

Still The Second Best Thing About Payday

## Exit Interview

### Varmus Leaves NIH with Vision For Enhancing New York Biotech

By Rich McManus  
(First of two parts)

A week before he left the directorship of NIH to take over as president of Memorial Sloan-Kettering Cancer Center in New York City, Dr. Harold Varmus spent 100 minutes in a wide-ranging interview with several journalists in a Bldg. 1 conference room. Though the session was slated to last only an hour, Varmus seemed expansive, energetic and ready for new challenges—all distinguishing facets of his 6 years as NIH director. The session was probably typical for meetings with Varmus; he was blunt, voluble, broadly informed and precise. He wasn't "packing up his things," in Rm. 126, but "reorganizing." He confided at one point that his wife accuses him of lacking neurons for nostalgia; the move to New York City, like the exit from San Francisco that brought him to NIH, is not an occasion for brooding, but a fresh opportunity to exercise his adaptability.

#### What will you miss about this place?

Biking to work...there are many people I'm going to miss...It's not as though I feel I'm going from the best job in the world to a lousy job. I feel like I'm going from a very good job to another very good job, and with lots of challenges. My wife complains that I don't have too many nostalgia neurons and I don't weep for San Francisco every day. People say, 'How can you possibly leave the Bay area to come here?' Well, you know, weather is not the major thing that influences my life. I'm pretty adaptable. And I see lots of good things about being in San Francisco, being in Washington, and being in New York. Now, people say 'You won't be able to ride to

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## Final Meeting as NIH Director

### Varmus, Advisors Discuss Budget Growth, Construction at 79th ACD

By Carla Garnett

With the ink not yet dry on NIH's fourth-straight large budget increase, Dr. Harold Varmus presided over his 13th and final meeting of the advisory committee to the NIH director (ACD) on Dec. 2. President Clinton had signed just a week earlier the FY 2000 omnibus spending bill that represented another step closer to the goal of some advocates to double the agency's appropriation by 2004. The ACD meeting agenda was chock-full of presentations and discussions about concrete ways—particularly construction projects both intramural and extramural—to spend the latest and any future largesse.

As is customary, Varmus spent the opening minutes of the meeting giving his advisors a summary of events since their last gathering. He welcomed several new official ACD members including Phillip Williams, retired vice chair of the Times Mirror Co., who had served previously as an ad hoc ACD member; and Dr. Don Wilson, vice president for medical affairs and dean of the

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#### Comic, Highbrow Fun

### Director's Farewell Leaves Crowd Laughing through Tears

By Rich McManus

This is what happens when the *Saturday Night Live* generation bids adieu to a hero: the "Farewell and Tribute to Harold Varmus" on Dec.

16 in a crowded Masur Auditorium featured heartfelt sincerity, videotaped greetings from President Clinton and Rep. John Porter, a cracklingly witty segment of videotaped reminiscences from Varmus hires and associates, a

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NIH director Dr. Harold Varmus admires commemorative T-shirt as (from l) Dr. Ruth Kirschstein, Varmus's wife Connie, and HHS Secretary Donna Shalala look on.



Dear Editor,

Do you walk and jog on the sidewalk or in the roadway? With all the construction on the NIH campus, pedestrians and drivers must use increased caution to avoid life-threatening collisions. Many areas around construction sites have diminished visual fields from fences and construction equipment, and several sidewalks have been blocked or removed on the construction side of the street. However, NIH has seen fit to provide safe sidewalks on both sides of the street but pedestrians don't seem to be able to adjust their accustomed path of travel.

The area of South Drive between Bldg. 9 and the construction site of Bldg. 50 is particularly hazardous. This high-traffic area is the main thoroughfare where Metro riders walk to the subway and bus stops, and is also a main drive for automobiles through NIH. On the Bldg. 50 side of the street, there is no sidewalk and construction fencing comes all the way out to the curb. On the Bldg. 9 side, a perfectly good although heavily traveled sidewalk parallels the same roadway but many pedestrians insist on walking in the road where heavy traffic must swerve toward oncoming cars to avoid hitting pedestrians.

The area of Center and West Drives is another area where pedestrians seem to enjoy playing a dangerous game of chicken with automobiles. One man was seen daily walking down the entire length of West Drive on the center double yellow line, completely ignoring the sidewalk that ran past the Children's Inn. Recently, a jogger was seen jogging down the middle of Center Drive, as three cars and one large van approached him head-on. An empty sidewalk was available on the other side of the road but he foolishly insisted on using the middle of the road.

Something is very wrong with a society that places

individual selfishness and thrill-seeking above the general safety of all. Pedestrians obviously do not realize that they do not automatically have the right-of-way. Pedestrians only have the right-of-way in controlled intersections and marked crosswalks. That preference is limited and the pedestrian has a specific duty to exercise good judgment by not entering the path of a vehicle that is so close that it is impossible for the driver to yield. A pedestrian crossing a roadway at any other point must yield to any approaching vehicle.

If this doesn't get through to you jaywalking pedestrians, remember this: being right or wrong won't get you out of a hospital bed or a coffin. It won't fix a damaged brain or make paralyzed limbs move again. You have far more control over your feet than a driver has over a heavy automobile. Use some common sense and get on the sidewalk where it's safe.

Joan E. Kraft, NINDS

### Healthy Mothers Needed

The Pediatrics and Developmental Neuropsychiatry Branch, NIMH, seeks right-handed mothers age 20-40 with nonadopted, first-born children age 5-12 to participate in an fMRI study on the visual processing of faces. Volunteers should have no history of medical or psychiatric disorders, and should not be taking prescription medication (including birth control pills). The first-born children of volunteers should have no history of psychiatric illness or chronic medical problems. Volunteers must have normal vision or wear contacts. Participation requires a 2-hour screening interview, a followup visit, and a 3-hour visit for fMRI scan. Participants will be paid. For information, call Lisa Kalik or Neil Santiago at 496-8381. ■

Dr. Ángela Pattatucci recently joined the Center for Scientific Review as scientific review administrator for two study sections in the AIDS and related research integrated review group. These sections review applications in the areas of behavioral science, prevention and epidemiology. She received postdoctoral training at NIH in epidemiology and behavior genetics, spending 2 years with NICHD and an additional 2 years with NCI and the Clinical Center. Hailing from Puerto Rico, she then spent 2 years as professor of epidemiology and experimental psychology at the Ponce School of Medicine in Puerto Rico. This was followed by 3 years at the University of Puerto Rico as professor of psychology and sociology, and also as director of evaluation and assessment for the Puerto Rico Statewide Systemic Initiative (SSI), University of Puerto Rico. The SSI program, aimed at all public school students in Puerto Rico, is an intervention designed to increase students' knowl-



edge and skills in science and mathematics. Pattatucci also recently completed a 1-year visiting professorship at the University of Louisville in women's studies and psychology, prior to joining CSR. She has a broad range of publications, including her book entitled *Women in Science: Meeting Career Challenges*, which has been used as a textbook in undergraduate and graduate school.

