

## 'OPPORTUNITY OF A LIFETIME' Enthusied to Lead NCI, Bertagnolli Has a Plan

BY DANA TALESNIK AND AMBER SNYDER

Dr. Monica Bertagnolli arrived at NIH on a mission, and she's asking everyone to join her. Bertagnolli—who began serving as the 16th director of the National Cancer Institute in October—has invigorated the war on cancer. Working tirelessly since her arrival, she has spearheaded a collaborative and comprehensive national cancer plan, while herself battling cancer.

A few weeks after coming to NCI, Bertagnolli was diagnosed with breast cancer. Fortunately, it was caught early and the prognosis is excellent. "I feel great," she

said during a recent interview. "I have a little more treatment to go, but I'm getting there."

She immediately enrolled in a diagnostic clinical trial and noted that data from previous NCI-funded trials informed her treatment. "I think about that a lot—all the wonderful researchers and patients who contributed over the years," she said. "I'm grateful for them all being there for me, because now I needed them."

Bertagnolli has confronted cancer head-on as a surgeon, clinician, researcher and administrator. Now, as a patient, "I certainly made the same kind of decisions that I've seen and made with patients my whole career," she said. "It has definitely been different being on the

receiving end, but it felt comfortable because it's a world I know really well."

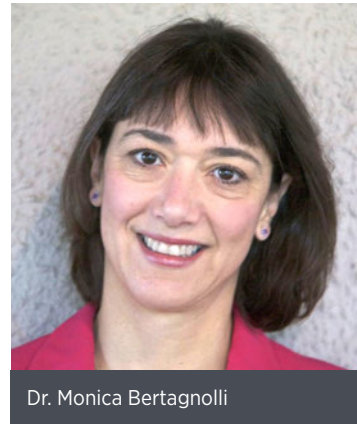
### The Mission and the People

Bertagnolli is a surgical oncologist who has spent 30 years working as a physician-scientist.

The daughter of first-generation Italian and French Basque immigrants, she grew up on a ranch in Wyoming. She always loved math, chemistry and physics. "I wanted to be a doctor like my Uncle Pete," she recalled.

After medical school, surgical residency and a fellowship in tumor immunology, Bertagnolli served as a professor at Harvard

Medical School, a surgeon at Brigham and



Dr. Monica Bertagnolli

SEE **BERTAGNOLLI**, PAGE 4



Minority Health 5K returns. See photos, p. 12.

### ALSO THIS ISSUE

Harvard Commonwealth Fund Fellows Visit NIMHD .....	3
Tabak, Volkow, Koob Present at Rx Summit. . .	5
White House Fellows Tour CC, Labs .....	7
Gordon Lecture Features JHU's Cooper .....	9
Digest .....	10
Milestones .....	11
Seen .....	12

## 80-YEAR ANNIVERSARY

### Hospital Namesake Ended Chinese Exclusion

BY DONOVAN KUEHN

Former legislator Warren G. Magnuson has many connections to the NIH. In 1937, he sponsored legislation to establish the National Cancer Institute. And his name is appended to the Warren G. Magnuson Clinical Center, which opened in 1953 and has hosted hundreds of thousands of patients since.

But the former senator and representative from the state of Washington from 1937 to 1981 is also tied to Americans of Asian



Sen. Warren Magnuson in 1953

SEE **MAGNUSON**, PAGE 8

## COVID SPURS DIVERSITY

### Bayoumi, NLM Promote Graphic Medicine

BY AMBER SNYDER

When you think of comics, you may picture something like *Peanuts* or the *Marvel* series.



Dr. Soha Bayoumi

But the field encompasses topics far beyond the Sunday funnies page.

Dr. Soha Bayoumi of Johns Hopkins University recently gave an NLM History Talk on graphic medicine, a freshly minted term that describes "the

intersection of the medium of comics and discourse of health care." NLM is growing its graphic medicine collection and has created a traveling exhibition, "Graphic Medicine: Ill-Conceived & Well-Drawn!"

SEE **COMICS**, PAGE 6

### Third Fireside Chat Set in Murthy Distinguished Lecture Series

The third annual fireside chat in the Vivek H. Murthy Distinguished Lecture Series on Public Health Leadership is set for Wednesday, May 17 at 1 p.m.



Dr. Dave Chokshi

ET. Hosted by the National Institute on Minority Health and Health Disparities (NIMHD) and the NIH chapter of the Federal Asian Pacific American Council, the event celebrates Asian American and Pacific Islander Heritage Month and honors Murthy, the 19th and 21st U.S. surgeon general.

Murthy will have a conversation with Dr. Dave Chokshi, former New York City commissioner of health, recognizing his leadership in addressing public health, mental health, misinformation and health disparities among Asian American, Native Hawaiian and Pacific Islander communities.

The event will feature an introduction from Dr. Rena D'Souza,

director of the National Institute of Dental and Craniofacial Research, followed by a conversation between the two panelists, moderated by Dr. Monica Webb Hooper, NIMHD deputy director.

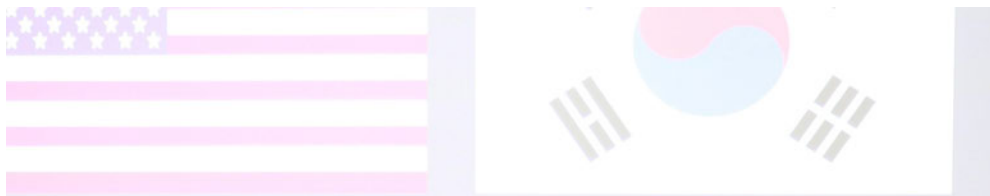
The virtual chat will be streamed at: <https://videocast.nih.gov/watch=49353>.

### NIH Exceeds CFC Goal Once Again

NIH has exceeded its goal of \$1 million for the 2022 Combined Federal Campaign (CFC), raising more than \$2 million for charities.

"I deeply appreciate the extraordinary willingness of the NIH community to improve the lives of others by renewing a sense of hope to people locally, nationwide and worldwide," wrote Dr. Lawrence Tabak, who is performing the duties of NIH director, in a recent all-staff email.

The CFC is the annual workplace fundraising drive



Dr. Lawrence Tabak (l), performing the duties of NIH director, and Dr. Cha Soon Do, president of the Korea Health Industry Development Institute, sign an MOU relaunched the Korean Visiting Scientist Training Award program.

