



## 126th ACD Considers Topical Concerns

BY CARLA GARNETT

It was the first meeting in three years that did not feature a pandemic update, but Covid and its residual effects were very much top of mind at the 126th meeting of the advisory committee to the NIH director (ACD). The two-day gathering, held virtually June 8-9, deliberated over several issues—a national mental health crisis, health disparities and the public health threat of long Covid, for instance—that the global outbreak brought to light or made worse, even as it largely subsided.

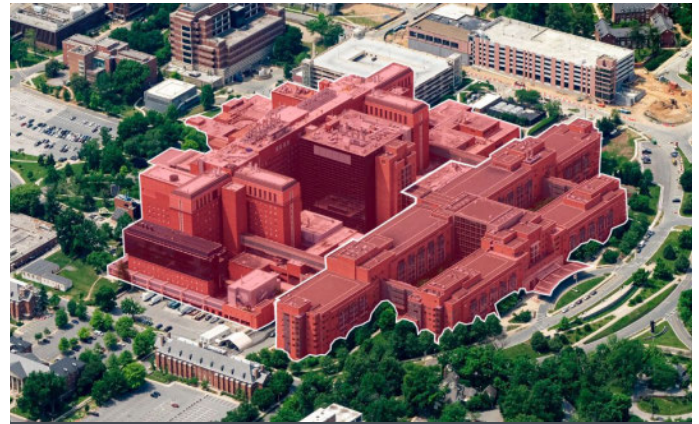
Convening the session on day one, Acting NIH Director Dr. Lawrence Tabak gave the

SEE **ACD**, PAGE 4

## VISIT NIH ANYTIME New Virtual Tour Launches

Now anyone can visit NIH anytime, from anywhere, through a Virtual Tour newly launched by NIH's Office of Communications and Public Liaison (OCPL). The idea came about during the pandemic, when NIH suspended in-person campus tours to protect the safety of staff and patients.

While in-person visits and tours have resumed, the mobile-friendly tour opens NIH to people from around the world—to patients who want to participate in clinical trials; investigators, trainees and other staff;



Go inside the Clinical Center and other campus buildings, visit labs, learn about ongoing research and meet NIH staff and scientists on NIH's new virtual tour.

educators and students; policymakers and anyone else interested in NIH's work and mission.

Virtual visitors can explore an interactive,

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Caribbean Heritage Month celebrated. See p. 12.

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## GLOBAL MEDICINE IN HISTORY Soon Explores How the Chinese Diaspora Shaped Medicine in the Region

BY DANA TALESNIK

A group of overseas Chinese doctors brought Western medicine to China and Taiwan over the last century. They promoted transformative medical practices—blood banking, mass medical training and mobile medical units—and their efforts left a lasting impact in the region.

At a recent National Library of Medicine



Dr. Wayne Soon

## Members of Congress Mark 30th Anniversary of the NIH Revitalization Act of 1993

U.S. House of Representatives Speaker Emerita Nancy Pelosi (D-CA), provided a salute from Congress in celebration of the 30th anniversary of the NIH Revitalization Act of 1993, acknowledging the contributions of leaders who spearheaded the legislation 30 years ago. The act established the inclusion of women in NIH-funded clinical trials and research.

Women's Health Access Matters (WHAM) hosted the June 14 commemorative event that featured a panel discussion and roundtable dialogue in Washington, D.C.

Former Sen. Barbara Mikulski (D-MD); former Rep. Connie Morella (R-MD); Dr. Vivian Pinn, senior scientist emerita at the Fogarty International Center; Dr. Janine Clayton, director of NIH's Office of Research

SEE **SOON**, PAGE 8

SEE **WHAM**, PAGE 10

## Conference Planned on 'Building Equality and Equity in Research'

NIH's Office of Acquisition and Logistics Management, Small Business Program Office and the Path to Excellence and Innovation Initiative (PEI) will host the Collaborative Models for Building Equality and Equity in Research Conference on Wednesday, July 19 at the Natcher Conference Center. Registration begins at 8 a.m. Opening remarks start at 9.

The government-wide conference will focus on successes, best practices and knowledge dissemination to strengthen and advance educational equality, excellence and economic opportunities in research.



PHOTO: PEOPLEIMAGES.COM-YURI A/SHUTTERSTOCK

An array of federal agency partners that oversee research programs, grants and contracts will share best practices and highlight opportunities for historically Black colleges and universities (HBCUs) and minority-serving institutions (MSIs).

The conference is in collaboration with the National Heart, Lung and Blood Institute, the National Institute of General Medical Sciences and the National Institute on Minority Health and Health Disparities.

The goal of the conference is to create opportunities that will foster and enhance the capacity of HBCUs and MSIs to participate in or be eligible to participate in agency programs and to address barriers these institutions face when accessing programs that benefit and impact underserved communities.

Speakers will include members of Congress, the White House Initiative on Advancing Educational Equity, Excellence and Economic Opportunity through HBCUs, NIH institute/center leaders as well as other federal executives and staff.

Participants from state and local governments as well as industry and community groups will share their views on the critical role HBCUs and MSIs play in research. In addition, the conference seeks to help prepare and encourage more institutions to participate in the medical research enterprise.

Reserve your seat by registering at: <https://tinyurl.com/5x74wffd>. Questions? Email [PEI@nih.gov](mailto:PEI@nih.gov).



## WALS Talk Reunites Longtime Colleagues

**Old Friends.** Dr. Ramanujan "Manu" Hegde (c), now at the United Kingdom's Medical Research Council Laboratory of Molecular Biology, returned to NIH for the first time in 12 years to deliver "How Cells Make Membrane Proteins," a Wednesday Afternoon Lecture Series talk on June 14. A former member of the NCI Scholars Program, Hegde was until 2011 a principal investigator in what was then known as the Cell Biology and Metabolism Program at NICHHD. Reuniting with him here are (from l) Dr. Roberto Weigert of NCI, Dr. Juan Bonifacino of NICHHD, Dr. Win Arias of the Clinical Center and Dr. Matthias Machner of NICHHD. Watch Hegde's WALS talk archived at <https://videocast.nih.gov/watch=46093>.

PHOTO: SUSAN GIULIANI

## Spirituality SIG Sets Next Webinar

The NIH Religion, Spirituality and Health Scientific Interest Group (RSH-SIG) will present its next webinar on Tuesday, July 18 from 2 to 3 p.m. ET. Dr. Jesse Fox, associate professor and chair, Stetson University, will discuss "Developing Research to Train Mental Health Providers in Spiritual and Religious Competencies."