## N I H R E C O R D

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## Bloom To Give Dyer Lecture

What has a laboratory scientist learned from a 1-year crash course as dean of a school of public health? Dr. Barry Bloom, this year's R.E. Dyer Lecturer, found that while Americans are benevolent toward biomedical research, we are surprisingly unaware of its translation into public health measures. In 1996, he



Dr. Barry Bloom

says, one poll indicated the vast majority of Americans were prepared to spend a dollar a week to support biomedical research, while another showed that fewer than 10 percent of us understood the concept of public health—its mission, its history and its achievements.

So, in this year's Dyer Lecture, entitled "A View of Public Health and Biomedical Research," Bloom, dean of the Harvard School of Public Health and professor of immunology and infectious disease, will reflect on the historical relationship between the two disciplines and how rapid changes in biomedical research might alter it. Where, he asks, does a global understanding of disease and its prevention fit in to the health picture? Can and should NIH expand its emphasis on public health? The talk will be presented on Wednesday, Jan. 26, from 3 to 4 p.m., in Masur Auditorium, Bldg. 10.

An immunologist and microbiologist engaged in research on infectious diseases and vaccines, Bloom received his B.A. and an honorary Sc.D. from Amherst College, and his Ph.D. from the Rockefeller University. Prior to coming to Harvard, he was an investigator at the Howard Hughes Medical Institute and held the title of Weinstock professor of microbiology and immunology at Albert Einstein College of Medicine in New York. Bloom has served on committees of the World Health Organization, served as a consultant to the White House, been a member of the U.S. national vaccine advisory council of NIAID, and chairs the board of trustees of the newly established International Vaccine Institute. He is a councillor of the governing board of the Institute of Medicine, and is a member of the American Academy of Arts and Sciences and the National Academy of Sciences.

No registration or fees are required. All attendees are invited to a reception for Bloom at the end of the presentation. For more information and reasonable accommodation, call Hilda Madine at 594-5595. ■

## CAWMSET Comes to NIH

NIH acting director Dr. Ruth Kirschstein welcomed members of the Commission on the Advancement of Women and Minorities in Science, Engineering, and Technology (CAWMSET), which held part of its Dec. 6-8 meeting on NIH's Bethesda campus. Established by Congress in October 1998, CAWMSET's charge is to research and recommend ways to improve the recruitment, retention and representation of women, minorities and persons with disabilities in science, engineering and technology education and employment.

Noting the involvement in and financial support of the commission's work by NIH's Office of Research



CAWMSET Chair Elaine Mendoza (l) and NIH acting director Dr. Ruth Kirschstein open a morning session.

on Women's Health and Office of Research on Minority Health, Kirschstein said, "NIH is devoted to the activities that this commission represents." She also mentioned briefly a concern that NIH has been grappling with

for several years: finding ways to address and improve health disparities among the nation's minority populations. "There is no question that the health of the minority populations is far poorer than the health of the majority population," she said. NIH is determined to help close the gaps in health status, she concluded.

"Since day one, NIH has supported our work," remarked CAWMSET Chair Elaine Mendoza, president/CEO of Conceptual Mindworks, Inc., in San Antonio, Tex.

At the 3-day event, commissioners discussed affirmative action and diversity within the sciences, heard presentations from communications firms on strategies to reach the public as well as special populations, and developed its draft report to Congress. ■



Kirschstein addresses the commission as CAWMSET vice chair Dr. Kathryn Johnson looks on.

## Chamber Music Concert, Jan. 16

The Rock Creek Chamber Players will give their first concert of the year 2000 at 3 p.m. on Sunday, Jan. 16 in the 14th floor assembly hall at the Clinical Center, sponsored by the recreation therapy section. The free public program will include two Mozart works—his flute quartet in C major and his clarinet quintet—as well as Brahms' two alto songs with viola and four Berg clarinet/piano pieces. For information call (202) 337-8710.

### Schizophrenia Run in Your Family?

The Clinical Brain Disorders Branch, NIMH, is currently accepting applications for two studies: an extensive 6-month study of adults with schizophrenia and a 2-day genetic study of siblings. If you or someone you love suffers from schizophrenia, you are invited to learn about the opportunities that may be available to you and/or your family by calling Mary Weirich at 435-8974.

'CPR Saves Lives'

### Quick Response Lauded in Medical Emergency

In the middle of an off-campus NIH meeting, several participants suddenly found themselves battling a life-threatening medical emergency that served as a more powerful testament to NIH's mission than any federal policy session ever could. Months later, one participant is glad to be alive, and others are being hailed as heroes.

On Oct. 22, Dr. David Frohnmayer, president of the University of Oregon and a member of NIH's Council of Public Representatives (COPR), was attending a meeting at a Bethesda hotel. As a member of a working group assigned to review NIH's research accomplishments as part of the agency's compliance with the Government Performance and Results Act, Frohnmayer was giving remarks when he suddenly collapsed. In moments, he was unconscious and in apparent cardiac arrest.

Led by Dr. Greg Downing, a pediatrician and former Bldg. 49 lab worker who now is a science policy analyst in NIH's Office of Science Policy, a team of onlookers that included Dr. Jacqueline Jones of Cornell University Medical College and an ad hoc working group member; Dr. Ting-Kai Li, distinguished professor at Indiana University and a member of the advisory committee to the NIH director; and other COPR members Dr. Melanie Dreher of the University of Iowa, and Dr. Mary desVignes-Kendrick of Houston, initiated resuscitation efforts. When the rescue squad arrived, an electrocardiogram showed Frohnmayer was experiencing an abnormal electrical rhythm of the heart beat that prevents the heart from effectively pumping blood. Despite multiple defibrillation attempts, his heart remained in the abnormal rhythm. CPR was administered for about a half hour until he was transported to Suburban Hospital, where a normal heart rate was restored with the help of additional antiarrhythmic medications.