PHOTOS: JUDITH COAN-STEVENS

### NIH Signs MOU with Korean Health Industry Officials

Dr. Lawrence Tabak, performing the duties of NIH director, and Dr. Cha Soon Do, president of the Korea Health Industry Development Institute (KHIDI), signed an MOU that in part relaunched the Korean Visiting Scientist Training Award (KVSTA) program.

KVSTA offers fellowship awards to support biomedical and behavioral research projects in NIH laboratories by young Korean early-stage postdoctoral researchers.

Applications are due June 1.

To learn more about the program, visit <https://bit.ly/3VvzjEU>.



among federal employees that serves more than 5,000 charities. The National Institute on Minority Health and Health Disparities was the lead institute for this year's campaign.

Tabak thanked the "keyworkers and coordinators whose time, creativity and enthusiasm made this year's campaign successful by reaching out to staff about the important mission of the CFC."

### WHAT'S IN A NAME?

#### FOAs Now Known as NOFOs

NIH is joining other federal agencies in using the term "notices of funding opportunities (NOFOs)" instead of "funding opportunity announcements (FOAs)," in an effort to standardize terminology

across the government. A NOFO is a formal announcement inviting grant award applications from extramural investigators. For years, NIH has referred to these as FOAs. NIH is changing its nomenclature, effective immediately.

NIH advertises available grant support through funding opportunities that provide information on the award, who is eligible to apply, the evaluation criteria for selection of an awardee, required components of an application and how to submit an application.

NIH funding opportunities can be found on <https://www.grants.gov/> and <https://grants.nih.gov/funding/index.htm>.



Participating in the fellows' visit are (standing, from l) Dr. Debbie Linares, Dr. Carolina Solis Sanabria, Dr. Kelvin Choi, Dr. Gina Roussos, Dr. Zerita Buchanan, Nora Wong, Kelli Carrington, Dr. Nathaniel Stinson; (seated, from l) Dr. Eftitan Akam, Dr. Nora Abo-Sido, Dr. Nasrien Ibrahim and Dr. Brittany Watson.

## NIMHD Welcomes Harvard Commonwealth Fund Fellows

The National Institute on Minority Health and Health Disparities (NIMHD) hosted its annual site visit with the fellows from the Commonwealth Fund Fellowship in Minority Health Policy at Harvard University on Mar. 16. The visit was held in person at NIMHD's offices at Democracy Plaza for the first time since 2019. (The last three visits were virtual due to the pandemic.)

The one-year fellowship is designed to prepare physicians, particularly those from underrepresented populations, to advance health equity

through innovative public health policies, practices and programs. Each year, fellows go on site visits to obtain first-hand experience with problem-solving and policymaking processes in public health management. This year's other site visits included the HHS Office of Minority Health and the Department of Veterans Affairs.

NIMHD Director Dr. Eliseo Pérez-Stable highlighted the institute's initiatives to promote workforce diversity and discussed directions for future research, emphasizing the need for intersectionality in research studies, multi-level approaches and better understanding of the different mechanisms underlying health disparities.

The fellows also heard from staff across NIMHD representing extramural and intramural research

## UW's Kuklinski To Speak May 25 on Promoting Well-Being Across the Lifespan

How can we promote well-being in young people and prevent problems before they begin? It's a crucial, timely question that has spurred study and discovery of risks to, and protective factors for, young people's development. This work has led to tested, effective preventive interventions showing better outcomes that, in some cases, have lasted for decades and across generations.



Dr. Margaret Kuklinski

Dr. Margaret Kuklinski, a prevention scientist, health economist and the endowed associate professor of prevention in social work at the University of Washington, will explore this topic in a virtual lecture, "Unleashing the Power of

Prevention to Enhance Well-Being Across the Lifespan."

The talk is on Thursday, May 25 from noon to 1:15 p.m. ET. It's part of NCCIH's Integrative Medicine Research Lecture Series ([bit.ly/IMLS2023](https://bit.ly/IMLS2023)).

Kuklinski will describe the evolution of prevention science and share the latest findings from longitudinal intervention studies based on a strategy from UW's Social Development Research Group, which she directs. She has also served as co-principal investigator of several studies on interventions for young people or their parents/caregivers to prevent problems in youth such as substance use, violence and antisocial behavior. Increasing the equitable reach and impact of effective health-promotion and prevention approaches will also be addressed.


Kuklinski holds a Ph.D. in clinical and community psychology from the University of California, Berkeley. NIH funders of her research include NCCIH, NIDA, ODP and OBSSR.

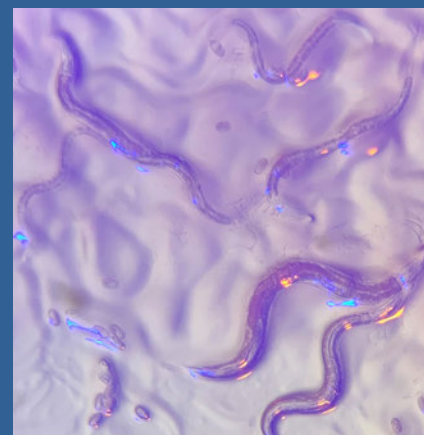
Registration (free) for the lecture is required.

Visit <https://bit.ly/IMLS-May2023>, which also provides more information. All are welcome.—**Ellen O'Donnell**

divisions, along with legislation and communications areas about their roles in advancing the science of minority health and health disparities.

Dr. Aubrey Miller, deputy director of scientific coordination at the National Institute of Environmental Health Sciences, presented on the NIH Climate Change and Health Initiative and efforts focused on environmental health equity.

The site visit ended with an open discussion about panelists' experiences working in federal government to address public health needs.—**Gina Roussos** 



ON THE COVER: *These microscopic roundworms, called Caenorhabditis elegans, lack eyes and the opsin proteins used by visual systems to detect colors. However, researchers found that the worms can still sense the color of light in a way that enables them to avoid pigmented toxins made by bacteria. This image was captured using a stereo microscope.*

IMAGE: EUGENE L.Q. LEE/MASSACHUSETTS INSTITUTE OF TECHNOLOGY

## The NIH Record

Since 1949, the *NIH Record* has been published biweekly by the Editorial Operations Branch, Office of Communications and Public Liaison, National Institutes of Health, Department of Health and Human Services. For editorial policies, email [nihreford@nih.gov](mailto:nihreford@nih.gov).