Research in spirituality, religion and mental health has exploded in the past 20 years. This talk will discuss the concept called "spiritual and religious competence," which was first articulated by the Association of Spiritual, Ethical and Religious Values in Counseling (a sub-division of the American Counseling Association) and was an outgrowth of the multicultural counseling movement that took root in the 1990s.

The webinar will be held via Zoom (<https://tinyurl.com/2kpzkkft>) and is free and open to the public. No registration is necessary. The webinar will be recorded and available later on the RSH-SIG website: <https://go.nih.gov/T2TO40x>. Individuals



Dr. Jesse Fox

needing sign language interpretation should email requests to [joan.romaine@nih.gov](mailto:joan.romaine@nih.gov) at least five business days before the event. Live captioning will be provided.

## 2023 Hybrid Graduate & Professional School Fair Scheduled

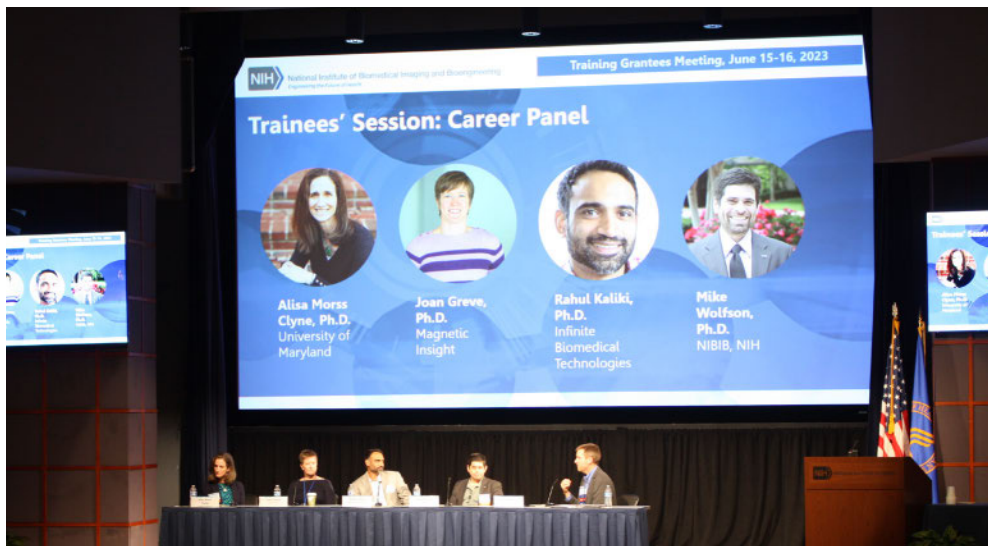
The 2023 NIH Hybrid Graduate & Professional School Fair will be held in-person on Wednesday, July 1 at the Natcher Conference Center and virtually July 24 through Aug. 11.

The fair provides an opportunity for NIH summer interns (especially those in college) and postbacs, as well as other college students in the D.C. area, to prepare for the next step in their careers by exploring educational programs leading to the Ph.D., M.D., D.D.S., M.D./Ph.D. and other graduate and professional degrees.

More than 250 colleges and universities from across the U.S. send representatives of their graduate schools, medical and dental schools, schools of public health and other biomedically relevant programs in hopes of recruiting NIH trainees.

The fair will consist of hybrid workshops on getting to graduate and/or professional school and exhibitor sessions that provide opportunities to learn more about participating educational programs.

Exhibitor sessions will be offered both in-person (July 19) and online (July 24-Aug. 11). A list of participating institutions and registration information can be found at <https://go.nih.gov/hLXMI7Y>.



Dave Gutekunst (r) of NIBIB's Division of Interdisciplinary Training leads a discussion with career panelists (from l) Alisa Morse Clyne of the University of Maryland, Joan Greve of Magnetic Insight, Rahul Kaliki of Infinite Biomedical Technologies and Michael Wolfson of NIBIB.

PHOTOS: NIBIB

## Hundreds Attend NIBIB Training Meeting for Grantees

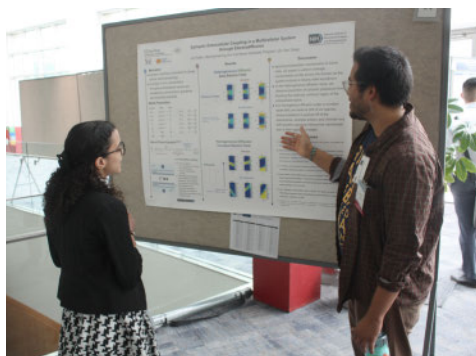
The NIBIB Division of Interdisciplinary Training, led by Dr. Zeynep Erim, hosted 208 attendees from across the country at NIH's Bethesda campus for a two-day meeting in June.

The assembly was composed of 135 trainees supported by NIBIB's institutional and individual training programs and intramural research programs, along with 63 principal investigators and administrators of NIBIB's 44 institutional training programs.

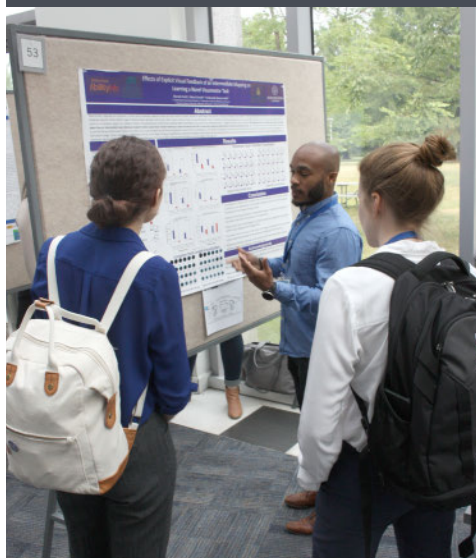
The gathering included an opportunity for trainees to present their research and for the NIH team to offer an array of sessions on professional development, including grantsmanship and entrepreneurship, and opportunities for exposure to NIH resources.

NIBIB Director Dr. Bruce Tromberg and NIBIB's BETA Center Director Dr. Manu Platt welcomed attendees and Dr. Kaitlyn Sadtler discussed her work in harnessing the immune system in regenerative medicine on day one. Dr. Marie Bernard, NIH chief officer for scientific workforce diversity, presented a vision for optimizing scientific creativity and innovation in the 21st century as a highlight of day two.

The NIBIB team, which includes program directors Dr. Tina Gatlin and Dr. David Gutekunst and Scientific Program Analyst Khalil Chughtai also arranged for tours of several NIBIB labs and the Clinical Center, to round out the wide-ranging agenda. **R**



Above, Ivan Rajen, University of California, San Diego, presents his lab's research as Maria Mendez-Santos, Northwestern University, looks on. Below, Marsalis Smith, Northwestern University, describes a poster.



