord, deputy director of NHLBI and director of the Women's Health Initiative, will serve as acting director of NCRR ... Dr. Robert Wiltrout, formerly first deputy of NCI's Center for Cancer Research, was named in February 2005, director of the Center for Cancer Research ... Dr. Kathryn Zoon has been named acting director of NIAID's Division of Intramural Research replacing Dr. Thomas Kindt who retired. She was deputy director for planning and development in NIAID's Division of Intramural Research.

Honors and Awards

Dr. Keith Bellizzi, a Division of Cancer Prevention Fellow, working in NCI's Office of Cancer Survivorship, has been accepted as one of 20 cyclists selected to participate in this year's Bristol-Myers Squibb Tour of Hope, sponsored in part by the Lance Armstrong Foundation. He is a 10-year, two-time cancer survivor and a cancer researcher focusing on survivorship and aging, coping, and health behaviors ... Dr. Mary N. Carrington, a principal investigator in NCI's Center for Cancer Research, delivered the 2005 Cappelliini Lecture in Istanbul, Turkey, in April at the annual meeting of the European Federation of Immunogenetics. She was honored for her substantial contribution to the field of immunogenetics. The lecture is named in honor of Ruggero Cappelliini, an Italian geneticist who was influential in the field of human leukocyte antigens (HLA).

Dr. Albert Z. Kapikian was awarded the Albert B. Sabin Gold Medal at a ceremony in May 10. Cited for his "extraordinary achievements in vaccinology," he is the 13th recipient of this recognition, awarded annually by the Sabin Vaccine Institute to honor achievements by vaccinologists and infectious disease experts.

In addition, Dr. John R. La Montagne, who served as NIAID deputy director from 1998 until his death in November 2004, was posthumously recognized at the ceremony, which was held in conjunction with the National Foundation for Infectious Diseases' eighth annual Conference on Vaccine Research in Baltimore.

Kapikian's career of more than 47 years is distinguished by the development of the first licensed rotavirus vaccine.

In the 1950s, he began studying the epidemiology and causes of various viral diseases. He is renowned for pioneering studies using electron microscopy to discover and characterize viruses causing major diseases in humans. In 1972, he identified the Norwalk virus, the first virus associated with acute epidemic gastroenteritis, gaining recognition as "the father of human gastroenteritis virus research." In 1973, Kapikian and two colleagues identified the virus that causes hepatitis A. He also became the first in the United States to detect and visualize human rotavirus, which was discovered by others in Australia. He dedicated his efforts to studying this leading cause of severe diarrhea in infants and children, which accounts for more than 300,000 deaths annually, predominantly in the developing world.

Kapikian led a nearly 25-year effort to develop an oral rotavirus vaccine. The NIAID team's rotavirus vaccine strategy involved mating outer proteins from different human rotavirus strains with a monkey rotavirus that is attenuated (weakened) for humans and combining the resulting hybrid viruses into one vaccine. From a single-strain vaccine in 1984, the vaccine was made protective against the four most important clinical strains of rotavirus. In 1998, it became the first rotavirus vaccine licensed in the U.S.

Dr. John La Montagne's 30-year career at NIH also was recognized at the ceremony. He contributed to international efforts to fight emerging and re-emerging infectious diseases, including those related to biodefense. His longtime colleague, Dr. Regina Robinovich, director, infectious diseases, Bill and Melinda Gates Foundation, presented the special award to his widow, Mary Elaine Elliot La Montagne.
and his commitment to involving urologists in the treatment of kidney cancer ... Dr. John Marker, NINDS associate director for clinical trials, recently received the William M. Feinberg Award for Excellence in Clinical Stroke from the American Stroke Association. The award recognized Marker's role as project leader for NINDS's 3PA stroke trial and Master Agreement for Cerebrovascular Research that resulted in more effective drug treatment of stroke ... Drs. Paul Meltzer and Pu Paul Liu, of the NHGRI Division of Intramural Research were honored by the Association of American Physicians with the organization's distinguished membership. Meltzer, a senior investigator in the Cancer Genetics Branch, analyses the patterns of gene expression, gene amplification and chromosomal abnormalities which impact the development of cancer. Liu, a senior investigator in the Genetics and Molecular Biology Branch, studies how genetic changes in white blood cells lead to the development of leukemia. His laboratory has shown that acute myeloid leukemia is caused by an inversion of chromosome 16 that brings parts of two genes together to form a harmful new "fusion" gene, called GFBF-MYH11... Dr. Nancy Nossal, chief of NIDDK's Laboratory of Molecular and Cellular Biology, has been elected to membership as a Fellow in the American Academy of Arts and Sciences on Apr. 26. Following his residency in medicine and neurology at Massachusetts General Hospital in Boston, Burke joined the spine cord section of the Laboratory of Neural Control. NINDS, and later became a medical officer in the Fire Marshal in the Office of Research Services. retired in April. After a 25-year career in fire prevention and fighting, he is retiring to enjoy more time with his family and to do more fishing, but his days as a firefighter will continue. He will serve as a volunteer firefighter for the Walkersville Volunteer Rescue Company in his hometown of Walkersville. Md. He will continue