"There is a pertinent message for all of the NIH community in this unfortunate event that luckily had a miraculous outcome—that is the importance of knowing CPR skills," noted Downing. "There were some who used this experience to point out the need for defibrillators in public places. The fact is that Mr. Frohnmayer was defibrillated seven times, but did not recover until additional antiarrhythmic drugs were administered at the hospital. The point sometimes gets lost in discussions about defibrillators that they only work in the field about 30 to 40 percent of the time and that CPR is needed to sustain life until more advanced levels of care can be provided. The bottom line here is that CPR saves lives, and public awareness of the need for these skills is still important."

Cardiac care specialists determined that Frohnmayer, who had previously been in good

health and undergone an extensive physical only a month before, had had neither a heart attack nor a congenital heart problem and that the cause of the nearly fatal arrhythmia was unknown. He made a full recovery despite the extensive time his heart was in fibrillation, and had a defibrillator implanted in his heart to thwart any life-threatening arrhythmias should they recur. Downing noted that NIH has a rich investment in the research that developed the implantable defibrillators. Frohnmayer returned to directing the University of Oregon several weeks ago, and has resumed normal daily activities.

"He is truly lucky to have survived, and to come through this without any neurological injury is absolutely extraordinary," remarked Downing.

Still, a number of witnesses and Frohnmayer himself credit Downing's extraordinary lifesaving effort.

"Greg Downing served a pivotal role in the cardiopulmonary resuscitation effort," said Li. "He performed cardiac compression expertly and untiringly over a sustained period of time. Without him, I'm certain the resuscitation would not have had as outstanding an outcome as it did."

Frohnmayer, in a letter to NIH director Dr. Harold Varmus, said he would be delighted to recognize "Greg's heroism. I quite literally owe my life to him."

However, Downing demurs at efforts to acknowledge him for what he considers his job. "I am happy to have been able to have been of assistance that day," he concluded, "but I was simply doing what I am trained to do." ■



The 20th annual American Indian Science and Engineering Society (AISES) conference was held in Minneapolis recently, and seven NIH institutes participated—NCI, NIAID, NICHD, NIDA, NIDCR, NIEHS and NINDS, as did the NIH Office of Loan Repayment and Scholarship. Above, AISES Executive Director Sandra Begay-Campbell (c) visits the National Institute on Drug Abuse booth staffed by Richard C. Harrison, chief, NIDA Contracts Review Branch and a member of the Osage Tribe (Oklahoma) and Rosemary C. Pettis, NIDA EEO officer.



### Custom Rodents, COX-2 Show Value Against Skin Cancers

Basal cell carcinoma (BCC), the most common of all human cancers, affects 750,000 Americans a year. In fact, estimates are that one in three Caucasians born in the U.S. after 1994 will develop such a skin cancer in their lifetime. Despite these sobering statistics, however, the battle against this and other tumor-producing skin cancers like squamous cell carcinoma (SCC) has just taken a turn for the better. With support from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, scientists have notched two recent victories: the first mouse model of human BCC and a reduction in mouse SCC tumors by the COX-2 inhibitor celecoxib.

At least one mouse model of skin cancer—that of SCC—has been created experimentally by exposure to ultraviolet light. This model has yielded much information about the genetic and cellular components of the disease. But until recently, scientists had been unable to produce BCC-like tumors in mice either through chemicals, UV light exposure or ionizing radiation. Now, the University of California, San Francisco's Dr. Michelle Aszterbaum and her colleagues have found that *ptch*<sup>+/-</sup> mice, which have an alteration in the tumor suppressor gene, develop a high incidence of BCC-like tumors in response to chronic UV exposure or a single dose of ionizing radiation. This discovery confirms the importance of protecting against UV and radiation in preventing human skin cancer. And because this new mouse model can reproduce tumors that have similarities to BCC tumors, it is ideal for testing gene therapy, chemoprevention and chemotherapy against human tumors.

At the University of Rochester Medical Center, Dr. Alice Pentland and her colleagues have used another laboratory mouse—the hairless mouse—to move toward improved treatment for SCC. In their study, mice with SCC tumors produced by previous UV light exposure were divided into two groups: a control group and one fed a diet containing celecoxib, a new COX-2 inhibitor used in the treatment of arthritis. (COX-2 inhibitors block an enzyme known to stimulate inflammation in the body.) After 10 weeks, the mice fed the celecoxib diet had about half the number of tumors present in the control group. The drug was most effective at reducing new SCC tumor formation, suggesting that celecoxib might be a useful way to prevent some human skin cancers resulting from previous UV light exposure. However, additional studies need to be done.

"These two studies will definitely help us bring skin tumors into sharper focus," said NIAMS director Dr. Stephen Katz.—Ray Fleming ■

### NIEHS HQ Renamed to Honor Rall

The NIEHS headquarters and laboratory Bldg. 101 in Research Triangle Park, N.C., has been renamed the Rall Bldg. in honor of former NIEHS director Dr. David Platt Rall, who died Sept. 28 after an automobile collision. Both NIH and Rep. David Obey of Wisconsin had recommended the designation, which was approved by HHS.

NIH deputy director Dr. Ruth Kirschstein made the announcement last month at a memorial service honoring Rall; she said Rall "schooled me" in how to be an institute director and was the "soul of integrity in his concerns for the public."

Among other things, she said, Rall taught her that you could answer a question at a congressional committee by saying, "I don't know—I'll get that information for you," rather than jumping into a statement you might regret later.

Obey said he first met Rall in 1973 when he was testifying on asbestos' dangers. Without any knowledge of a risk, the congressman as a young man had worked with the mineral in his father's business. Back then, he said, "Johns-Mansfield knew the problems of asbestos, but I didn't."

Obey said Rall helped create NIEHS and the National Toxicology Program, which is headquartered there, as "the premier source of environmental toxicology in the world today."