ON THE COVER: This Coast Guard anchor on NIH's main campus originally decorated the lawn of the Staten Island Marine Hospital, where NIH got its start as the Hygienic Laboratory in 1887.

IMAGE: NIH

### The NIH Record

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### FEVS Now Open Through July 14

The 2023 Federal Employee Viewpoint Survey (FEVS) has been extended through Friday, July 14. Managed by the Office of Personnel Management (OPM), the government-wide survey gives eligible federal employees an opportunity to provide confidential feedback. FEVS is available to full- and part-time permanent, non-seasonal employees, on-board on or before Nov. 30, 2022. Contractors are not eligible. Check your email inbox for this header from OPM:

From: Federal Employee Viewpoint Survey-HE  
[\[fevhe@opm.gov\]](mailto:fevhe@opm.gov)

Subject: 2023 OPM Federal Employee Viewpoint Survey

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

## ACD

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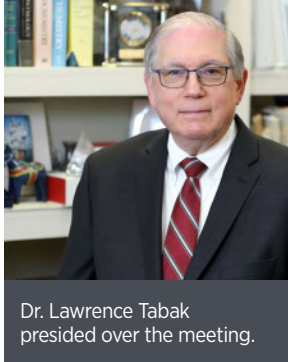
customary overview of NIH's last six months, with updates on the budget and legislative outlook presented by Neil Shapiro, associate director for budget, and Lauren Higgins, acting associate director of legislative policy and analysis.

NCI Director Dr. Monica Bertagnoli, President Biden's nominee to

be NIH director, discussed the reenergized Cancer Moonshot and its goals. NIMH Deputy Director Dr. Shelli Avenevoli talked about research to address the country's mental health crisis, which data suggests worsened during the pandemic, especially among young people.

NHLBI Director Dr. Gary Gibbons briefed the ACD on the NIH RECOVER Initiative, which is coordinating research efforts against long Covid. RECOVER recently shared a first look at results of its adult cohort study. Some data suggest a disproportionate risk of developing respiratory complications by Black and Hispanic people who had Covid-19.

Following a White House directive released in December 2022 to ensure free, immediate and equitable access to federally funded research, NIH has developed a plan to remove the current one-year publication



Dr. Lawrence Tabak presided over the meeting.



Participating in the recent meeting were (from l) Dr. Shelli Avenevoli, Dr. Alexa Kimball, Dr. Garth Graham and Dr. Tara Schwetz.

embargo on or by Dec. 31, 2025, to ensure these research products are publicly accessible as soon as possible after publication. Dr. Lyric Jorgenson, acting NIH associate director for science policy, presented on the plan to seek input on a draft policy going forward.

"Scientific advances are more likely to happen if the data are responsibly managed as they flow throughout the pipeline, rather than at discrete moments in time," she said, describing the vision for an integrated ecosystem for research output.

Day one rounded out with Dr. Julie Gerberding, CEO of the Foundation for NIH, highlighting several areas for strategic collaboration.

On the second day, the committee began by hearing several recommendations from a cross-NIH task force on enhancing clinical trial stewardship. About 40% of the agency's annual budget supports clinical research; of NIH's approximate \$18 billion investment in clinical research, about \$6 billion is devoted to clinical trials.

"Assuring the appropriate management,

oversight and efficiency of the clinical trial enterprise is essential to the NIH mission," said task force co-chair Dr. Debara Tucci, director of the National Institute of Deafness and Other Communication Disorders. "Our goal is to generate the best possible evidence to support public health and clinical care. This became even more apparent during the recent pandemic, which highlighted the need for further efficiency and inclusiveness in clinical trials."

ACD member Dr. Alexa Kimball highly endorsed the task force's work. "The resources required to do [clinical trials] well are enormous. Incomplete, under-powered, under-recruited studies not only are not a good use of those resources, but [also] actually put patients who participate at risk...because if we don't get an answer, then they've participated for naught. The imperative for this is tremendous."

Day two's deliberations also included an update on employee accessibility by Dr. Marie Bernard, NIH's chief officer for scientific workforce diversity and a report from ACD member Dr. Garth Graham of Google/YouTube about requests received by the HeLa genome data access working group.

Another NIH-wide initiative, this one to address climate change and health, gave an initial report. Dr. Rick Woychik, director of the National Institute of Environmental Health Sciences, presented on behalf of an initiative that includes 140 members, seven institute and center directors and 25 ICs.

"The working group focused on developing a strategic framework," said Woychik. "The goal was to establish a research agenda that would reduce health threats across the lifespan and build health resilience in individuals, communities and nations around the world—especially among those at



Speaking at the recent ACD meeting were (from l) Dr. Lyric Jorgenson, Dr. Debara Tucci, Dr. Rick Woychik and Dr. Howard Chang.

highest risk and those impacted the most by climate change.”

In November 2022, Tabak assembled an ACD working group to explore development and use of novel alternative methods (NAMs) to advance biomedical research. The group, co-chaired by ACD member Dr. Howard Chang of Stanford University and Jorgenson, examined the current landscape and highlighted opportunities and challenges. The group is currently seeking input on high-priority areas for which NIH investment could expand the use of NAMs as complementary models in biomedical research. Chang and Jorgenson reported on progress since the last ACD meeting in December.

Day two closed with a discussion on reenvisioning NIH-supported postdoctoral training and how the experience of postdoctoral scholars and other junior researchers can be enhanced in the short and long term. The ACD working group charged to investigate that landscape acknowledged the tall task set before it, noting that the issue involves scientists early in their careers who are feeling the effects of higher costs of living, work/life balance challenges and expanding research expectations, among other concerns.

NIH, in fact, had been the site of a demonstration on June 1 by dozens of trainee scientists pushing to unionize in hopes of securing higher pay, health insurance and other employee benefits. Numerous sources have reported a significant drop in postdoc applications nationwide and picket lines and demonstrations—larger and more comprehensive than the one at NIH—have been held at other institutions, including at the University of Washington and components of the University of California system.

“Working group members are really passionate about this and recognize that they have been tasked to tackle a very large issue that’s systemic and has large consequences,” said working group co-chair Dr. Tara Schwetz, acting NIH principal deputy director. “Some of the changes we’re deliberating over may lead to fewer postdocs—not more—but hopefully what we will have at the end is a healthier system overall.”

Recordings of both days of the ACD are archived online; full reports and other documents from the session are publicly available at <https://acd.od.nih.gov/meetings.html>. **R**



Dr. Andre Nussenzweig (l) and Dr. John O'Shea

the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Those newly elected bring the total number of active members to 2,565 and the total number of international members to 526.