The NCI communications alumni group, OCCCONNECT, Inc., held its first event June 9, 2005. Among the many attending were Irene Liu (f) formerly of the NCI patient education branch and now with the National Center for Complementary and Alternative Medicine (NCCAM) at NIH; Karen Harris, (c) originally part of NCI's patient education branch, later doing disease prevention work at USC in Los Angeles, then with Matthews Media Group's market research department, and now with Aspen Systems Corp., a major NIH contractor for health education programs; and Shea Buckman, (r) an intern with the health education program of NCI's Division of Cancer Control and Population Sciences, and now with Aspen Systems as an on-site contractor for NCCAM.
to teach fire safety training, educating other individuals and institutions on how they can protect themselves against the threat of fire. This is what he did at NIH where he had been responsible for fire safety training for CC employees, running drills and checking on fire safety. He also served with the NIH fire department as a firefighter. Dr. Lawrence M. Friedman recently retired after 33 years of government service, all with NHLBI. He held many leadership positions overseeing clinical research and is a leading figure in study of clinical trials. Most recently, he served as assistant director for ethics and clinical research and acting deputy director for the institute. He also served as director of the Division of Epidemiology and Clinical Applications. Even after retiring, he is going to be an advisor to NHLBI. Mary Slagle has retired after 20 years of service at the National Eye Institute and almost 40 years at NIH. She began her federal career in July 1965, working in Bldg. 13 as secretary to the chief of the shops section, Plant Engineering Branch, now at the Office of Research Services. From 1970 through 1984, she worked in Bldg. 1 in the Office of Program Planning and Evaluation, OD. She joined NEI in 1984 as secretary to the director, deputy director and executive officer. In 1990 she became an administrative officer in NEI’s intramural program, a position she held until her retirement. Once retired she said that she is going to enjoy her hobbies such as basket making and reading and spending more time with her husband, daughter and granddaughter. Patricia Stephenson recently retired after 33 years of government service. She joined NIH and the past 18 years with NCI. She started her federal career with the Department of State in 1966, but left in 1968 to marry and start a family. From 1974 to 1986, she worked in various institutes, OD, NIAAA and NINDS as a secretary, technician and administrative officer. She joined NCI in 1996 and became the deputy for the Bldg. 41 Administrative Resource Center, Office of Management, NCI, where was responsible for the day-to-day administrative activities for intramural research laboratories. Her plans for retirement include taking long trips in the family’s motor home, playing more senior softball and spending more time with her husband, children and grandchildren. Manual J. Torres-Anjel, a program director at the Cancer Imaging Program, has retired. In 1988, he joined NIH to manage the epidemiology subcommittee of the AIDS research review committee in charge of the evaluation of the AIDS clinical trial units and group, the Community Clinical Research Centers, the Woman/Infant Transmission Study and their respective statistical/data centers. He then moved to NCI, where he became manager of the cancer clinical investigations review committee, which reviewed the large cancer clinical trial groups. He became a program director at the Biomedical Imaging Branch, the forerunner of the present Cancer Imaging Program. He is a published poet and fiction writer and has also done hospice work through Hospice Caring of Montgomery County, with emphasis on Hispanic patients at the CC.