Current NIEHS director Dr. Kenneth Olden agreed and said, "Dr. Rall inherited an NIEHS in its infancy and framed the questions and shaped the institute. There was no template. NIEHS was a trailer camp in the woods of North Carolina when Dr. Rall arrived." ■

### Gene Found for Papillon-Lefevre Syndrome

An international team of scientists has tracked down the gene responsible for Papillon-Lefevre syndrome (PLS), a rare but devastating condition that produces areas of thick, cracked skin and causes people to lose all their teeth by the time they are young adults. The rapid loss of both baby and permanent teeth mirrors the most severe forms of periodontal (gum) disease. The investigators feel that identification of the gene for PLS may help determine the process by which periodontal disease attacks the general population.

Dr. Thomas Hart of the University of Pittsburgh directed the study that examined the DNA from five Turkish families that had both normal and PLS-affected members. By following the inheritance pattern of known DNA markers, the responsible gene was narrowed to a small region of chromosome 11. A detailed analysis of this region found mutations in the gene that codes for an enzyme called cathepsin C. The study, which was supported by NIDCR, appeared in the December issue of the *Journal of Medical Genetics*.

"The identification of cathepsin C mutations in PLS will help scientists to better understand both normal and abnormal development of the skin and gums," said Hart. "Understanding how defective cathepsin C causes destruction of the gums in PLS may help us understand what causes more common forms of periodontal disease."

FAREWELL, CONTINUED FROM PAGE 1

typically broad-looking and informative—poetic, even—reflection on leavetaking by Varmus, and lastly a trio of rock-and-roll numbers by The Directors, whose lyrics urged their esteemed leader to “stay, just a little bit longer.”

The 70-minute ceremony began from the heart—emcee Dr. Anthony Fauci, NIAID director, announced, “We are here today for the bittersweet task of celebrating and saying goodbye to an extraordinary man,” noting that Varmus has been at NIH for “6 years, 23 days—and counting.” He then recalled a meeting 3 years ago with Varmus, when Fauci brought him “an issue combining scientific, policy and budget aspects. As usual, Harold Varmus was interesting, informative and decisive. The meeting was a combination of tension and anticipation, but at the same time it was totally relaxing. It was so much fun to spend any amount of time with him. We were lucky to have him as director, colleague and friend.”

Fauci confided that, walking back to Bldg. 31 after the meeting, he felt “a vague feeling of sadness. It was an intangible sense of living through an unusually happy time, and then the realization that it, unfortunately, cannot last forever.” He recalled Beatle George Harrison’s album *All Things Must Pass*, but determined not to “dwell on the sadness. My thought was to just keep enjoying what all of us here were so lucky to have.

“Although your daily physical presence here at NIH will be missed,” he continued, addressing Varmus, “your influence, impact and spirit will not pass, for you have assumed a permanent place on this campus. You demanded nothing short of excellence, and drove us to perform at the highest possible level.” Fauci said Varmus introduced “creative tension (that) became a part of our daily life here” and that Varmus’ term as director is “the highlight of my long NIH experience.” He thanked Varmus’s wife Connie, who was present on the stage, and their two sons with giving

Varmus “the joy, love and comfort that made you a better person for us to benefit from,” and said Varmus raised morale “to a new and unprecedented level. It was already outstanding before you came, but you made it much, much better. For this we owe a

great debt of gratitude, and a heartfelt thank you.”

As Varmus reached across the stage to shake Fauci’s hand, the first of two cameo appearances by politicians on videotape occurred; Rep. John Porter (R-Ill.), chairman of the house appropriations committee overseeing NIH, said he was “sorry I can’t be there as you ride off into the sunset,” but lauded the many achievements of the Varmus era. “You have done magnificently for all of us,” he said. “We are proud to have been foot soldiers in your army of biomedical advancement.”



The director offers views on leavetaking.

Next came a comic video segment in which institute and center directors hired by Varmus, or members of his Bldg. 1 coterie, appeared in short clips offering facetious answers to such questions as “What convinced you to accept Varmus’s offer of employment?” (“The Armani suits he wore,” deadpanned NIDCD director Dr. James Battey), “What have you learned from working with him?” (“He really doesn’t ride his bicycle 12 miles to work each morning—he gets a ride to within a block of NIH, then gets out and pedals the last 12 feet, then sprays on some sweat,” reported Marc Smolonsky, NIH associate director for legislative policy and analysis) and “What advice would you give to those who will work for Harold Varmus in the future?” (“Never use ‘impact’ as a verb,” counseled CSR director Dr. Ellie Ehrenfeld. “Try not to b.s. him—it doesn’t work,” warned NIGMS director Dr. Marvin Cassman.)

NCI director Dr. Rick Klausner then toured highlights of Varmus’s directorship through a series of real photographs (including Varmus with Hillary Clinton at the 1998 State of the Union address; “It was sort of like *Zelig*—what is he doing there?” quipped Klausner) and doctored ones (including Varmus as King Kong waging war with clinical department heads at Memorial Sloan-Kettering from atop the Empire State Bldg.)

“This has been a marvelous time of accomplishments, laughter, and being challenged,” Klausner concluded. “And Harold, we will deeply miss your presence here.”

NIH deputy director (now acting director) Dr. Ruth Kirschstein then introduced HHS Secretary Donna



Shalala pays tribute to Varmus.



NCI director Dr. Rick Klausner sheds his shirt to reveal rock T-shirt.

PHOTOS: BILL BRANSON

The faces of Bldg. 1 staff were edited into this photo of the terra cotta likenesses of Chinese Emperor Qin Shihuang’s lieutenants, which were buried with him at the end of his reign.



Shalala, to the first standing ovation of the afternoon. "I do consider this my campus," Shalala noted. "Now, if you only had a Division I football team I'd be very comfortable."

The secretary surprised the audience by immediately introducing the President of the United States. As the audience looked toward the stage curtains, expecting perhaps an impromptu visit, a videotaped greeting from Bill Clinton rolled. The President credited Varmus with "quickly cracking NIH's genetic code" and lauded a variety of achievements before concluding, "A grateful nation will be forever in your debt. Good luck and Godspeed."

Shalala recalled details of recruiting Varmus to NIH, including a consultation with the late Nobel laureate Howard Temin at the University of Wisconsin. "He whispered 'Varmus. NIH and Varmus.'"

"Nothing could have prepared me for my first meeting with Dr. Varmus," Shalala said. "I was expecting some incoherent, bookish type, and what I found was the consummate schmoozer. He had an

infectious intellectual curiosity, abundant energy and a titanium bike. The only drawback I could find was his taste in clothes."