## NIDCR Scientists Recognized by International Association

Three scientists at the National Institute of Dental and Craniofacial Research (NIDCR) were recently honored by the International Association for Dental Research (IADR). NIDCR Director Dr. Rena D'Souza and NIDCR scientists Dr. John Chiorini and Dr. Niki Moutsopoulos received IADR Distinguished Scientist Awards on June 21. The awards are among the highest honors bestowed by IADR, whose mission is to drive dental, oral and craniofacial research around the world.

D'Souza, who is also chief of the section on molecules and therapies for craniofacial and dental disorders at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, received the IADR Distinguished Scientist Award in Craniofacial Biology Research. The award recognizes individuals who have contributed to the body of knowledge in craniofacial biology over a significant period. D'Souza is noted for studying tooth and palate anomalies such as dentinogenesis imperfecta, ectodermal dysplasia and cleft palate. This work has changed scientists' understanding of dental and craniofacial developmental biology. This year's award is her second, a rare achievement. She received the IADR Distinguished Scientist Award in Pulp Biology in 2002.

Chiorini is head of the adeno-associated virus biology section at NIDCR. He received the IADR Distinguished Scientist Salivary Research Award, which recognizes outstanding and innovative achievements that have contributed to the basic understanding of the salivary gland structure, secretion and function, or salivary composition and function. Chiorini has made significant advances in the development of viral vectors for gene therapy. He currently leads the first clinical trial to use adeno-associated virus vectors for the treatment of radiation-damaged salivary glands, and he has made advances in the development of potential therapeutic interventions for Sjögren's syndrome-associated xerostomia.

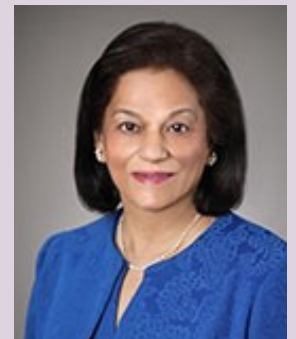
Moutsopoulos is chief of NIDCR's oral immunity and infection section. She received the IADR Distinguished Scientist Research in Oral Biology Award. As an investigator, she has made important contributions to understanding host factors that are implicated in susceptibility to periodontitis. Her studies of patients with genetic immune defects have provided fundamental insights into oral mucosal biology and led to the identification of new therapeutic targets.

## National Academy Elects Two from NIH

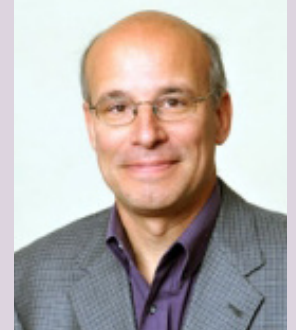
The National Academy of Sciences announced the election of 120 members and 23 international members in recognition of their distinguished and continuing achievements in original research. Two are NIH scientists.

Dr. Andre Nussenzweig is chief of the Laboratory of Genome Integrity in the National Cancer Institute's Center for Cancer Research.

Dr. John O'Shea is scientific director at



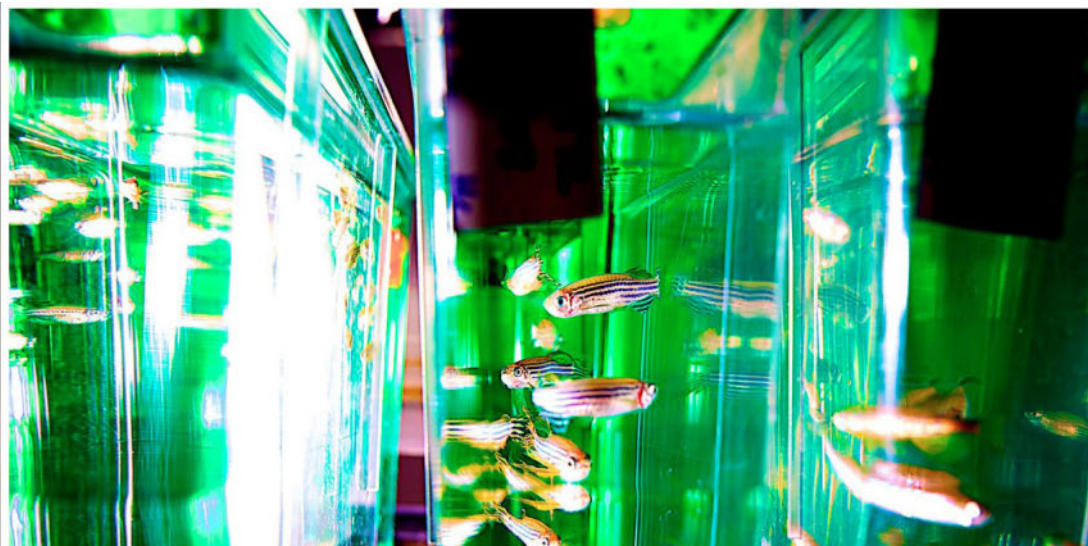
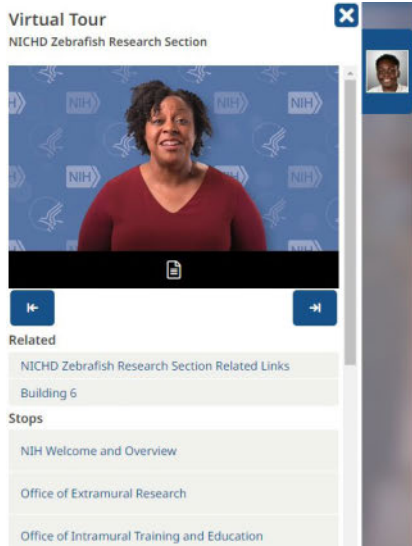
Dr. Rena D'Souza



Dr. John Chiorini



Dr. Niki Moutsopoulos



NIH houses the largest zebrafish facility in the world, with more than a half-million fish. On the virtual tour, go inside the zebrafish lab and learn why studying these little guys are ideal for basic research and provide insight into human health. Below, Keith Ameyaw, an NICHD postbac fellow in the zebrafish lab, is a featured speaker on the tour.

PHOTOS: CAMPUS TOURS

## Virtual Tour

CONTINUED FROM PAGE 1

aerial map of 32 buildings on the Bethesda campus by clicking on a highlighted building to see photos, video clips and other resources. The tour offers a glimpse and a more extensive look at the Clinical Center and across NIH, featuring 20 in-depth tour stops—including research labs, a patient room and the Children’s Inn—and 21 interviews with NIH researchers, senior leaders, administrators and a patient.

“The reason I love working at NIH is I was a patient before I was an employee,” said Julie Berko, director, Office of Human

Resources, one of the administrators featured among the video clips. “I got to experience this place firsthand as a patient... and I’m really happy to be back here contributing in a different way.”