Deaths

Dr. Habech Bacchus, 76, who very early in his career was a clinical associate (1957-1959) at NIH, where he studied endocrine and metabolic diseases, died Apr. 6 of a heart attack at a hospital close to his home in Apts., Calif., Bacchus, a Muslim Indian from British Guiana (now Guyana), came to Washington in 1945 to attend Howard University. He graduated from Howard in two years and at the age of 21 graduated from George Washington University with a doctorate in physiology. He was the youngest person ever to receive a doctorate from GWU. He spent two years at NIH and wrote about it: “I participated with Donald Tschudy in studies on protein and amino acid turnover in health and disease. I also participated in his studies on porphyrin metabolism.” After he left NIH, he continued his clinical investigations and became chief of medicine at Riverside General Hospital and then professor of medicine at Loma Linda University School of Medicine. In the 1970’s, he developed a diagnostic test, now widely used to measure calcium in blood. He retired in 1994, but continued to teach... Dr. John Bonner Buck, 92, former head of the Laboratory of Physical Biology at NIH (1945-1985), died Mar. 30 at his home in Sykesville, Md., of non-Hodgkin’s lymphoma. Fascinated by fireflies from an early age, he observed them, studied them and pursued them, from his backyard in Towson, Md., to Woods Hole, Mass., to Caribbean islands, Southeast Asia and Papua New Guinea. He became a world expert in bioluminescence and put the study of physiological synchrony on the scientific map for both human as well as insects. He first came to NIH in 1945 to study the effects of DDT on insect respiration. He continued his research on vision, photosynthesis, muscle physiology and elements of bioluminescence. He received emeritus status in 1985 and continued with his research. His last article appeared in 2002 in the Journal of Insect Behavior. He was a Quaker who helped found the Bethesda Friends Meeting House and was also active in support of environmental causes, civil rights and nuclear disarmament. Dr. Guilfo Leonardo Cantoni, 89, a longtime NIMH scientist, died of congestive heart failure July 27 at his home in Chevy Chase. In 1954, he established the Laboratory of Cellular Pharmacology, now the Laboratory of General and Comparative Biochemistry at NIMH, and directed it until 1994 when he became scientist emeritus. In 2000, he self-published through an online publisher “From Milan to New York By Way of Hell: Fascism and the Odyssey of a Young Italian Jew," describing his life and the story of internment during WWII. In 1968, Cantoni founded the chamber music series for FAES and remained its music director until his death. Donald T. Chalkley, 85, who was director of civil rights for NIH in the 1970’s, died of pneumonia May 30 at Shady Grove Adventist Hospital in Rockville. Before he worked at NIH, he was a biology professor at the University of Notre Dame (1950-1956). He was involved in the use of human research subjects. In 1978, he retired as chief of institutional relations in the division of research grants. Dr. Jean A. Cortner, 74, pediatrician, teacher and researcher, died of heart failure in Wyoming on May 31. Cortner was physician-in-chief and director at Children’s Hospital in Philadelphia (1974-1986); he then spent the rest of his career in his laboratory doing research until he retired in 1999. He was a senior fellow at NHLBI early in his career. Lloyd N. Cutler, 88, a Washington legal powerhouse who served as White House counsel under Presidents Jimmy Carter and Bill Clinton, died on May 8 at his home in Washington of complications after a broken hip. Cutler had been a diligent and insightful member of the board of directors of the Foundation for the National Institutes of Health since 1997. Dr. Clarence Dennis, 96, renowned as a pioneer surgeon who originated one of the
first heart-lung machines for open-heart surgery, died July 11 in St. Paul, Minn., of complications from dementia. In 1972, he became director of the Division of Technology Application at the National Heart and Lung Institute, where he worked on mechanical heart devices. He left NIH in 1974 for SUNY at Stony Brook where he stayed until 1988 and then returned to St. Paul. **Ruth Zilletrow Dudley**, 87, an information officer at the National Institute of Neurological Disorders and Stroke (1956-1978), died Mar. 21 at an Alzheimer’s Disease Care Center in Vero Beach, Fla. Dudley had moved from Bethesda in 2000 to Vero Beach. While at NIH, she developed and maintained relationships with volunteer health agencies who shared an interest in neurology and sensory diseases. Even after retirement, she continued her interest and was on the board of the Muscular Dystrophy Association. She was also active in the Republican Party and with her husband was a founder of the Washington Pilgrimage group that encouraged church and civic leaders to visit the area.  **Dr. Ben S. Fine**, 76, a teacher, researcher and practicing ophthalmologist, died of complications from heart disease on Mar. 21 at his home in Philadelphia. From 1959 to 1961, he was a special trainee at NIH and later was a consultant in visual sciences to the surgeon general of the U.S. from 1965 to 1978. **Dr. Gene Gordon**, 83, a Washington psychoanalyst who taught at area universities and hospitals, died Apr. 1 at his home in Washington of complications of lung cancer. He arrived in Washington in 1954, after having finished his residency in neurology and psychiatry at the Langley Porter Neuropsychiatric Institute, UCSF, to fulfill his military equivalent service at NIH, where he studied juvenile delinquent behavior under Fritz Redl, a pioneer in psychoeducational interventions. After he left NIH, he established a private practice and taught at Catholic University, Children’s Hospital, George Washington University, Georgetown University, St. Elizabeths Hospital and Walter Reed Army Medical Center. **Dr. Arthur Hilgard**, who was at NCI (1953-1967), died Oct. 16, 2004, in Worcester, Mass. Hilgard was head of the biological activities of hormones section in the Endocrinology Branch at NCI. He was also at Roswell Park Memorial Institute from 1984-1989. **Dr. Maurice Hilleman**, 85, a microbiologist who was credited with saving more lives than any other scientist in the past century by developing vaccines for mumps, measles, chicken pox, pneumonia, meningitis and other diseases, died Apr. 11 of cancer at a hospital in Philadelphia. From 1957 to 1984, he developed about 40 experimental and licensed animal and human vaccines, mostly with his team at Merck research laboratories in Whitehouse Station, N.J. After retiring, he continued to work on vaccines. He was on many NIH/NIAID committees and was a member of NHIAA. In commenting on him, Dr. Anthony Fauzi, NIAID director, said “One can say without hyperbole that Maurice changed the world with his extraordinary contributions in so many disciplines: virology, epidemiology, immunology, cancer research and vaccinology … **William Hnilo**, 90, a retired U.S. Patent and Trademark Office linguist, died of cancer Feb. 20 at the Charlestown Retirement Community in Catonsville, Md. In the 1950’s, Hnilo worked as a document translator for NIH. He was very active in Japanese-American civic organizations and was caught up in hearings on his loyalty and had to appear before a government group. He was able to keep his job and worked at NIH until 1965. He was involved with promoting foreign language teaching in the school. He worked with Deane Murray Sherman and others to push for the adoption of a foreign-language curriculum in Montgomery elementary schools. **Dr. Gary D. Hodgen**, 61, a scientist whose discoveries and achievements pushed the boundaries of reproductive medicine, died Feb. 19 after a long illness. He was a professor emeritus at Eastern Virginia Medical School and former scientific director of EVMS’s Jones Institute for Reproductive Medicine. He went to EVMS after 15 years at NIH. He had been chief for six years of pregnancy research at NICHD. Prior to that, Hodgen had been a senior staff fellow, senior investigator and head of the section on endocrinology in NIH’s reproduction research branch. **Anabel “Bunny” Holiday**, 70, a former employee of the National Institutes of Mental Health, died at her home in Laytonsville on Mar. 7. She graduated from American University and was retired from NIH, where she served from 1965 to 1995. She was born in Pennsylvania and started her federal career at Letterkenny Army Depot in Chambersburg, Pa., where she worked from 1960 to 1965. **Dr. John Irwin**, an environmental virologist with NIH’s Division of Research Services (1968-1970’s), where he did work in the development and evaluation of laboratory testing and measurement equipment for clinical laboratory automation. He left NIH in 1980 for the FDA. **Dr. Richard Irwin**, 87, an NIH scientist/administrator, died June 17 in San Diego, Calif. Irwin joined NIH in 1953. From that time until 1987, he held various positions at NIH. Starting in the Medical Neurology Branch of NINDS he rose through changes at NIH to become director of Intramural Research at NINDS. In this capacity, he was instrumental in facilitating organizational management and change in the NINDS intramural program. Upon retirement he was presented with a trumpet (he had a strong musical background and had played the instrument in bands at military bases in England). Music became a dominant part of his retirement years and big bands in Arizona from 1987-2000 were his passion until his health started to decline. **Dr. Georgeanna Seegar Jones**, 92, one of the 20th century’s leading scientists in the field of reproductive medicine and professor emeritus of obstetrics and gynecology at Eastern Virginia Medical School, died Mar. 26 of heart failure. In 1938, she was a fellow at NIH. She pioneered in the area of infertility and helped establish it internationally as a credible field. In 1981, the first child conceived by in-vitro fertilization in the U.S. was a result of the program created by Jones and her husband Howard. **Dr. Stanley J. Korsmeyer**, 54, world-renowned cancer biologist who helped discover and investigate a gene linked to cancer, and then studied why it is so hard to treat, died of lung cancer Mar. 31 at Brigham and Women’s Hospital in Boston. He was a lifelong nonsmoker. He was a research fellow at NCI (1979-1982). After leaving NIH, he worked at Washington University and left there in 1998 to join Dana-Farber, where he was director of the molecular oncology department. He was also a Howard Hughes Medical Institute investigator and the recipient of many prizes in the field of cancer research. **Dr. Joseph Leiter**, 90, an NCI cancer researcher/officer who later worked at the National Library of Medicine, died May 27 in Bethesda. In 1939, Leiter came to NCI, just two years after its becoming part of NIH. When he retired in 1966, he was
director of the Cancer Chemotherapy National Service Center, a group that screened new drugs for cancer treatment. He then worked at the NLM (1967-1983), where he was associate director library operations and helped develop the computerized retrieval of information from medical journals. An annual lecture at NLM is named in his honor... Ann Halliday “Annie” Linkins, 65, an NIH contract specialist, died May 22 of pancreatic cancer at Shady Grove Adventist Hospital. In the 1980’s, she worked at NCI and NIAID as a contracting and grants specialist....