Her tone warmed: "Harold Varmus has changed Washington. He was the right person at the right time. It has been my experience that the appointment of one individual doesn't usually make a huge difference, but this time it did. His commitment to quality and excellence in science will be the lasting legacy of the last part of this century. He probably won't win the Nobel prize again, because his achievements are ultimately broader than any single

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Clapping along to the music of *The Directors are* (from *I*) Kirschstein, Connie and Harold Varmus, Shalala and Fauci.

### Directors Send Varmus Off in Song

Hoping to ease the pain of Harold Varmus's leavetaking, The Directors "interrupted their world tour" to perform a salute to their beloved boss, said NCI director Dr. Rick Klausner. "So that Harold will leave with a smile on his face, I present to you the band none of you have heard of, and that few of you will want to have heard. No one can leave, by the way." "Yeah, the doors are locked!" said guitarist Dr. Francis Collins, NHGRI director.

#### To the tune of *Last Kiss*

Chorus: *Oh where oh where can that Harold be?  
Paul Marks took him away from me  
He's leaving heaven so he's got to be good,  
So he can get grant funding like he thinks he should  
He biked to town, Nobel Prize in his hand  
Thought he'd returned to the promised land  
Went to the Congress and said "Show me the money"  
But in '94 there was no milk and honey  
He hunkered down, talked 'bout a steady state  
But it really bugged him, what a terrible fate!  
So he pressed on and said "Look what we do -  
Medical research is good for you."*

Chorus

*Six years have passed since we first saw his face  
Buildings are sprouting all over the place  
Now science rules, it's a new world order  
Thanks to Specter, Harkin, Obey, and Porter  
He's left his mark, he's nobody's fool  
Let's not discuss the graduate school  
Clad in spandex, he's plunged on ahead  
With cre-lox, stem cells, and E-Biomed.*

#### To the tune of *Teen Angel*

*We knew the day would someday come when you'd be  
lured away  
There are some perks for leading us, but probably not the  
pay.  
Chorus: Oh Harold, can you hear us, will this song endear  
us?*

*The Big Apple's not that great, you can stay, it's not too late.  
We know that you have lots of plans up there in New York town  
But did you know you had to do night call and daily rounds?*

Chorus

*And when they show the books to you, and black ink turns to red  
That Senate seat's not settled yet, just run for that instead.*

Alternate Chorus: *Memorial Sloan-Kettering, Harold will be your bettering  
But raising funds is moot, he only owns a single suit.*

Chorus

*Oh Harold, Oh Harold, Enjoy your loot!*

#### To the tune of *Stay*

*Harold, stay, just a little bit longer,  
Won't you play just a little bit longer?  
Well Donna don't mind,  
And the Congress don't mind,  
If you take a little time, just to keep the budget fine,  
do it one more time.*

*Oh won't you stay, just a little bit longer?*

*Please, please, please  
say you will.  
Now the White  
House don't mind  
and the Directors  
don't mind  
and the postdocs  
don't mind  
and the PIs don't  
mind  
and Vida don't mind  
but Connie she might  
mind*

*If you take a little  
time, just to keep  
the budget fine,  
do it one more time  
Oh won't you stay,  
just a little bit  
longer?*

*Please, please, please, say you will  
Come on, come on, come on, stay.*



The Directors are (from l) NICHD senior investigator Dr. Tracy Rouault, NIAMS director Dr. Stephen Katz, NHGRI director Dr. Francis Collins, NCI director Dr. Rick Klausner, NICHD postdoc Chuck Allerson and NIAMS scientist Dr. John O'Shea.

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field—the sheer breadth of his exploration has been astonishing...We honor his enthusiasm for building science, and for building buildings, for it is true—Harold Varmus has an edifice complex.”

Shalala said Varmus “has literally revolutionized the value of research in this country, which will last for years to come. Harold Varmus has ennobled this job. We will miss your humor and your humanity, but your impact will be felt no matter where you park your bicycle.”

The director then rose, to a standing ovation, to offer reflections. “I can envision myself sitting in a nursing home, watching a video of this event on TV someday,” he joked. But he quickly became philosophic, noting that the sadness of leavetaking is “life’s common, banal lesson. Even birth is a sad departure from the warmth of the womb.” He said he’s been “mildly obsessed with the problem of leavetaking, and the proper ‘way to go,’” in recent weeks. A trip to



*Whimsical artwork announcing the farewell included caricature of Varmus biking to a new job.*

China provided him with a range of artistic representations of departure, from Emperor Qin Shihuang’s elaborate exit plans of 2,200 years ago (he had 8,000 life-size terra cotta likenesses of his regiment leaders and top staff buried with him—Varmus showed both real slides of this archaeological find, plus doctored images of his own IC directors and OD staff faces superimposed on the sculptures) to a more “soothing” image of departure from the Ming dynasty (a landscape, common for its time, of an honored civil servant bidding farewell to a clutch of associates at water’s edge before embarking by sailboat). As the slides on the screen focused closer and closer on details of the portrait, Varmus acknowledged that he is about to “head across a wide distance,” but emphasized the good humor and seriousness of purpose that has characterized his stay. “It is a good way to go,” he insisted, “a prelude to the pleasures of an arrival elsewhere.”

Having elevated the tone of the proceedings to the poetic, Varmus waved to acknowledge the day’s third standing ovation, then made way for The Directors, introduced by Klausner, who stripped down to a black commemorative T-shirt while introducing bandmates Francis “Human Genome” Collins and Steve “Blind Lemon” Katz (along with crack session musicians John O’Shea, Tracey Rouault and Chuck Allerson). The group raced through three tunes (see sidebar) as the audience clapped along.

As the ceremony drew to a close with presentation of a band T-shirt to Varmus and group photographs, someone in the audience remarked, “This kind of thing will never happen here again.” To which his companion replied, “No, it won’t.” ■

ACD MEETING, CONTINUED FROM PAGE 1

University of Maryland School of Medicine. Varmus also announced a few appointments within NIH: Dr. Stephen Straus as director of the National Center for Complementary and Alternative Medicine, Dr. Allen Spiegel as NIDDK director and Sue Quantius as NIH associate director for budget.