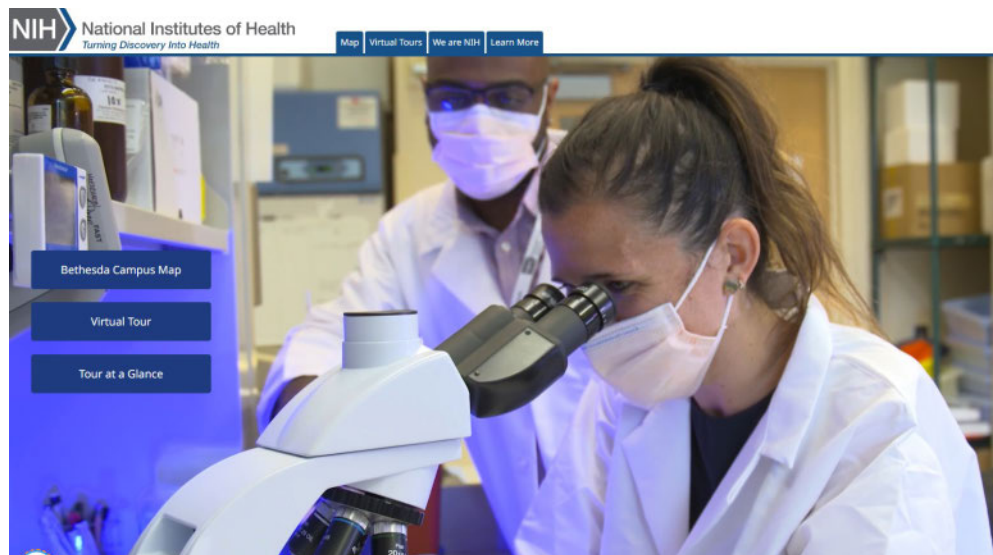
The tour is customizable. It can be tailored to the online visitor’s specific journey and interests, offering resources geared specifically to patients and families, the scientific community as well as the general public.

“What I like most about the NIH Virtual Tour is that it captures what makes NIH so special, which is the many amazing people who contribute to our mission to improve

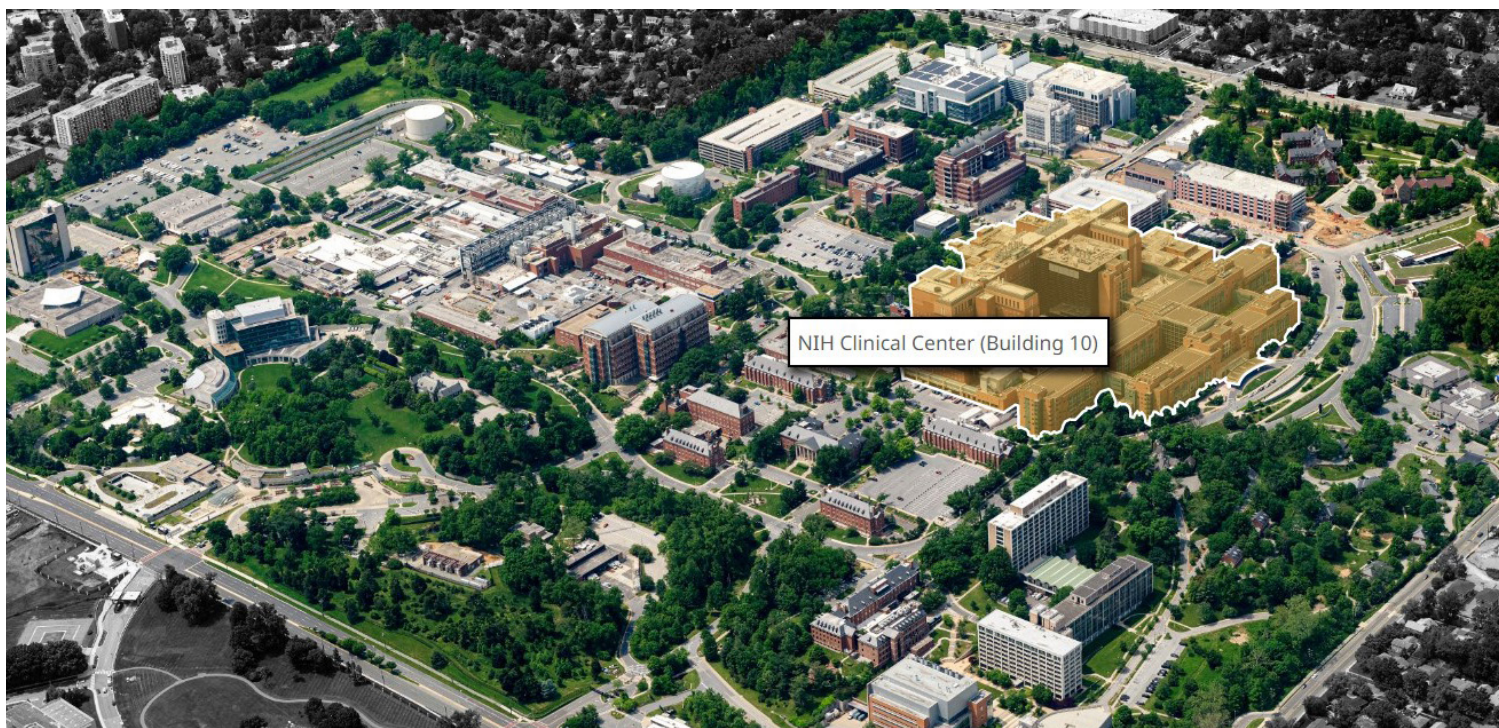


the health of our nation,” said Acting NIH Director Dr. Lawrence Tabak, in a note announcing the tour’s release.

All aspects of the tour are 508 compliant, ensuring full accessibility for all visitors.



At left, a view to Bldg. 16, also known as the Stone House, home to the Fogarty International Center, which is dedicated to advancing and facilitating global health research. At right, a snapshot of the NIH Virtual Tour homepage shows the easy navigation buttons and tabs.



Above, an aerial view of NIH’s Bethesda campus. Visitors on the virtual tour can click on an interactive map to learn more about NIH facilities including the Clinical Center, the world’s largest research hospital. Below, images on the tour include Bldg. 66, the Gateway Visitor Center and a playroom (bottom right) inside the Children’s Inn, which houses pediatric patients receiving treatment at the Clinical Center.