### Editor:

Carla Garnett • [Carla.Garnett@nih.gov](mailto:Carla.Garnett@nih.gov)

### Associate Editor:

Dana Talesnik • [Dana.Talesnik@nih.gov](mailto:Dana.Talesnik@nih.gov)

### Assistant Editor:

Eric Bock • [Eric.Bock@nih.gov](mailto:Eric.Bock@nih.gov)

### Staff Writer:

Amber Snyder • [Amber.Snyder@nih.gov](mailto:Amber.Snyder@nih.gov)

Subscribe via email:

<https://go.usa.gov/x6mgQ>

Follow:

[nihrecord.nih.gov/](https://nihrecord.nih.gov/)



The *NIH Record* is recyclable as mixed paper.



**National Institutes of Health**  
Turning Discovery Into Health

## Bertagnolli

CONTINUED FROM PAGE 1

Women's Hospital and held positions at the Dana-Farber Cancer Institute.

Bertagnolli had connections to NCI long before becoming its director. Her lab conducted NCI-funded basic research on inflammation and cancer. She studied a protein called COX-2, a major driver of colon cancer. A subsequent large clinical trial yielded noteworthy results. Her team learned that the COX-2 inhibitor was a "powerful agent for preventing colon adenomas," especially against the most advanced forms, she explained.

Unfortunately, that trial also uncovered a toxicity of the drug, a reminder of the realities of clinical research. "It teaches us things we want to know and sometimes it teaches us things we need to know but aren't exactly thrilled to find," she observed.

Bertagnolli also led initiatives within NCI's National Clinical Trials Network. One of the first studies she ever conducted involved a molecular marker for colon cancer and its effects on tumor behavior. That marker was later found to predict better responses to immunotherapy.

"That's pretty exciting," she said, "when something you worked on a long time ago in the lab is now being used to guide clinical care."

Throughout her career, Bertagnolli also relished helping people with cancer. "There



In December, Bertagnolli (c), former NIH Director Dr. Francis Collins (l) and Dr. Renee Wegrzyn, inaugural director of Advanced Research Projects Agency for Health (ARPA-H) participate in a panel, "A Commitment to Accelerating Cures: The Future of Biomedical Innovation" at the Future of Health Summit. In recent weeks, Bertagnolli's name has been raised as a potential successor to Collins in NIH's top job.

PHOTO: MILKEN INSTITUTE



With Bertagnolli at agency headquarters early in her NCI tenure are Department of Health and Human Services Secretary Xavier Becerra (l) and NCI Deputy Director Dr. Doug Lowy.

is nothing more special than the relationship you build with your patients," she said.

As NCI director, Bertagnolli is no longer directly involved in bench work or patient care, but said she feels fortunate to have served in multiple aspects of cancer research. "It's a great privilege to be able to move on and do something else that's very exciting and rewarding," she noted.

She came to NCI, she said, for the mission and the people.

"The opportunity to work with a team at the level of NCI and NIH to achieve big results that we want to see for cancer patients...in an organization that reaches across the country and, increasingly the world, it's the opportunity of a lifetime."

### Moonshot Reignited

Last year, President Joe Biden reignited the Cancer Moonshot, first launched with NCI in 2016, with a charge to end cancer as we know it—by improving the experience of those living with and surviving cancer and by increasingly preventing it. The call to action also included the ambitious goal of reducing cancer mortality by 50% over the next 25 years.

"I think what is truly special about Cancer Moonshot is the charge that we all work together,

that everyone needs to contribute," Bertagnolli said. "This is the first time I know of that our mandate to make progress has been articulated in just that way."

It's a massive and tough task. Achieving the 50% mortality reduction goal is partly achievable, she said, by applying current knowledge and eliminating disparities in care delivery. But reaching this goal also will require advances that bring new approaches to prevention, treatment and early detection.

"We have to continue our investments in basic science and technology," she said. "We have to do a lot of work for rare cancers, which can be difficult to study, and for all of the common cancers for which we just have not made headway."

Inspired by Cancer Moonshot and with broad input, Bertagnolli shaped a plan that NCI released in April, exactly six months to the day after her arrival.

### New National Cancer Plan

The new plan was a collaborative effort across the Department of Health and Human Services and NIH institutes, with input from other agencies, the White House Office of Science and Technology Policy (OSTP) and outside partners.

"I issued a challenge to everyone to create a plan that unites everyone from the Office of the President to everyone conducting cancer research and beyond," Bertagnolli said. "We wanted a plan that could even include two friends sitting on a park bench reminding each other to go in and get their cancer screening. We wanted a plan so comprehensive that every organization, and even every person, could see how they can play a role."

The plan features eight goals encompassing prevention; early detection; treatments; eliminating inequities; health care delivery; data-sharing and optimizing the workforce, as well as asking every person to contribute knowledge.

To end cancer as we know it, "NCI can't do it alone," Bertagnolli said. "Research can't do it alone. It's a call for collaboration across everyone."

### Engaging Everyone

"What gives us the best opportunity to make the fastest progress is the notion of collaboration," Bertagnolli said. "There are

## National Cancer Plan



Everyone has a role.

so many people who have been left out, who haven't had access, who haven't been able to participate in research. It's crucial that we reach and engage everybody."

The first female NCI director, Bertagnolli said she is encouraged to see more and more women in science and in leadership positions.

"I also want to see more input at all levels from many other groups who have been left out," she said. "In tackling a problem like cancer, we can't afford not to have full engagement across the spectrum of diversity that represents all of society."

NCI is committed to recruiting more research participants from underrepresented groups.

"The issue of caring for every patient in the best way possible is core to everything we do," Bertagnolli said. To that end, "throughout NCI, we have a robust and growing portfolio of research directed at health equity and eliminating disparities, ranging from basic science all the way to health care delivery and implementation research."

To get results to people faster, Bertagnolli said, it's critical to invest more heavily in data integration and clinical trials. "Our bandwidth is just too narrow to fully realize the capabilities we have," she said, noting she aspires to at least double NCI's clinical trials accruing capacity.

Energized to tackle the overarching goal at the helm of NCI, Bertagnolli looks forward to implementing and updating the new national cancer plan.