Finally, upcoming departures were acknowledged: NIDCR director Dr. Harold Slavkin will leave NIH in June to head the University of Southern California Dental School; Dr. Norman Anderson, director of the Office of Behavioral and Social Sciences Research, leaves in March for a professorship at Harvard University’s School of Public Health; and Varmus himself moved on, ending his sixth year as NIH director to take the reins of New York City’s Memorial Sloan-Kettering Cancer Center in February. Also noted was the departure of Rep. John Porter (R-Ill.), who left Congress last year. Varmus hailed Porter—longtime chair of the House of Representatives committee that oversaw NIH—as “one of the great champions of NIH” and credited him for being instrumental in acquiring via legislation the tremendous prosperity the agency has enjoyed in recent years.

#### Construction On Campus and Off

“In view of NIH’s prosperity and the number of projects in progress and projected both here and around the country,” Varmus said, “I thought it would be useful to think about how NIH supports construction and renovation, and what more we ought to be doing. We’re developing our 2001 budget and planning for 2002. This seems like an auspicious time to consider whether the ways we currently support infrastructural needs are sufficient, or whether we should be pressing for even greater increases in the amount of money we can supply to extramural institutions’ construction activities or to projects we can carry out here on campus.”

Updates on several intramural building projects were presented, including the Clinical Research Center, the Louis Stokes Laboratories Bldg., and the Vaccine Research Center. In addition, a new project was proposed to occupy what is currently Bldg. 35.

Institute directors Dr. Gerald Fischbach of NINDS and Dr. Steven Hyman of NIMH recommended the formation of an “integrated neuroscience research” program that could be housed by 2004 in a 200,000-square-foot Neuroscience Center on campus. The new center would bring together researchers from several institutes including NINDS, NIMH, NIAAA, NIDA, NIDCD and NIA.

Taking for example the molecule dopamine—which has implications in NINDS’s Parkinson’s disease research, NIAAA’s and NIDA’s drug addiction and reward research, and NIMH’s emotion and mood disorder research—Hyman explained, “It’s patently ridiculous to divide investigators who are

interested in the action of this molecule into different buildings—even different intellectual universes—by virtue of the accident of where we divided up the clinical sciences years ago. It will lead to enormous progress both in terms of the basic science, but also in terms of the translation of discovery into clinical therapeutics by bringing these scientists together. We would like to create a model that goes from molecule to behavior to clinical application.”

Citing the cost of renting off-campus lab space coupled with the need for scientists to interact with those doing similar work, Hyman continued, “There are other benefits that are less intellectual and lofty and more financial. There is this broad intellectual vision, but there is also a very practical aspect to this.”

“I think this was the most exciting thing that I have read about in all the time that I have been

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**“It’s important that those of us who are charged with seeing technological improvements in medicine not lose sight of the fact that public health goals are paramount.”**

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involved with this group,” enthused Dr. Shirley Tilghman, a professor in Princeton University’s department of molecular biology and ACD member. “This is really spectacular. The spirit of cooperation that [Varmus has] obviously been able to incite here is exactly what this problem is going to need in the future.”

Attendees also heard from three presenters about planning and budgeting for extramural building projects: Dr. David Kaufman, president of the Federation of American Societies for Experimental Biology, gave a needs assessment for research institutions; Quantius offered a legislative proposal for NIH’s support of such needs; and Dr. Wendy Baldwin, NIH deputy director for extramural research, explained the role of NIH funding in outside construction matters.

#### Issues in the News

Two other topics that were discussed during the ACD meeting coincidentally were also being covered in the media that day: NIH had released the first-ever proposed guidelines for stem cell research on Dec. 1; and the annual meeting of the recombinant DNA advisory committee (RAC) was scheduled for the next week. The RAC would be reviewing issues related to the death of a young man taking part in an NIH-supported clinical study of gene therapy at the University of Pennsylvania. The safety, and successes and failures of gene therapy clinical trials, as well as what oversight roles NIH and the Food and Drug Administration should have in the conduct of such studies were all concerns slated to be

discussed at the RAC meeting.

“The NIH is in a difficult situation in that it is not inherently a regulatory agency,” Varmus explained. Regulation is handled by FDA, he continued. “Gene therapy is one of a variety of therapeutic modalities, all of which have risks. NIH continues to believe it has a very important role in maintaining the public discussions of novel developments in gene therapy research,” he said. “Recent events require that NIH take a closer look to ensure that we are doing everything that can be done to minimize the dangers of gene therapy...I believe gene therapy has promise despite the unfortunate events and that we need to take a longterm outlook.”

#### Health Disparities Addressed

Another issue that merited special mention in the 2000 appropriation was the marked difference in health status between minority and majority populations in the United States and the world.

“The administration has taken a very firm position on reducing disparities in health status,” Varmus said. “It’s important that those of us who are charged with seeing technological improvements in medicine not lose sight of the fact that public health goals are paramount. In the 2000 budget, one of our key areas of emphasis is health disparities, both domestic and international. There are more than 50 new initiatives across NIH addressing various aspects of health disparities.”

NIH is supporting a bill currently in Congress that would strengthen NIH’s Office of Research on Minority Health by giving the office grantmaking authority, Varmus said. While “the fate of that bill is still unclear,” he continued, “I will be taking specific administrative action before I leave to implement many of the ideas within the legislation. It doesn’t include everything in the bill that I’d like to see—I can’t establish a loan repayment program or award grantmaking authority—but I can do a number of other things that will be in this administrative directive.”

One thing Varmus’s directive will do is activate an annual strategic plan that will be formulated by institute directors, the NIH Office of Research on Minority Health and the NIH director.

The next ACD meeting is scheduled for June. ■

#### Careers in Science Writing, Editing

The Bethesda chapter of AWIS (Association for Women in Science) is holding a series of talks cosponsored by NIH’s Office of Research on Women’s Health and Office of Community Liaison. The next lecture, to be held at 5 p.m. Tuesday, Jan. 18 at the Cloister (Bldg. 60) chapel, is on “Careers in Science Writing and Editing.” Speakers are Dr. Alison Davis, NIGMS science writer, and Dr. Laura Garwin, North American editor of *Nature*. ■



*Dr. Michael Sayre recently joined the Center for Scientific Review as scientific review administrator of the CDF-1 study section within the cell development and function integrated review group. Prior to joining CSR, he was an assistant professor in the department of biochemistry, and continues as an adjunct assistant professor in the department of biochemistry and molecular biology at Johns Hopkins University School of Hygiene and Public Health. His main areas of expertise are in the mechanisms and regulation of gene transcription. He has also been involved in outreach activities for minority students. Sayre has extensively published in peer-reviewed journals, and has presented invited lectures throughout the United States.*

**EXIT INTERVIEW.** CONTINUED FROM PAGE 1

work.' Well, you know, that's probably true...I won't be riding to work most likely, I'll probably go out and ride up the Palisades to Westchester or ride 7-mile circles in Central Park with a nice peloton.