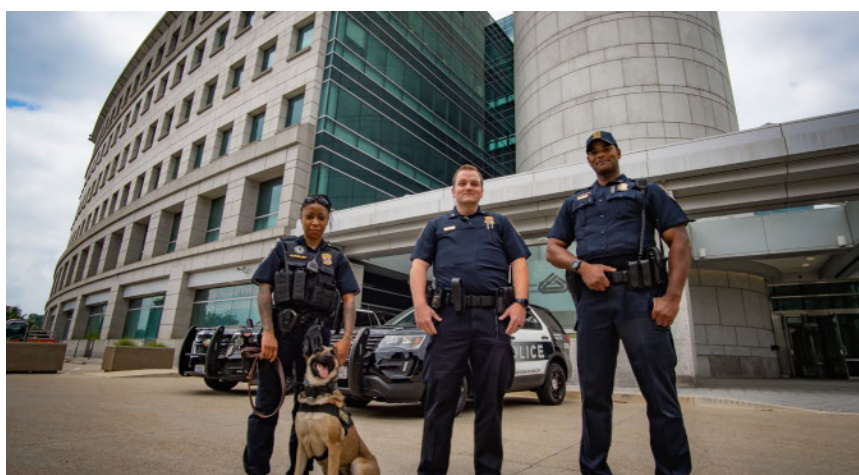
NIH plans to add more interviews and expand other content over time.

Explore the NIH Virtual Tour at <https://www.nih.gov/virtual-tour/>.

NIH’ers can visit the employee intranet (<https://go.nih.gov/UFQYjQD>) for more resources and ideas for sharing the tour.

In addition, OCPL will host a webinar on Wednesday, July 19 at 11 a.m. ET to provide an overview on how to navigate the tour, explore the interactive map features and take questions from staff.

Register for the webinar at: <https://tinyurl.com/2dzyfksd>.



## Soon

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history talk, Dr. Wayne Soon, associate professor in the history of medicine program at the University of Minnesota, discussed two case studies to illustrate how the Chinese diaspora was integral in shaping biomedicine in China and Taiwan from 1937 to 1970.

“To make biomedicine work, I argue the members of the Chinese diaspora drew resources, ideas and support from the carefully cultivated contexts in international organizations and universities,” said Soon during the virtual lecture. “They tap into diasporic organizations in Southeast Asia, North America



Dr. Robert Lim

and Western Europe. These connections help them to deal with myriad local actors in China.”

Drawing from government documents, scientific and military reports, medical texts and other NLM sources and various archives and libraries across the world, he makes the case for a new definition of global medicine that highlights the multidirectional flow of medical practices and ideas.

This redefined concept of global medicine, Soon argues, “was made possible



Dr. Yi Chien-lung (r) and Dr. Helena Wong received the first two ABMAC fellowships to study techniques of plasma drying at Presbyterian Hospital to prepare for opening a Chinese blood bank. Yi also later became director of the blood bank in Kunming, China. At right, Wong examines Chinese soldiers assembled to donate blood to the Chinese blood bank.



Human blood in transit circa 1944

by the Overseas Chinese leveraging the multicultural identities, Western expertise, desire for medical intervention and transnational connections to make biomedicine visible and possible to a local and global audience.”

### The First Chinese Blood Bank

Establishing the first Chinese blood bank is a story of cross-cultural outreach.

During World War II, Singapore-born and Edinburgh-educated Dr. Robert Kho-seng Lim—who headed the Chinese Red Cross Medical Relief Corps—solicited

funding from the American Bureau for Medical Aid to China (ABMAC) to train Chinese American Dr. Helena Wong and Chinese Canadian Dr. Yi Chien-lung at Columbia in the latest blood banking technologies. Together with Chinese American Adet Lin, they then set up a trial blood bank in New York City, appealing to Americans of all races to donate blood.

One group that eagerly heeded the call was the National Association for the Advancement of Colored People (NAACP).

“African American activities in the NAACP were determined to challenge the



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existing segregation of blood donation by the American Red Cross by donating to the first desegregated blood bank in the United States,” said Soon.

Japanese and Chinese Americans also eagerly donated blood, wanting to support the war effort.

Lim, Lin and Wong sought to replicate their success in China. They set up a blood bank in Kunming, a city in Yunnan province, but faced major challenges. Without reliable electricity, they could not employ the imported blood banking equipment needed to run the centrifuge, dehydrator and autoclave, used to sterilize medical equipment. As a result, contamination of blood remained a significant problem.

To improve conditions, a Chinese American engineer added a hand crank to many of the machines.

And despite outreach efforts, there was a shortage of donors. Few Chinese civilians or American soldiers donated blood in Kunming, noted Soon.

Furthermore, “Wong and Lin unnecessarily disqualified many soldiers from donating blood,” Soon said. “And they did not explain to the soldiers the philosophy and processes of blood banking and transfusion.” Unaware that their donated blood would help others in need, he said, “many soldiers complained their blood was taken away rather than put in their backpacks for later use.”

The blood bank did succeed later by partnering with local universities and companies, drawing much-needed blood from students and workers.

“This donated blood helped to save many American and Chinese lives on the warfront,” Soon said.

The Chinese diaspora had established a military medical complex during World War II—the Chinese Red Cross, the Emergency Medical Service Training School and the first Chinese blood bank—that together trained more than 15,000 medical personnel and saved more than four million lives.

### Moving a Medical Institution to Taiwan

After World War II, Lim sought to reconstruct the mighty military medical complex into a comprehensive postwar medical center. But for political and other reasons, funding from the Chinese diaspora and American aid organizations had greatly declined.

Lim established the National Defense Medical Center (NDMC)—a military medical school—in 1946 and overcame funding woes by taking over abandoned Japanese medical buildings and supplies left over in Shanghai, Soon explained. But in 1948, as China’s ongoing civil war flared, the NDMC was instructed to relocate to Taiwan.

Many doctors were reluctant to move but a third of instructors and half of the students transferred to Taipei. The NDMC in Taiwan initially was encumbered by a lack of proper infrastructure, space and resources. But Lim and his Chinese American colleague, Allan Lau, secured millions of pounds of provisions, including more than 14,000 cases of medical supplies.

Still, problems persisted on the ground. “Personnel did not have enough food to eat, cadavers for research, physical classrooms to learn in and dorms to live in,” said Soon.

“To redress the NDMC’s long-term viability, the NDMC leaders developed the discourse of the center as an essential anti-communist medical institution for vulnerable overseas Chinese,” he said.

NDMC then enlisted U.S. President Eisenhower’s Foreign Operations Administration to secure funding and increase student enrollment. The center trained thousands of medical personnel in Taiwan. Funding from other U.S. agencies led to construction of NDMC’s teaching hospital—the Taipei Veteran Hospital—which remains a top hospital in the country today.

Generations of NDMC graduates have become prominent doctors and nurses who played a critical role in health care, including fighting the SARS and Covid-19 epidemics.