"Having at NCI both a mission that has true heart and people who share your passion for what you're trying to achieve, I couldn't imagine any better place to be," she said. "It is such an honor and privilege to be in this position." **R**

## Tabak, Volkow, Koob Represent NIH at Rx Summit

Dr. Lawrence Tabak, performing the duties of NIH director, traveled to Atlanta for the 12th annual Rx and Illicit Drug Summit, which was held at the Georgia World Congress Center. The three-day summit, the nation's largest annual gathering to address the drug overdose epidemic, brings together people from diverse personal and professional backgrounds to discuss effective strategies for prevention, treatment and recovery.

On Apr. 11, Tabak presented at an afternoon plenary session "State of the Science: Updates from the National Institutes of Health." Dr. Nora Volkow, director of the National Institute on Drug Abuse, and Dr. George Koob, director of the National

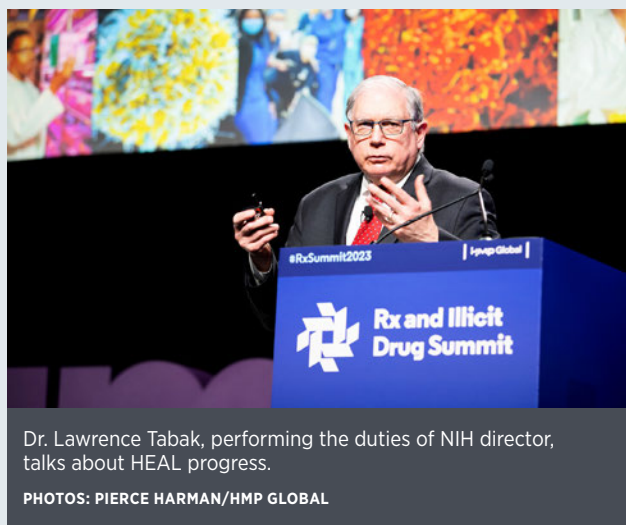
Institute on Alcohol Abuse and Alcoholism, also participated.

Tabak discussed research progress made by the NIH Helping to End Addiction Long-term (HEAL) Initiative.

With its support of more than 1,000 projects across the nation, HEAL aims to prevent addiction through enhanced pain management, while seeking better ways to improve prevention and treatment for opioid use disorder and addiction.

Volkow spoke about the challenges of addressing the overdose crisis in the era of fentanyl, implementation science (including expanding access to naloxone), prevention and the importance of screening/addressing substance use.

Koob talked about how tackling alcohol misuse in individuals with chronic pain and opioid use disorder may help improve patient outcomes.



Dr. Lawrence Tabak, performing the duties of NIH director, talks about HEAL progress.

PHOTOS: PIERCE HARMAN/HMP GLOBAL



Above, NIDA Director Dr. Nora Volkow; below, NIAAA Director Dr. George Koob





A selection from the NLM graphic medicine exhibit, "Ill-Conceived and Well-Drawn!"

IMAGE COURTESY NLM

## Comics

CONTINUED FROM PAGE 1

Graphic medicine represents a collision of interests for Bayoumi, who uses she/they pronouns, as it combines her love for comics, medical humanities and the history of medicine.

Although graphic medicine has existed in various forms since approximately the 1950s, the genre as Bayoumi defines it began to emerge in the mid-2000s and the term itself was defined in *The Graphic Medicine Manifesto* in 2015.

Many pre-pandemic comics were written by or featured White patients or providers. Comics produced during the Covid-19 outbreak, Bayoumi argued, present “a much more significant diversity of creators and narratives that touch upon the lives and experiences of Black and indigenous people of color [BIPOC]...and communities and other marginalized identities.”

### Comic Qualities

What makes comics interesting—not just for general consumers, but also for health care professionals, scholars and patients? Bayoumi, a lifelong fan of comics, said the often-abstract art used by comic artists can be appealing to readers.

“Think of Charlie Brown,” they said. “Simplistic drawings can still move readers and are very identifiable.”

The combination of text and images in comics can also allow the author to convey points in a concise and effective manner. And the images can be emotionally evocative in ways that are difficult for words to accomplish. Graphic medicine allows the author to “depict the ‘objective’ world while [simultaneously] depicting the patient’s inner perception,” Bayoumi explained.

For patients, graphic medicine can represent a way to exert control over their own narrative, Bayoumi said. Patients may feel as though they have lost control over what is happening within their own bodies, but telling their story in their own words can be empowering and even “cathartic,” according to Bayoumi.

Scholars have even coined a term for the subgenre of biographies (in comic form) that focus on a person’s illness: graphic pathography. These works help diversify the depiction of diseases. Formerly the domain of doctors and medical illustrators who standardized the way diseases were visualized, graphic medicine gives patients and caregivers the power to share how they are individually affected.

Medical comics also can serve an instructional purpose—consider, for instance, the informational posters in your doctor’s office. Providers have also begun writing their own graphic narratives. *Annals of Internal Medicine* began publishing comics written by health care workers in 2013, for example. Provider narratives touch on a wide range of topics, from the struggles of being a working parent to the lingering guilt of losing a patient.

### ‘Why So White?’

Bayoumi and other scholars of graphic medicine observed a trend in the pre-pandemic makeup of authors: they were overwhelmingly White and middle class. But, why?

The majority of editors and publishers in the U.S. are White—about 76 percent, which may lead to an unconscious preference for White stories.

Graphic narratives are incredibly time-consuming to produce—time and effort that ill writers may not be able to commit to easily. Additionally, Bayoumi hypothesized, BIPOC individuals may be more likely to have multiple jobs and lower socioeconomic status, with less free time to devote to intensive topics on top of having a serious illness.

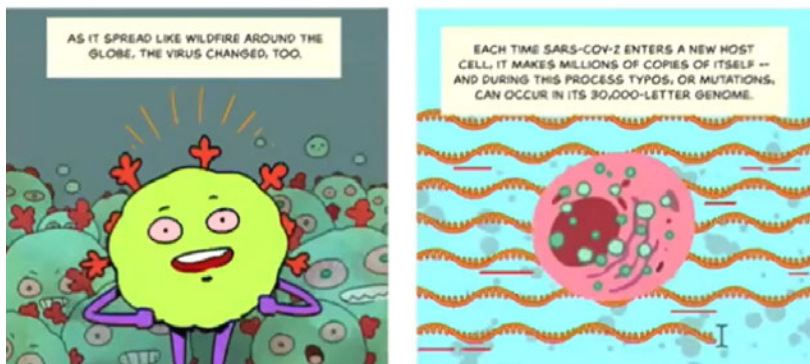
The weight of stigma might also be a roadblock; the stigma of illness combined with the stigma of racism often “compels [BIPOC] to keep their woes quiet.”