**What about rowing?**

Rowing's an issue—there is rowing. I've identified a lot of boat houses already. The question is whether I'm going to try to row on the Harlem River out of the Columbia boat house or go get into the New York Athletic Club and row up at the City Island...I'm not going to row as often in New York, very likely, as I row here, but this is not my biggest thing in life. I like it, but it's not as though I'm a world class rower. I'm just a recreational rower, and I'll continue to do some. I'll stay in the Potomac Boat Club—when I come down to Washington in the summers I'll go out in a recreational



*Varmus answers questions in an informal interview with several journalists a few days before he left NIH.*

single, or go rowing with (NIDDK intramural scientist) Ad Bax. So this stuff will still happen, it just won't be as frequent.

**Is there anything you anticipate lacking scientifically where you are going that there was an abundance of here?**

It's hard for me to say. This is a very, very big scientific community. A lot of my contacts are extramural as well as intramural. I already see lots of folks I'm going to interact with in New York. Arnie Levine (president of the Rockefeller University), one of my closest friends scientifically, is right across the street—he works on problems very similar to the ones I work on.

**How do you make the transition from being a scientist to an administrator?**

I actually don't think that the mental process is that different. I don't consider myself particularly enmeshed in administration, even here. The issues that have been more interesting to me are policy issues. I generally left to the institute directors the question of how they organized their institutes—that's really up to them...My issues are the broader policy issues—those are subject to the same kinds of rational thought that experiments are.

**They're inseparable from the science?**

They're inseparable from the science, and the decisionmaking process that goes on has a political component frequently that is a little different than what goes on in science, but still nevertheless it's a matter of weighing the evidence and making some decisions. I frankly have enjoyed that part of it.

**Why did you decide to leave now?**

Various reasons. One of them is I began to feel it was repetitive...Secondly, there is a timing of one's career. To have gone deeply into my sixties would have, I think, reduced the chances of my getting another really good job, and I did want to have a really good job. Third, this opportunity became available. There have been other things that I've heard about, and occasionally even inquired about and gotten into discussions about, but this is the first thing that seemed to be very appealing, and I really couldn't put this off for another couple of years. I think in an ideal world I probably would have left maybe a year after the next administration, assuming that I could stay on and they didn't ask for my resignation. But my wife was also interested in leaving and then I find the draw of a combination of New York and putting cancer research together with cancer treatment, and being in a strong institution with interesting neighbors like Levine and the Rockefeller, all pretty appealing.

**Did preliminary announcements about your new job in the newspaper last summer bother you?**

I wish it hadn't appeared—it just made my life a nuisance because we were still in the negotiation phase. It was pretty clear I was very likely to go at that point. Obviously there were lots of rumors. One thing I did learn from this experience is that you can have a million rumors and everyone can say 'I knew,' but no one knows until you say so. And if I hadn't said so, it wouldn't have been. So that was a useful experience.

**Did you enjoy NIH's farewell sendoff?**

Of course, it was wonderful. I plan to make a little tape of some of the highlights to show at Sloan-Kettering so people can see how we have fun here, and how I expect to interact with the troops.

**Can you assess your role, accomplishments and what you've learned as NIH director and NIH scientist in the intramural program?**

Obviously I'm going to have both roles at Memorial Sloan-Kettering, in fact my roles there will probably be more obviously divided because here I have one major office in Bldg. 1 and I spend almost all my day in Bldg. 1. I go to my lab for an hour or so a day, but I don't have my office equipment there, so I don't settle in. But at Memorial Sloan-Kettering, my intention is to spend half my day in the hospital executive office and half the day next door at my lab in the Rockefeller Bldg.

With respect to the (NIH) intramural program, I have to say that from the first day I got here, I've really enjoyed being in the intramural program. I did choose wisely, I believe, by placing my lab in one of the nicer buildings—Bldg. 49 and in choosing to be in the midst of investigators in the Human Genome Project...being enmeshed in that network of investigators has been

very energizing. And we've had a lot of collaborative arrangements. I've seen though, and heard from many investigators, that they feel that the *esprit de corps* has risen, and that the seminar programs have improved. A lot of this I don't take credit for—Michael Gottesman has been a tremendous director of intramural research here...I've also enjoyed watching new buildings go up, and clinical investigation prosper, to the point where we're now worried about having too many activities in the Clinical Center rather than too few. That's all been exciting to me, even though my own lab has not been involved in clinical research...I think in general the feeling is that the (intramural) program is incredibly healthy and that the new buildings are going to make it even more so.

I'll point to the Vaccine Center as a particularly exciting accomplishment because we've gotten that center built both physically and intellectually in a very short time. Great people have been brought in here—certainly Gary Nabel's recruitment was a godsend—and the idea that the intramural program can really, as advertised, respond quite quickly to what was perceived to be a national need, namely we weren't doing enough to foster the development of an AIDS vaccine, has been responded to in a way that probably could not happen on this scale anywhere else except at NIH.

Asked about how involved he intends to be in the private sector once he leaves federal service, Varmus said he only wants to be associated, for the time being, with nonprofit ventures. However, he emphasized,

I am interested in encouraging the growth of biotech in New York. One of the things I've spoken about elsewhere in the last couple of months that I think could end up being A) a lot of fun, B) quite stimulating scientifically, C) actually economically beneficial to the state and city of New York is to try to find a location for building a kind of science park or biotech incubator. A place I have in mind, and I haven't been shy about saying this, is the waterfront in Queens. Many of the major institutions in New York that I care about are on the East River—Sloan-Kettering, Cornell, Rockefeller and NYU. Others are not that far away. The streets are crowded, the river is pretty open...There is space over on the riverfront in Queens that is less expensive and more available, and connected to interesting neighborhoods. So I envision this little ferry service running back and forth among these places, and bringing our investigators back and forth (and seeing not-for-profit and for-profit labs that do genomics and other technology development and pharmaceutical development kinds of things side by side, in a way that would be quite attractive to investors. It would be fun. ■

*In part two of the interview, Varmus gives advice to his successor, reviews disappointments of his tenure, addresses campus security and talks about gene therapy.*

### Printing Specialist Tolbert Strong Is Mourned

Tolbert Lee Strong, Jr., a printing specialist for 21 years with the printing procurement section of the Office of Research Services' Reprographic Communications Branch, died on Nov. 26 of cancer. He was 50.