Another legacy of these efforts is the active participation of diasporic women medical personnel who provided care and promoted research in wartime China and postwar Taiwan and paved the way for many other women to take on increasingly prominent roles in health care today.

“The global history of medicine in China and Taiwan was predicated on the efforts of the Chinese diaspora, who leveraged international connections, medical expertise and linguistic talents to build medical institutions in 20th century China and Taiwan,” Soon said. Their efforts helped to save many lives during World War II and beyond. **B**

## Pasiakos Begins as ODS Director

Dr. Stefan Pasiakos will begin his new role as director of NIH’s Office of Dietary Supplements (ODS) on July 16. A research physiologist, he currently serves as

chief of the Military Performance Division at the United States Army Research Institute of Environmental Medicine (USARIEM). He leads a diverse research program and scientific team developing evidence-based solutions to limit musculoskeletal injuries, accelerate return to duty and optimize physical and behavioral performance in military training and operational environments.

Pasiakos will help lead NIH efforts in expanding the scientific knowledge base on dietary supplements, enhancing the dietary supplement research workforce, fostering development and dissemination of research resources and tools and translating dietary supplement research findings into useful information for consumers, health professionals, researchers and policymakers.

He received his Ph.D. in nutritional science in 2008 from the University of Connecticut and completed a postdoctoral fellowship in the Military Nutrition Division at USARIEM in 2012 as a U.S. Army Medical Service Corps officer.

From 2012 to 2021, Pasiakos led an interdisciplinary research program to refine dietary protein requirements for soldiers and develop targeted dietary strategies that sustain muscle mass during strenuous operations, fields for which he is internationally recognized. His academic interests include diet and supplemental nutrition, muscle physiology, human performance and bioenergetics of exercise metabolism. He has published more than 150 articles.

Pasiakos is a member of the American Society for Nutrition, fellow of the American College of Sports Medicine (ACSM) and associate editor for *Medicine & Science in Sports & Exercise*, ACSM’s flagship journal.



Dr. Stefan Pasiakos



Shown are (from l) former Rep. Connie Morella, former Sen. Barbara Mikulski, Dr. Vivian Pinn and Dr. Janine Clayton commemorating 30 years of greater inclusion of women in NIH-funded research.

## WHAM

CONTINUED FROM PAGE 1

on Women's Health; women's health research allies; and current members of Congress who support accelerating advancements in women's health through research joined the panel discussion.

Rep. Jan Schakowsky (D-IL) also provided remarks.

There were video tributes honoring Mikulski, Morella and Pinn by Sen. Patty Murray (D-WA), Sen. Amy Klobuchar (D-MN), Rep. Barbara Lee (D-CA), Sen. Lisa Murkowski (R-AK), Sen. Dick Durbin (D-IL), Sen. Tammy Duckworth (D-IL), Rep. Judy Chu (D-CA), Rep. Katherine Clark (D-MA) and Sen. Shelley Moore Capito (R-WV).


In a tweet about the event, Schakowsky wrote, "We have come a long way, but there is still more work to be done to guarantee health equity for all."

After the panel discussion, Clayton participated in a roundtable talk co-moderated by Dr. Maria Freire, former president and executive director of the Foundation for the National Institutes of Health, and Ash Shehata, national sector leader for health care and life sciences at KPMG.

They were joined by business and

public-sector leaders, advocates, investors, economists and academics to discuss opportunities for innovation and to catalyze cross-sector collaborations to spur research and investment in the health of women in #3not30, a WHAM initiative with a goal of developing an action plan to accelerate women's health research and investment in three, not 30, years.

When asked about her vision for #3not30, Clayton responded, "Although the challenge to redefine the future of women's health while matching the urgency of our mission is ambitious, I have no doubt that we're up to the task.

"Together," she continued, "we can jump-start a new era of putting science to work for the health of women and fostering interdisciplinary collaboration. Meeting today's women where they are and having a person-centric approach will be the driving force of women's health research, guided by the unique needs and experiences of women. It will propel us toward improving the health and well-being of women worldwide, putting their voices and concerns at the forefront. This is our future. This is our #3not30." 

## Cytopenia Study Recruits Participants

The road to recovery after a bone marrow transplant can be complicated by cytopenia(s) (when one or more of your blood cell types is lower than normal). Sometimes this is "immune-mediated," meaning your red cells or platelets are being targeted and destroyed by the body's immune system. NHLBI researchers are testing the drug fostamatinib in adults with immune-mediated cytopenia(s) to see whether it will help. The study enrolls adults who are  $\geq 60$  days post-transplant, experiencing hard-to-treat cytopenia(s) and are transfusion dependent. If interested, contact the Office of Patient Recruitment at (866) 444-2214 (TTY users dial 711), [ccopr@nih.gov](mailto:ccopr@nih.gov). Ask for study #000758-H. Online: <https://go.nih.gov/ASCoxKs>.

## Study Seeks Pregnant Women

A research study at NHLBI is looking for pregnant women with sickle cell disease between ages 18 and 45 who are at risk of having an infant with sickle cell disease to donate their baby's cord blood. Tests and procedures provided at no cost. Contact the Office of Patient Recruitment at (866) 444-2214 (TTY users dial 711) or [ccopr@nih.gov](mailto:ccopr@nih.gov). Refer to study #01-H-0122. Online: <https://go.usa.gov/xSQqW>.

## Feds Feed Families 2023 Virtual Giving Campaign at NIH

NIH is participating in "Feds Feed Families," the annual federal government summer food drive. The 2023 virtual campaign is now active through Sept. 30. Many families are still facing food insecurity and hunger.

The NIH community has always given generously through this campaign to support those in need. Visit [go.nih.gov/KIXxhjQ](https://go.nih.gov/KIXxhjQ) to learn ways the NIH community can donate online to fight hunger.

## Hybrid Summer Poster Day Set

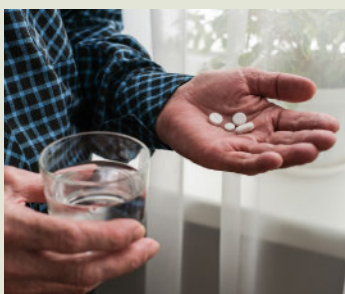
2023 Hybrid NIH Summer Poster Day will take place both in-person and virtually on Aug. 3 and 4. The event gives summer interns an opportunity to share the research projects they conducted at NIH and enhance their skills in communicating scientific ideas and findings to wider audiences.

As many of the trainees will be presenting for the first time, they will greatly value the support of the NIH community.

For more information, visit <https://go.nih.gov/x66BhLb>.