Dr. Yvett Matory, 48, a surgeon and a cancer researcher, died Apr. 15 at Beth Israel Deaconess Medical Center in Needham, Mass. of complications from melanoma. She was an associate surgeon in the Division of Surgical Oncology and co-chair of the Women’s Cancer Program at Brigham and Women’s Hospital in Boston. She also was the founder of HospitalCareOnline, a service that uses computers, video hookup and other remote monitoring equipment to allow patients to shorten their hospital stay and be treated at home. In the mid-1980’s, she was a medical staff fellow at NIH. Her mentor was Dr. Steven A. Rosenberg, chief of surgery at NCI, who described her: “Yvett was a remarkable person, very talented, very vivacious.” More recently she was his patient... Dr. Robert Melville, 91, a clinical laboratory automation expert, died Mar. 15 at his home in Garrett Park of congestive heart failure. He worked at the VA, NIH and the FDA. From 1966 to 1980, Melville was at NIH starting in the NIGMS Research Grants Branch and then he was in the NIGMS Biomedical Engineering Program, then in the Physiology and Biomedical Engineering Program, where he did work in the development and evaluation of laboratory testing and measurement...

Mona Law Pedersen, 53, a research scientist at the National Institute of Mental Health, died of congestive heart failure June 17 at Shady Grove Hospital. In 1980, she joined NIMH and was working there at the time of her death... Jacqueline Porter of the National Institute on Drug Abuse, died at her home on Oct. 20, 2004, after a battle against cancer. She had been special assistant to the director of NIDA’s Office of Extramural Affairs for many years. She prepared RFAs and PAs for publication in the NIH Guide, did Certificates of Confidentiality and served as the institute’s expert on the Privacy Act. Porter began her career as a secretary when NIDA was a small program within NIH. She received many awards, including the NIDA Director’s Award...

Josephine Prather, an NIH staff member for almost 43 years, died Mar. 11. She had retired from NIH in February 2002. Prather began her federal service in 1959 at the CC, as a clerk-typist. More than 23 years later, in November 1983, she accepted a file clerk position in the office of the Director. She moved into higher positions in OD and in 1994 was selected as one of the first technical information specialists to work in the Executive Secretariat, NIH director’s files, where she served until her retirement...

