AFCR/AFMR
75th Anniversary Reception

8:00 pm - 10:00 pm
Thursday, April 16, 2015
The Hay-Adams Hotel, Washington DC
Schedule of Events

8:00 pm  ARRIVAL
8:15 pm  OPENING REMARKS
8:30 pm  PRESENTATION OF AWARDS
8:45 pm  PRESIDENTIAL REMARKS
9:15 pm  INVITED GUEST REMARKS
10:00 pm  ADJOURN

The AFMR gratefully acknowledges the generosity of its donors. Thank you for your support!

Joumana T. Chaiban, MD  Charles W. Flexner, MD  MingMing Ning, MD, MMSc
Keith K. Colburn, MD  Robert J. Freishtat, MD, MPH  Suzanne Oparil, MD
Camilo Fernandez-Alonzo, MD, MSC  Armand A. Krikorian, MD, FACE  Oana Sandu, MD
Francis J. Miller, MD

The American Federation for Medical Research would like to congratulate all of its 2015 Awardees

Outstanding Investigator Award
Keith A. Josephs, Jr., MD
Mayo Clinic, Rochester, MN

2015 Junior Physician Investigator Award
Michelle Carey, MD, MPH
Albert Einstein College of Medicine, Bronx, NY
“Hypoglycemic Counterregulation in Humans is Impaired by Opioid Receptor Activation.”
Lei Chen, MD, PhD
Massachusetts General Hospital, Boston, MA
“Clinical Characteristics of PFO Stroke in Pregnancy”

Wenjun Deng, PhD
Massachusetts General Hospital, Boston, MA
“PFO Closure Reduces High Homocysteine Level in Stroke Patients”

Kaynan Doctor, MD, MBBS, BSc
Children’s National Health System, Washington, DC
“Variation in Test Ordering for Low Acuity Patients by Pediatric Emergency Department Providers”

Camilo Fernandez-Alonso, MD, MSc
Tulane University, New Orleans, LA
“Inflammation and Arterial Compliance: A Paradox? The Bogalusa Heart Study”

Krishna K. Pancham, MD
Children’s National Health System, Washington, DC
“Young Children with History of Prematurity have Impaired Airway Antiviral IFNγ Responses to Human Metapneumovirus Compared to Respiratory Syncytial Virus”

Amitabh C. Pandey, MD
University of Arizona, Tucson, AZ
“Cell Based Therapies and Inflammation in Heart Failure: Expression of Interleukin 1”

Niraj K. Shenoy, MD
Albert Einstein College of Medicine, Bronx, NY
“Interaction of epigenetics and TGF beta pathway in Renal Cell Carcinoma- a potential therapeutic target with hypomethylating agents”

Manavjot Singh Sidhu, MBBS, MD
University of Missouri, Columbia, MO
“Feasibility and Accuracy of Stress Testing with Cardiac CT Using Dual Energy”

Akankasha Tiwari, MD
Albert Einstein College of Medicine, Bronx, NY
“Vitamin D Repletion Reduces Adipose Tissue Fibrosis and Improves Insulin Sensitivity In Obese Insulin-Resistant Humans”

Panagiotis J. Vlachostergios, MD, PhD
Lutheran Medical Center, New York, NY
“A Prospective Observational Quality Assurance Study of Cost-Effectiveness of TSH Testing in the Inpatient Setting”

The AFMR gratefully acknowledges our industry sponsor and thanks Merck & Co., Inc for its generous support of the 2015 Henry Christian Awards Program
AFMR turns 75 this year! So many extraordinary and dedicated individuals have contributed to the success of AFMR since it was established in 1940 – the year Franklin Roosevelt was re-elected President for the third time, Winston Churchill became Prime Minister, and Bugs Bunny first asked, “What’s up, Doc?” Here in kicking off a year-long anniversary celebration, we share with you a compilation of great essays with history, contemplation, humor and candid experiences from AFMR’s past presidents. They frankly shared the ups and the downs of their tenures as president of this organization, from the boardwalk of Atlantic City to the Omni Shoreham Hotel in DC where the presidential balls were held, to how one of the most important congressional bills supporting the development of physician scientists got unexpected attention thanks to one of Washington DC’s more famous indiscretions. They describe how through AFMR they met their heroes, embarked on their careers, made changes in national policies, learned how to lead, and in one case even met their spouse – becoming in the process the heroes and luminaries of today.

Over these 75 years, AFMR changed the face of research and medicine by sponsoring Nobel Prize winning research, advocating for policy changes at the national level, and providing an environment where colleagues from different fields can learn and teach each other. AFMR has grown with its members from being trainees to national leaders, and is now again experiencing unprecedented growth. Over the last year, AFMR has funded 140 awards and research projects, published more than 100 original reports in the high-impact Journal of Investigative Medicine, organized four regional meetings (East, West, South, Midwest), co-organized the Translational Science meeting, and is in partnership with the NIH, FASEB, Research America, ACTS, and Doris Duke Foundation among many others, as the leaders in advocating and supporting medical research. Today, as one of the longest-running and largest organizations for interdisciplinary medical research in the nation, I am delighted to report AFMR has grown from national to international prominence and now has members from all over the world. As our AFMR family continues to flourish, with the expertise of experienced members mentoring tomorrow’s leaders, understanding the success of AFMR’s past will ensure the same tenacity, vitality, curiosity, and youthful energy for the next 75 years.