## Low-Dose Aspirin May Increase Risk of Anemia in Older Adults

A recent follow-up analysis of data from an international, NIH-funded clinical trial suggests daily low-dose aspirin increases the risk of anemia



A warning for older adults who take low-dose aspirin

PHOTO: ELEN NIKA/SHUTTERSTOCK

in people ages 65 years and older by approximately 20%. Given these findings, older adults on low-dose aspirin and their care providers may want to consider periodic

monitoring of red blood cells or hemoglobin.

Anemia in older adults is associated with functional decline, increased fatigue, disabilities, depressive symptoms and cognition problems.

Published in the *Annals of Internal Medicine*, scientists from the Aspirin in Reducing Events in the Elderly (ASPREE) study examined the effect of long-term low-dose aspirin use on incident anemia and the effect of aspirin on changes in hemoglobin concentration, as well as ferritin levels, as an indicator of iron deficiency. The researchers found that low-dose aspirin led to increased incident anemia in otherwise healthy older adults at enrollment, independent of major bleeding.

Previous ASPREE data analyses suggested daily low-dose aspirin does not decrease risk for dementia and cognitive decline; and that daily low-dose aspirin had no effect on healthy lifespan in older people.

ASPREE, a joint U.S. and Australian research project aimed at determining the effect of low-dose aspirin on survival without dementia or disability, began in 2010 and completed recruitment in 2014. It was a randomized, double-blind, placebo-controlled, primary prevention trial of daily 100 mg of aspirin in a population of healthy older people in the U.S. and Australia with a period of treatment averaging 4.5 years. The trial involving 19,114 people ages 65 and older was distinctive for its size, methodological rigor, and high participant retention rate in both countries.

## Screening Newborns for Deadly Immune Disease Saves Lives

Introducing widespread screening of newborns for a deadly disease called severe combined immunodeficiency (SCID), followed by early treatment boosted the five-year survival rate of

children with the disorder from 73% before the advent of screening to 87% since, researchers report.

Among children whose disease was suspected because of newborn screening rather than illness or family history, 92.5% survived five years or more after treatment. These findings demonstrate for the first time that newborn screening facilitated the early identification of infants with SCID, leading to prompt treatment before life-threatening infections occurred and thereby increasing the proportion of children who survived to age 5 or beyond.

Researchers at NIAID and colleagues led the retrospective study, which *The Lancet* published June 20.

“This study definitively shows that population-wide newborn screening for SCID has made it possible to save the lives of many more children with the disorder than ever before,” said NIAID Acting Director Dr. Hugh Auchincloss. “We hope these findings will encourage more countries to screen newborns for this devastating disease.”



A healthcare worker collects a few drops of blood from a pinprick to a newborn's heel for use in a test to screen the baby for an inherited disorder. The newborn screening test for SCID uses blood collected the same way.

PHOTO: ERIC T. SHELTER/U.S. AIR FORCE

SCID is a rare disorder caused by mutations in genes involved in the development and function of infection-fighting immune cells. Infants with SCID appear healthy at birth but are highly susceptible to severe infections. The condition is fatal, usually within the first year or two of life, unless the infant receives an immune-restoring treatment such as a stem-cell transplant, gene therapy or enzyme therapy.

Forty to 80 babies in the United States and Canada are diagnosed with SCID annually. The number of babies born with the disorder globally is unknown because most countries do not yet screen for SCID. Incidence ranges from 1 infant per 2,000 live births in regions where inbreeding is common to 1 per 60,000 live births where it is not.

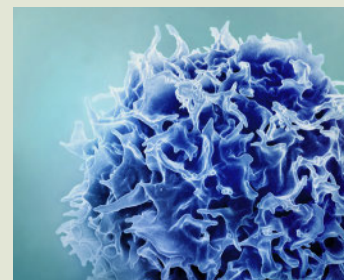
NIH scientists developed a newborn screening test for SCID in 2005. The test's gradual adoption has made it possible to detect the disease in

infants before symptoms appear, take steps to prevent infection and provide life-saving treatment early.

## Potential Treatment for Rare Autoimmune Disorder Adapted from CAR-T Therapy

NIH-supported trial first step in developing new approach to treat myasthenia gravis.

Evidence from a small-scale clinical trial suggests that a variation of the advanced blood cancer immunotherapy known as CAR-T could be adapted to treat myasthenia gravis, an autoimmune disorder of the nervous system.



Colorized scanning electron micrograph of a T lymphocyte (also known as a T cell) (blue).

PHOTO: NIAID

The modified CAR-T therapy, short

for chimeric antigen receptor T-cell, used by scientists offers the potential for a longer-lasting reduction in myasthenia gravis symptoms and was well-tolerated without significant adverse effects. The study, published in *The Lancet Neurology*, was supported by a small business grant from NINDS and sponsored by Cartesian Therapeutics of Gaithersburg, Md.

“Repurposing a groundbreaking therapy such as CAR-T to potentially treat a neurological disorder shows the versatility of immunotherapies in instances where there are limited to no treatment options,” said Dr. Emily Caporello, director of the NINDS Small Business Program.

Myasthenia gravis is a chronic autoimmune disorder most often caused when the body's immune system attacks a protein found where nerve cells communicate with muscles. The disease is marked by muscle weakness that worsens after periods of activity and can improve somewhat after rest. Current treatments focus on controlling symptoms, primarily muscle weakness.

In the study, 14 people with generalized myasthenia gravis received varying doses of a modified form of CAR-T therapy, known as Descartes-08, targeting the cells responsible for producing myasthenia gravis-causing antibodies. The ideal dosage was determined to be once weekly for six weeks. Early data on the effectiveness of the treatment are promising, but additional clinical studies are needed to evaluate the therapy's efficacy.



## CSR Celebrates Caribbean American Heritage Month

The Center for Scientific Review (CSR) hosted its second annual Juneteenth/Caribbean American Heritage Month Festival on June 14. The celebration—using the theme “Honoring Our Journey, Shaping Our Future”—had been set to be held on the back deck of Rockledge II, but was relocated inside, due to rainy weather. Outdoor conditions did not dampen the event, which featured Caribbean cuisine by Gwennie Trina Style Cooking and music of the region. The festival was jointly sponsored by the center’s IDEA Council and activities & events committee.

PHOTOS: ALLAN PHILIP/CSR

The CSR celebration brought together leaders from several NIH components, including (at left above) CSR Deputy Director Dr. Bruce Reed (third from r) and EDI Director Kevin Williams (second from r).



## Juneteenth Flag Raised at Bldg. 1

The Juneteenth flag was raised on June 20 in front of Bldg. 1 on NIH’s Bethesda campus. A brief ceremony with remarks by several attendees preceded the flag raising, which was one of several events marking the holiday in and around the NIH community. Read about the flag’s design at: <https://tinyurl.com/32zxhsmc>.