Common ailments for BIPOC (such as heart disease) are often disparaged as lifestyle diseases caused by poor choices alone, Bayoumi said, “so few people of color are likely to find a space that would allow them to share their experiences of illness without fear of judgment.”

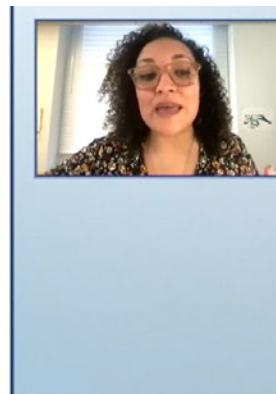
Graphic narratives written by White

authors are often what scholars deem “confessional narratives.” How might works such as Rachel Lindsay’s *Rx*, which feature a White author’s struggle with bipolar disorder, be viewed differently if the author was of a different race?

Bayoumi quoted Christopher Grobe’s *The Art of Confession*: “Who will be celebrated for confessing?”



Bayoumi shares an example of an informational medical comic.



## 'Covidity'

A term denoting the individual and collective philosophical, material and wide-ranging emotional responses to the pandemic, "covidity" has become a major feature in graphic medicine since the



Series such as "Tribal C'rona Comix" depict the effects of the pandemic on Native communities.

beginning of the health crisis. This trend has been accompanied by a significant increase in the diversity of graphic medicine creators.


Bayoumi posited that the "twindemic" of Covid and systemic racism contributed to this rise in diversity. Covid was "almost an invitation to write about how it was affecting communities of color disproportionately," they said. "Racial inequalities [were] exacerbated."

Authors wrote about the effects of the pandemic on indigenous communities, the rise of anti-Asian hate, how hospitals in underserved communities often had poorer outcomes—to name just a few topics.

Bayoumi referenced *The Graphic Medicine Manifesto* throughout her talk. The book is a significant development in graphic medicine because it established the principles of graphic medicine and began to map the field.

The graphic medicine ethos defined by the book aligned particularly well with Bayoumi's talk: "Graphic medicine is also a movement for change that challenges the dominant methods of scholarship in health care, offering a more inclusive perspective of medicine, illness, disability, caregiving and being cared for."

As Bayoumi observed, the field's inclusivity has grown substantially since the start of the pandemic. "I hope these changes induced by Covid will be lasting," they concluded.

To view the archived lecture, visit <https://videocast.nih.gov/watch=48675> 



A group of White House fellows met with NIH leaders on Apr. 21.

PHOTOS: CHIA-CHI CHARLIE CHANG

## White House Fellows Meet with NIH Leaders, Tour CC, Labs

NIH welcomed the 2022-2023 class of White House fellows to the Bethesda campus.

They visited the Clinical Center with CEO Dr. James Gilman and toured the NCI Pediatric Oncology Branch labs of Dr. Carol Thiele and Dr. Naomi Taylor.

Fellows also had a roundtable discussion in Wilson Hall with Dr. Lawrence Tabak, who is performing the duties of NIH director, and Dr. Tara Schwetz, NIH acting principal deputy director.

In photos at right:

Top—Clinical Center CEO Dr. James Gilman (front, l) points out features of the Clinical Research Center on the building's model.

Middle—CC's David Saeger takes fellows on a tour of the building.

Bottom—With Dr. Naomi Taylor's group, fellows get a lab tour with (from l) Dr. Christopher Chien; Justin Mirazee, a Ph.D. student in the NIH-Johns Hopkins University Graduate Partnership Program; and Dr. Victoria Giordani, a pediatric oncology fellow in the program.



## Magnuson

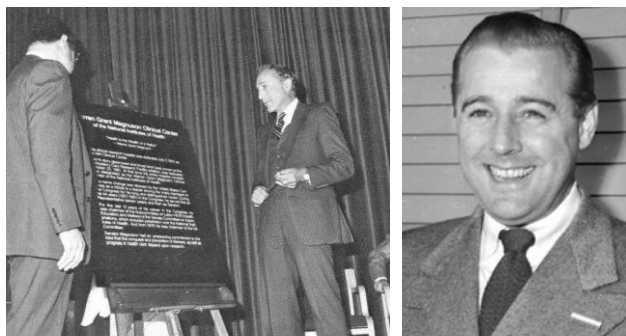
CONTINUED FROM PAGE 1

heritage through his repeal of the Chinese Exclusion Act.

Passed by Congress in 1882, the Chinese Exclusion Act provided an absolute 10-year ban on Chinese laborers and effectively prevented people of Chinese descent from immigrating to the United States.

The legislation also placed new requirements on people of Chinese descent who were already in the country, removing the possibility of U.S. citizenship and making it difficult to return to America if they left the country.

Congress extended the legislation when it expired in 1892 and made it permanent in 1902, adding new restrictions that required Chinese residents to register and obtain a



At left, HHS Secretary Richard Schweiker (r) and Acting NIH Director Dr. Thomas Malone officiated at the unveiling of the plaque at the dedication ceremony in Masur Auditorium on Oct. 22, 1981. At right, Rep. Magnuson in 1943, the year Congress repealed discriminatory exclusion laws.

and permitted some Chinese immigrants already residing in the country to become naturalized citizens.

“They will now say that China is now on



*“The missions of NIH are far too important to be ignored, or shortchanged, for more than a fleeting moment.”*

-SEN. WARREN GRANT MAGNUSON



certificate of residence. Those who failed to do so faced deportation.

Magnuson sponsored the Chinese Exclusion Repeal Act of 1943 (commonly called the Magnuson Act) and Congress repealed the discriminatory exclusion laws

the same basis in the minds and hearts and spirit of the American people as all other countries,” said Magnuson, in testimony before the House Committee on Immigration and Naturalization in May 1943.

President Franklin D. Roosevelt sup-

ported the measure and signed the repeal into law, saying in a letter to Congress that the legislation corrected the “historic mistake” of Chinese exclusion.

“It is with particular pride and pleasure that I have today signed the bill repealing the Chinese Exclusion Laws,” said Roosevelt after signing the legislation in December 1943. “The Chinese people, I am sure, will take pleasure in knowing that this represents a manifestation on the part of the American people of their affection and regard.”