Tolbert Lee Strong, Jr.

Born in Sunflower, Miss., he came to the Washington, D.C., metropolitan area at an early age, and graduated from Dunbar High School in 1968. He began his government career in 1969 as an administrative aide in the White House. After working his way up to staff printer there, he joined NIH in March 1978 as a printing specialist. He also drove a taxi cab part-time for more than 20 years.

Known as "Strong" to friends and coworkers at NIH, he spent several years attending the University of the District of Columbia part-time in pursuit of his degree. He was less than 20 credits away from a bachelor's degree at the time of his death.

Strong married Theresa Johnson in 1970, and they had two children, Tolbert Lee III, and LaTrice. In addition, he is survived by his mother, Mary Louise Strong, two sisters, six brothers, and a host of relatives and friends.

### Male Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, is seeking male volunteers ages 18-45 to participate in a 5-month study of the effects of reproductive hormones on brain and behavior. Volunteers must be free of medical illnesses and not taking any medication on a regular basis. They will complete daily rating forms and be asked to participate in one of several protocols. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, 496-9576. ■

### Garden Club Meets, Jan. 20

Eric Winger, a Montgomery County master gardener, will speak at the next NIH Garden Club meeting; the discussion will focus on pruning tools, techniques and timing. The meeting is at noon on Thursday, Jan. 20 in Bldg. 31, Rm. 9A51. The club welcomes anyone interested in gardening—drop in and meet some fellow NIH gardeners. Check the club Web site for more information: <http://www.recgov.org/r&w/garden>. ■



*Dr. Barbara Sonies, chief of the speech-language pathology section and director of the ultrasound oral pharyngeal imaging laboratory of the department of rehabilitation medicine, Clinical Center, received the highest award, the HONORS, bestowed upon its members by the American Speech-Language Hearing Association recently in San Francisco. The award recognizes individuals whose contributions have enhanced or altered the course of the profession of speech-language pathology. Sonies' work in diagnosis of swallowing and swallowing disorders raised the area of dysphagia management to a respected position within medicine. She developed and implemented the use of noninvasive ultrasound imaging of the oropharynx for speech and swallowing, is a primary investigator and is an internationally recognized expert in dysphagia.*

### Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do Club is offering a beginner's class for adults and mature teens starting Wednesday, Jan. 19. The class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) for 1 hour on Wednesdays, 6-7 p.m., and 1 hour on Saturdays, 10:30-11:30 a.m., and continue for 2 or 3 months until participants can be integrated into the regular club training. Dues \$40 (3 months), \$30 uniform. Interested persons are welcome to watch regular training sessions. For information call Andrew Schwartz, 402-5197.

*'Remember, Celebrate, and Act'*

### King Observance To Be Held Jan. 14

The NIH commemorative program celebrating the life and legacy of Dr. Martin Luther King, Jr., is scheduled for Friday, Jan. 14 from 11:30 a.m. to 1 p.m. in Masur Auditorium, Bldg. 10. The program will feature a keynote address by former Congressman Ronald V. Dellums, musical selections by the Largo High School Choir, and an ethnic litany presented by NIH employees.



Rep. Ronald V. Dellums

Dellums is known as one of the most compelling and articulate speakers to serve in the House. He was the visionary leader of the successful congressional effort to end U.S. support for the apartheid regime of South Africa and among the first to recognize a growing responsibility for the United States to participate in international peace operations. He will be joined by the 160-member Largo High School choir, known for its performances of gospel music, as well as classical, pop and blues.

The theme for this year's observance is "Remember, Celebrate, and Act." Overflow seating will be available. For more information contact Sharon Ricks, 496-9898, or O.H. Laster, 496-6302. ■

### 'Faces & Phases of Life' Seminars Return

The NIH Work and Family Life Center and the NIH Employee Assistance Program present the following free seminars for spring 2000. Teleconferencing is available to most locations on request. Contact the WFLC, 435-1619 or TTY/TDD 480-0690, to preregister to attend or to arrange teleconferencing for your IC. Videotapes of the seminars can be checked out from the WFLC Work/Life Resource Library. Sign language interpretation is available. For reasonable accommodation, call at least 48 hours prior to the seminar. More information is available on WFLC's Web site at <http://wflc.od.nih.gov>.

Survival Tactics for New Parents  
(Jan. 11, noon-1:30 p.m., 31/6C6)

Levels of Care for the Elderly  
(Jan. 18, noon-1 p.m., 31/6C6)

Creating an Individual Development Plan  
(Jan. 19, 11 a.m.-1 p.m., 31/6C10)

Family Violence: What Every Employee & Manager Should Know  
(Jan. 25, noon-2 p.m., 31/6C6) ■



More than 500 people attended International Day for the Combined Federal Campaign, held recently in the Visitor Information Center, Bldg. 10. NIH'ers were able to purchase lunch from area restaurants such as Bethesda's Tako Grill, which served Japanese food, and the Bangkok Garden, which offered Thai dishes. The day was set up to bring awareness to the role that CFC plays in international philanthropic organizations. Among the organizations participating were UNICEF and the Red Cross. The day was sponsored by the NIH Recreation and Welfare Association.



### Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Antonio Lanzavecchia on Jan. 19. He is director, Institute for Research in Biomedicine, Bellinzona, Switzerland, and will speak on "From Synapses to Immunological Memory."

On Jan. 26, Dr. Barry Bloom, dean, Harvard School of Public Health and professor of immunology and infectious diseases, will discuss "A View of Public Health and Biomedical Research" at the NIH director's annual R.E. Dyer Lecture.

For more information or for reasonable accommodation, call Hilda Madine, 594-5595.