Madeline Remsen Rudd, 93, who was a secretary at NIH (1954-1978), died May 12 in Chevy Chase, after a series of strokes and a heart condition. She joined NIH as a secretary in the allergy and infectious disease department at NIH... John Durnam Rust, Jr., 78, who worked for four institutes and retired from HHSC in 1984, died May 26 of complications from diabetes. Early in his career, he came to NIH in 1953 to work at NIDR as a researcher studying dental caries in mice. In 1955, he left NIH to pursue a graduate degree at the University of Maryland. In June 1956, he returned to NIH, working as a biologist at NIAMID; he studied traumatic shock and the problems of infections following burn injury. For a short time in 1959, he again left NIH to work for the U.S. Fish and Wildlife Service. In 1960, he returned and joined NCI where he worked as a biologist and then spent 3 years as an administrative assistant at NIAMID. In 1963, he transferred back to NCI where he was promoted to administrative officer. He left NCI to become AO at NIMH for a number of years. From 1978 until his retirement 1984, he served as deputy director of the Genetic Diseases Program, Bureau of Community Health Services, Program Officer for Maternal and Child Health at HHSC... Richard L. Seggel, 91, died May 18 of pneumonia at Prince George’s Hospital Center. He was at NIH (1958-1971) lastly as associate director of administration. He served as HEW’s deputy assistant secretary for health (1971-1973). In 1971, Seggel was the staff director for the “Report of the Secretary’s Committee to Study the Public Health Service Commissioned Corps” that was first published in 1971 and in 1993 he wrote an update. Following his long career in the Federal government, he joined the Institute of Medicine as senior professional associate and director of the Robert Wood Johnson Health Policy Fellowships Program that he developed and directed until his retirement in 1989. He was a dedicated member of the NIH Board and active on several committees... Miriam Gelbitch Stein, 87, an administrative assistant at NIH, died of stomach cancer Apr. 12 at Casey House hospice in Rockville. After working for the Navy and Walter Reed Army Medical Center, she joined NIH in the late 1950’s and retired in late 1970’s; where she worked at NEI and then NINDS. She moved to Florida, but returned a year and a half ago to Rockville... Reginald Bruce Taborn, 49, was found stabbed to death May 17 at his Mount Rainier apartment. He worked at NIH as a program specialist in the cancer statistics branch. Police have not made any arrests... Dr. Paul B. Wolfe, 54, who was a microbiologist and program director of grants at NIGMS in the Genetics Mechanism Branch, died of esophageal cancer July 30 at Gilchrist Center for Hospice Care. He was an avid sailor and cyclist and won two bronze medals in 2001 and 2003 for cycling... Dr. Harold Wooster, 86, a computer technology pioneer who worked at NIH in the 1970’s, died of a heart attack May 20 at the Carlisle (Pa.) Regional Medical Center. From 1974 to 1984, he worked at NLM’s Lister Hill Center for Biomedical Communications where he did groundbreaking experiments using television to connect patients in remote areas to doctors. The field of telemedicine developed from those early examples. Earlier when he was chief of the information sciences division of the Air Force Office of Scientific Research, he awarded crucial early grants to foster the development of information science. He was an avid cyclist who was always searching for “Ultimate bicycle”... Mitzi Yater, 70, an artist and teacher who also worked at NIH, died of a heart attack at her vacation home in Milton, Del. In the mid 1970’s, she worked at writing and administrative jobs with various institutes at NIH, until medical reasons caused her to retire in 1995.

Dr. G. Donald Whelton has made a contribution in memory of Deane Murray Sherman.
VOLUNTARY QUESTIONNAIRE FOR NIHAA MEMBERS

The NIH Alumni Association (NIHAA) is striving to expand the benefits available to its membership. To help us do this, we are asking you to take a few moments to tell us below about the kinds of activities that interest you, and those in which you would participate. Please score each activity as follows:

1. Likely to participate  2. Maybe  3. Not likely to participate

___ Happy Hour (cash bar)
___ Luncheon
___ Dinner
___ Potomac River Dinner Cruise
___ Theater Trip to New York
___ Day Trip
___ Ocean Liner Cruise Leaving from Baltimore
___ Docent-led Tour of Local Museums (e.g., Corcoran Art Gallery)
___ Computer Classes
___ Tour of the NIH Campus, including new buildings (e.g., Clinical Research Center)
___ Serve as a Docent for Campus Tours
___ Seminars on Community Issues (e.g., financial planning, estate planning, nutrition and health concerns of aging)

NIHAA Night, which would involve discount tickets for:
___ Athletic Event
___ Strathmore Concert Hall
___ Embassy Reception

___ Other suggestions or comments: ______________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________

Do you reside in the Washington DC area? Yes ___ No ___

If no, what kinds of activities would be useful to you, aside from those mentioned above?

Name (Optional): ________________________________________________________________

Please respond by Sept. 20, 2005.
NIH Retrospectives: 5 Decades of History

Summer 1955
By a departmental order dated June 8, 1995, DHEW Secretary Oveta Culp Hobby created a new organization at NIH called the Division of Biologics Standards. Established to reflect the expanded NIH program in biologics control, the Division replaced the former National Microbiological Institute’s Laboratory of Biologic Control. Dr. Carl Larson, director of the NMI Rocky Mountain Laboratory in Hamilton, Mont., has been named chief of the Division and will be responsible for planning and organizing the new program. Dr. James A. Shannon was appointed NIH director on Aug. 1.

Summer 1965
Dr. Helen M. Dyer of the Nutrition and Carcinogenesis Section in NCI’s Laboratory of Biochemistry, retired May 31. She came to NCI as a research fellow, recruited by Dr. Carl Voegtlin, the first NCI director. Her research focused on the metabolism of the carcinogen fluorenylacetamide and chemically related compounds in animals. On May 26, 1995, she celebrated her 100th birthday and died Sept. 20, 1998 at the age of 103. According to a recent survey reported in the NIH Record, the typical Federal career employee retiring in 1964 after age 60 with at least 30 years service was male, married, 65 years-old, and entitled to an annuity of $402 a month based on an average of about 38 years of government service. On Aug. 31, NIH received a $20,250,000 budget increase to expand support for cancer, heart, stroke, and other diseases.

Summer 1975
President Gerald R. Ford and HEW Secretary Caspar Weinberger participated in ceremonies held at NIH on July 1 to administer the oath of office to Dr. Theodore Cooper, the new HEW assistant secretary for health, and Dr. Donald S. Fredrickson, the new NIH director. At the ceremony, President Ford noted that in “honoring the two men who are taking office today, we are paying a long-deserved tribute to NIH because both of them are products of this institution which is testimony to its greatness as a training ground for leaders in health and medicine.” The Adult Development and Aging Branch and the Gerontology Research Center were separated from NICHD to become the core of the National Institute on Aging on July 1. In 1975, NIH sponsored one child care center for 15 children, now there are four with 600 children in attendance.

Summer 1985
The Howard Hughes Medical Institute and the National Institutes of Health have chosen 25 medical students who will participate in the first year of the HHMI-NIH Research Scholars Program. American and Japanese scientists met July 18 and 19 to celebrate 20 years of international biomedical cooperation that began with the U.S.-Japan Cooperative Medical Science Program. In July the National Institute on Aging celebrated its 10th anniversary.

Summer 1995
NLM unveiled the “Visible Man,” a detailed atlas of human anatomy created from thousands of images of a human body collected by radiographic and photographic techniques. Dr. Maxine F. Singer was selected as the third NIHAA Public Awardee. Steve Ficca, NIH associate director for research services, announced the 20-year master plan for the Bethesda campus. The NIH Recreation & Welfare Association celebrated its Golden Anniversary. Throughout its history, it has been an operation that has relied on the enthusiasm of its membership to launch such projects as the Patient Emergency Fund, the Theatre Group (formerly known as the Hamsters), myriad sports leagues, gift shops, fitness centers, clubs of every stripe and variety and several altruistic projects and fund-raisers to support Camp Fantastica, the Children’s Inn and the Friends of the Clinical Center.

You received a 2005-2006 renewal notice early this spring. PLEASE PAY PROMPTLY if you have not already done so. Dues are an important source of our income, and we need your continued support.