The Warren Grant Magnuson Clinical Center in 1981. On Dec. 12, 1980, the NIH Clinical Center was renamed the Warren Grant Magnuson Clinical Center by Congress. NIH held a dedication ceremony in October 1981. Magnuson served as a U.S. representative (1937–1944) and a U.S. senator (1944–1981) from Washington. As chair of the Senate Committee on Appropriations, he supported NIH biomedical research. The Warren Grant Magnuson Clinical Center, together with the Mark O. Hatfield Clinical Research Center, make up the largest hospital devoted to medical research—NIH’s Clinical Center.

(Read the full statement at: [www.presidency.ucsb.edu/node/209745](http://www.presidency.ucsb.edu/node/209745).)

The legislation opened up quota-based immigration, with 105 people with Chinese backgrounds allowed to apply for citizenship each year.

Congress finally ended all quotas on immigrants based on their national origin when it passed the Immigration Act of 1965.

Some 16 years later, in a statement read at the October 1981 dedication of the CC,

Magnuson reinforced his support of inclusivity and NIH’s commitment to health for all: “I was proud to have played a part in establishing the NIH, but more so, in helping over the ensuing years, to see that their missions were adequately funded. That confidence in their professional ability that faith, was shared by others in Congress, including the Secretary. If I could be there at the ceremony, I would counsel those at the NIH not to become overly concerned about fiscal cutbacks of the moment or budgetary politics. The missions of NIH are far too important to be ignored, or shortchanged, for more than a fleeting moment.” 



Scene from Bike to Work Day 2022

### Bike to Work Day Set for May 19

The NIH Bicycle Commuter Club and the Division of Amenities and Transportation Services invite you to celebrate Bike to Work Day on Friday, May 19 in front of Bldg. 1 from 7 a.m. to 8:30 a.m. Join friends and colleagues to celebrate bicycling as an environmentally friendly, fun and healthy alternative to driving. To register for the pit stop in front of Bldg. 1, visit <https://www.tfaforms.com/4886950> and enter “MD Montgomery Co National Institutes of Health Bldg 1.” Remember to enter your employer as “National Institutes of Health.” For more information, visit <https://www.biketoworkmetrodc.org/>.





Dr. Lisa Angeline Cooper of Johns Hopkins University

## 2023 Gordon Lecture Features Cooper, May 17

The Office of Disease Prevention (ODP) will host the 2023 Robert S. Gordon, Jr. Lecture in Epidemiology featuring Dr. Lisa Angeline Cooper of Johns Hopkins University. Her presentation, “Getting to the ‘Heart’ of Cardiometabolic Health Disparities,” will take place via videocast on Wednesday, May 17 at 2 p.m. ET.

Cardiometabolic diseases, including cardiovascular disease, diabetes and

chronic kidney disease, are exceedingly common and are collectively considered the leading causes of death worldwide.

In her lecture, Cooper will describe the current state of cardiometabolic health disparities among adults in the United States. She also will discuss how interventions to reduce cardiometabolic health disparities are designed, implemented and evaluated and how interventions relate to disparities at multiple levels—from behaviors of individuals and their family members, to health professionals and health care organizations, to communities and policymaking agencies.

Cooper is founder and director of the Johns Hopkins Center for Health Equity. She studies how race and socioeconomic factors shape patient care and how health systems, with communities, can improve the health of populations that experience health disparities.

An internal medicine physician, epidemiologist and health services researcher, Cooper and her team work in partnership

with health systems and community-based organizations to identify interventions that alleviate health disparities and translate those interventions into practice and policy changes that improve community health.

Registration is not required. Watch live at [videocast.nih.gov/watch=46081](https://videocast.nih.gov/watch=46081). The presentation will be recorded and available on the ODP website at: <https://bit.ly/3mnnx1KV>.

The lecture was established in 1995 in tribute to Gordon for his outstanding contributions to the field of epidemiology and for his distinguished service as former assistant surgeon general of the Public Health Service and special assistant to former NIH Director Dr. James Wyngaarden.

Gordon lecture topics focus on clinical research and epidemiology. Speakers are selected by ODP. The talks are part of the NIH Director’s Wednesday Afternoon Lecture Series ([oir.nih.gov/wals](https://oir.nih.gov/wals)), whose goal is to keep NIH scientists abreast of the latest and most important research in the United States.

## NIH, VA Launch Study of Gulf War Illness

NIH and the Department of Veterans Affairs (VA) have launched a study to gain a better understanding of the chronic symptoms of Gulf War Illness.

The disease affects multiple systems in the body. Chronic symptoms include fatigue, headache, memory and cognitive difficulties, joint and muscle pain, poor sleep, and problems with gastrointestinal and respiratory function. It affects about a third of the nearly 700,000 individuals who served in operations Desert Shield and Desert Storm in the early 1990s.

“This is an important collaboration that we hope will lead to many answers to those suffering from Gulf War Illness,” said NINDS Director Dr. Walter Koroshetz. “Taking advantage of the resources available only at NIH, this comprehensive study will take a new look at this illness and uncover biological mechanisms that may pave the way to treatments.”

Researchers led by NINDS principal investigator Dr. Brian Walitt will seek to identify how the illness presents itself—in ways that can be measured or observed—in each participant. The research will focus on the immune and autonomic nervous systems, as well as the body’s energy-production pathways. Walitt is head of the interoceptive disorders unit of the Clinical Neurosciences Program in NINDS’s Division of Intramural Research.




NINDS principal investigator Dr. Brian Walitt

“Effective treatments for Gulf War Illness have remained elusive, forcing healthcare providers to mostly focus on easing patient symptoms,” said Dr. Rachel Ramoni, VA’s chief research and development officer. “VA and NIH’s collaboration will bring together experts who will meticulously investigate the underlying causes of symptoms. With the help of the veterans who volunteer for the study, researchers will lay the groundwork for care that will meaningfully improve the lives of the hundreds of thousands of veterans living with Gulf War Illness.”

The study is expected to last five years. Initial enrollment began in July 2022 and focused on Gulf War veterans who were enrolled in other studies. Enrollment is now open to those from the larger Gulf War veteran community. The first participant arrived at the Clinical Center on Apr. 16.

For more information about the study, visit:

<https://research.ninds.nih.gov/patients/va-nih-project-depth>. 

## 2023 Federal Employee Viewpoint Survey Opens May 15

The 2023 Federal Employee Viewpoint Survey (FEVS), managed by the Office of Personnel Management, will open the week of May 15 to eligible federal NIH employees. The anticipated government-wide survey gives employees an opportunity annually to provide confidential feedback about work satisfaction; the organization and its leaders; diversity, equity, inclusion and accessibility; and work/life balance.

FEVS will be available to full- and part-time permanent, non-seasonal employees, who were on-board by Nov. 30, 2022 or before. Contractors are not eligible to participate.

For more information, visit <https://hr.nih.gov/workforce/fevs> or email [NIHFEVS@nih.gov](mailto:NIHFEVS@nih.gov).



Opportunities for achieving the Cancer Moonshot national goal have been outlined in a recently published study.

## Study Outlines Opportunities to Achieve Cancer Moonshot Goal

Researchers from NIH have outlined opportunities for achieving President Joe Biden and First Lady Dr. Jill Biden's Cancer Moonshot national goal of reducing the cancer death rate by at least 50% over the next 25 years.

A study published in *Cancer Discovery*, led by researchers at NCI, has concluded that achieving this goal will require increased access to and use of interventions known to prevent common causes of cancer death.

"Achieving a 50% reduction in cancer mortality in 25 years will be impossible without addressing cancer health equity," said NCI Director Dr. Monica Bertagnolli. "For several of the strategies highlighted in this study, improving access is critical."

Opportunities outlined in the study include further reducing the prevalence of cigarette smoking and use of other tobacco products, increasing the use of colonoscopy for prevention and early detection of colorectal cancer, increasing the use of hormone therapy to prevent and treat breast cancer, and increasing detection and treatment of hepatitis B and hepatitis C viral infections to reduce the risk of liver cancer. Also, new strategies are needed to reduce deaths from prostate, liver, pancreatic and other cancers, as well as to address inequities in access to all these interventions.

Publication of this study coincides with the release of the National Cancer Plan, a long-term, ambitious framework developed to support a national response to achieving the goals of the Cancer Moonshot, which first launched in 2016 by then-Vice President Biden.

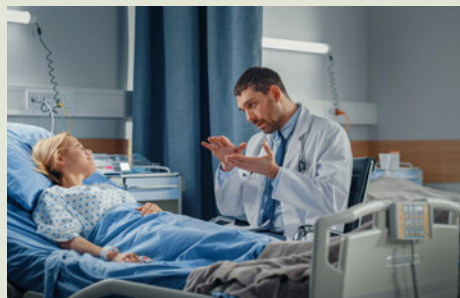
Read more about Bertagnolli and the plan on p. 1.

## Being Hospitalized with Acute Kidney Injury May Increase Risk for Rehospitalization and Death

An NIDDK-supported study found that people who experienced acute kidney injury (AKI) during a hospitalization, including those admitted with AKI or who developed AKI in the hospital, were more likely to revisit the hospital or die shortly after discharge, compared to people hospitalized without AKI.

AKI is a sudden loss of kidney function that usually lasts for a short time. The research was published in the *American Journal of Kidney Diseases*.

"Monitoring people with AKI in the weeks after hospital discharge may be critical in preventing future adverse health outcomes," said NIDDK Director Dr. Griffin Rodgers. "These findings present an opportunity for further research to develop and test interventions designed to reduce the risks associated with AKI."



A study found that people who experienced acute kidney injury during a hospitalization were more likely to revisit the hospital, compared to people hospitalized without AKI.

IMAGE: GORODENKOFF/SHUTTERSTOCK

According to the findings, people who had been hospitalized with AKI, whether or not they had pre-existing kidney disease, were 62% more likely to be readmitted to the hospital for any reason and 266% more likely to die of any cause within 90 days after discharge from the hospital.

During the year following discharge, those hospitalized with AKI were re-hospitalized nearly 60% more often than those hospitalized without AKI and more than twice as likely to die. Heart failure, sepsis, and pneumonia were among the most common causes for readmission after discharge with an AKI hospitalization.

The researchers analyzed data from nearly 1 million people in a national health insurance claims database, comparing around 470,000 patients who had a hospitalization with an AKI diagnosis with the same number of patients hospitalized without an AKI diagnosis.



Children with MIS-C have biochemical indicators of cell injury that are distinct from other children with Covid-19, a study finds.

IMAGE: PEOPLEIMAGES.COM-YURI/SHUTTERSTOCK

## Biomarker Pattern Found in Kids with Covid 19-Linked Inflammatory Syndrome

Children with multisystem inflammatory syndrome (MIS-C)—a rare condition linked with the virus that causes Covid-19—have biochemical indicators of cell injury and cell death that are distinct from other children with Covid-19, according to a study funded by NICHD.

Using high speed, artificial intelligence-controlled molecular sequencing of blood-and-plasma RNA and plasma DNA, researchers found that children with MIS-C have biomarkers indicating damage to multiple organs, the lining of blood vessels and the nervous system. MIS-C usually occurs two to six weeks after SARS-CoV-2 infection, resulting in inflammation of the heart, lungs, kidneys, brain, skin, eyes or gastrointestinal tract.

The study was conducted by Dr. Charles Chiu of the University of California, San Francisco, and colleagues at several other institutions. It appears in *Cell Reports Medicine*.

To conduct the study, researchers analyzed 416 blood samples from 237 patients. Their analysis enabled them to distinguish between patients with MIS-C and Covid-19. They believe their findings could lead to development of tests that allow clinicians to distinguish between MIS-C and other conditions involving widespread inflammation, such as Kawasaki disease, septic shock, and severe Covid-19, and to development of more appropriate treatments for each.

A previous study of children and adolescents who received a Covid-19 vaccination following MIS-C found that there were no reports of serious complications, including myocarditis or MIS-C recurrence after the injection.

Everyone should stay up to date with Covid-19 vaccines for their age group, as the Centers for Disease Control and Prevention recommends, regardless of whether they have been infected with the virus.

## NIMH Neuroscientist Kaplan Remembered

Dr. Barry Kaplan, a neuroscientist and intramural principal investigator at the National Institute of Mental Health (NIMH), died Apr. 15. He had progressive supranuclear palsy.

Born in the Bronx, N.Y., Kaplan received his B.A. and M.S. in biology from Hofstra University before earning a Ph.D. in cell and developmental biology from Cornell University College of Medicine (now Weill Cornell Medicine) in 1974. He completed his postdoctoral studies at the Andrus Gerontology Center of the University of Southern California in 1976. He was a professor of psychiatry and director of the Molecular Neurobiology and Genetics Program of the Western Psychiatric Institute and Clinic at University of Pittsburgh Medical Center (UPMC), where he made significant contributions to the understanding of the molecular and genetic basis of neuropsychiatric and neurodegenerative disorders.

Kaplan served on the faculties of the

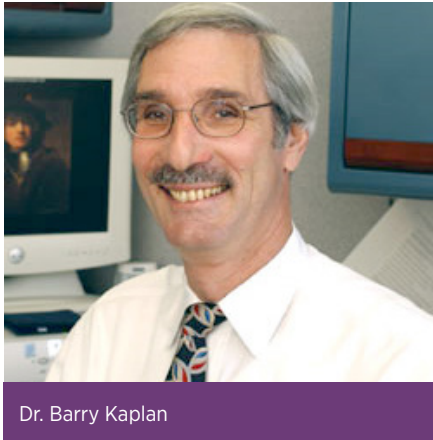
Cornell University Medical College and UPMC before joining the NIMH Intramural Research Program in 1997.

In NIMH's IRP, he was inaugural director of the Office of Fellowship Training, where he created the first training office on the NIH campus and was responsible for development of a multidisciplinary neuroscience training program for hundreds of postdoctoral fellows, clinical research associates, graduate students, postbaccalaureate fellows and summer students.

He was chief of the section on molecular neurobiology from 1998 until 2018. His

dedication to mentoring young scientists was unparalleled, inspiring countless individuals to pursue careers in medicine and neuroscience.

Kaplan served on the editorial boards of numerous professional journals and as a member of several NIH scientific review committees and advisory boards, where he contributed to development of graduate programs, evaluation of research proposals and funding of scientific projects.



Dr. Barry Kaplan

## Retired Clinical Psychologist Lowery Mourned

Retired clinical psychologist Dr. Henri Alice Lowery died Apr. 17 at age 86, following a protracted illness.

Born Apr. 12, 1937, in Saltillo, Tenn., Lowery attended Tennessee State University (then called Tennessee Agricultural and Industrial State University), an HBCU (historically



Dr. Henri Alice Lowery

Black college or university) in Nashville. At TSU, she was a university scholar and completed her undergraduate degree in psychology with highest distinction. In 1960, her studies at TSU culminated with a master of science degree in experimental psychology.

After completing graduate and clinical psychology work at George Washington University, she joined the National Institute of Mental Health (NIMH), becoming a published scholar and lecturer on the treatment and rehabilitation of people with severe mental disorders. She coauthored papers on diagnosis of paranoid schizophrenia and community mental health programs.

Before retirement in 1992, Lowery directed the NIMH program on the treatment and rehabilitation of people with schizophrenia, administered the NIMH Treatment of Depression Collaborative Research Program and served as consultant to the World Health Organization.

In his research, Kaplan focused on the subcellular compartmentalization of neuronal gene expression, using the giant axon of the squid, primary sympathetic neurons and transgenic animal models. His work has led to significant advances in understanding the mechanisms of axonal RNA transport, neuronal microRNA function and synaptic protein synthesis. Kaplan's research has provided fundamental insights into the molecular basis of neuronal growth and development.

"Barry was a dedicated scientist, a compassionate mentor, and a beloved friend and colleague to many," said NIMH Scientific Director Dr. Susan Amara, in an email to NIMH staff. "He will be deeply missed by his family, friends, students and the countless individuals whose lives he touched through his work. His legacy will live on through the many scientists he trained and the numerous contributions he made to the field of neuroscience."

Kaplan is survived by his wife Annie Kaplan, son Raymond, daughter-in-law Glennyye and grandson Sebastian. **B**

## VOLUNTEERS

### Stress Study Recruits

NHLBI researchers are conducting a study to determine environmental stress and health behaviors of White and African American women living in Washington D.C. This research study will work to determine whether there is a significant connection between neighborhood environment and the impact on women's health. For more information, contact the Office of Patient Recruitment at (866) 444-2214 (TTY users dial 711) or [ccopr@nih.gov](mailto:ccopr@nih.gov). Online: <https://go.usa.gov/xJ756>. Refer to study 19-H-0120.

### Volunteers Needed for Diet Study

Healthy volunteers 18-60 years old are needed for a new study investigating how changes in our diet can affect our intestinal microorganisms. The CLEAN-MED diet intervention study of the gut microbiome wants to see the changes in the environment in the intestine. Participants will keep detailed food logs and provide stool, urine and blood samples throughout the study. Options include a 9-week study or a year-long study. Contact the Clinical Center Office of Patient Recruitment at (866) 444-2214 (TTY users dial 711) or [ccopr@nih.gov](mailto:ccopr@nih.gov). Refer to study #000871-CC. Online: <http://bit.ly/3KE7ZPQ>



At left, at the sound of the whistle, the runners led the pack for the 2023 Minority Health 5K. NIMHD Director Dr. Eliseo J. Pérez-Stable (c) got the event going with opening remarks. At right, participants warm up before the 5K began.

### Minority Health 5K Returns

On Apr. 18 with picture-perfect weather and almost 400 registered participants, an NIH tradition—the Minority Health 5K—made its return. The National Institute on Minority Health and Health Disparities (NIMHD) hosts the event as part of National Minority Health Month, a time to raise awareness about the importance of improving the health of racial and ethnic minority populations.

NIMHD Director Dr. Eliseo J. Pérez-Stable gave opening remarks for the event, held on NIH’s Bethesda campus for the first time since the Covid-19 pandemic began.

The 2023 theme for National Minority Health Month is “Better Health Through Better Understanding,” and focuses on how meeting cultural and linguistic needs can improve health outcomes for racial and ethnic minority populations.—Shelly Pollard



Walkers were all smiles as they climbed the last hill before the finish line. The Office of Equity, Diversity and Inclusion and the NIH Blood Bank were among exhibitors who sent representatives to speak with participants and distribute information material.

PHOTOS: MARLEEN VAN DEN NESTE



An enthusiastic group from NIDDK, including NIDDK Director Dr. Griffin Rodgers (standing, c), came out to support the 5K. At right, NIMHD staff and NIH wellness committee members were on hand to cheer on all the finishers.