I am honored, privileged and humbled to preside during this important year, and I look forward to sharing the world-class research of our entire AFMR family of members with you throughout our 75th anniversary year. I am particularly grateful to the AMFR National Council and the 75th Anniversary Committee for their outstanding work, expertise and dedication. We can proudly tell Bugs that the docs have been up to quite a lot, and we’re stronger than ever.
I was a 3rd year resident in Internal Medicine at Milwaukee County Hospital more than half a century ago—actually in 1958—when I first went to Atlantic City to attend the most important clinical research meeting in the country. Without any research training, and having written only one clinical paper entitled, “A Study of Heart Disease in One Hundred Eight Hospitalized Patients Dying with Portal Cirrhosis,” published in the Archives of Internal Medicine, I was eligible for membership in the American Federation for Clinical Research (AFCR).

The AFCR was founded just 18 years earlier in 1940 and just for people like me. Their members met annually in Atlantic City. Only one or two papers were necessary to join. You had to be “preferably under the age of 35”. (Ref. 1.) I was eager, curious, wanting to know more about the famous authors who wrote those chapters in Cecil and Harrison’s text books, and I was 27 years old. The experience of the meeting was exhilarating. It was not just an AFCR meeting. Two other much more senior major prestigious organizations were meeting jointly with us “Young Squirts”. One was the Association of American Physicians (AAP), founded in 1886 by the gods of academic medicine like Osler. The other was the American Society for Clinical Investigation (ASCI), created in 1908 by an increasing number of dissatisfied young physician-scientists who rebelled against their older peers who could not make enough room on their program to allow these “Young Turks”, as they called themselves, to participate and present their own work at the annual pilgrimage of clinical science. Eventually their prestige and academic success and productivity resulted in the publication of their own new journal, “The Journal of Clinical Investigation“, which, to this day, enjoys one of the highest impact factors. It was in the first week in May that we, the “Young Squirts” of the AFCR, joined the “Young Turks” of the ASCI, and the “Old Turks” of the AAP, in the grandest banquet of clinical science.

The attendance at the meeting became so large that the ballrooms of Chalfonte-Haddon Hall Hotel in Atlantic City could no longer accommodate us. We had to move across the Boardwalk to the Convention Hall on the Steel Pier. Despite the descriptor the pier seemed to jut dangerously into the Atlantic Ocean.

I remember sitting in rows near the front with my head propped up looking at the elevated stage where the giants of medicine chaired the sessions or spoke at the podium. In awe I was dreaming and wondering if someday I would be presiding from up there! And that is how my academic career as an AFCR member began.

Perhaps the most important and memorable part of those meetings was the opportunity for the greatest possible honor to be introduced to the idols of academia, the editors of the JCI, the Presidents of the AAP, and the famous Chiefs of Medicine. We would walk on the Boardwalk during the breaks in scientific sessions and point out the legendary academic leaders.

When the meeting of the Troika (AFCR, ASCI, AAP) moved away from the famed Boardwalk of Atlantic City in 1976 we lost this unique opportunity to meet and maintain our social and intellectual bonding, to reaffirm our values of inquiry, and to renew our commitments to discovery. One could witness on that Boardwalk two or three generations of academic internists from the young assistant professor to the famous senior department chairman. They would be debating a scientific question, or interviewing a job candidate, or sitting next to each other in the conference room listening to the best science and sharing the unravelling of mysteries of disease.

When Henry Christian founded the AFCR in 1940 it was for the same purpose that the ASCI was founded in 1908. There was an expectation of a significant increase in the number of the very young trainees in research.

“In order to keep the Society in young hands, no one over the age of 40 (was) eligible to hold office in the
The anticipated expansion of the National Institutes of Health to promote and support research in medical school required that an additional forum be created to represent this new generation that could not yet compete for membership in the ASCI. The prediction was amply confirmed. During the 60's the AFCR became the largest of the 3 societies with the greatest number of abstracts submitted to the meeting. Unlike the AAP and ASCI membership in the Federation was unlimited. By 1971, the year I served as President of the AFCR, I reported in my Presidential Address that we had surpassed the 7,000 membership mark (Ref. 2). To give an opportunity to our youngest scientists to speak at scientific meetings we had to not only expand the National Atlantic City Meeting but also create four regional Sectional Scientific Meetings. The Midwest Section Meeting of the AFCR was for the decades of the 80's and 90's one of the best attended and was jointly held with the Central Society for Clinical Research in November of each year. Hundreds of attendees crammed in the Ballrooms of the Drake Hotel for the most exciting plenary sessions.

Meanwhile at the National Meetings in Atlantic City two kinds of challenges were emerging. One was financial. For years the financial arrangements of these meetings, which had been kept in “honorable abeyance” for several years, culminated in the “cordial” negotiations of September 23, 1971, between the Troika. The AFCR with by far the largest number of attendees would retain 50% of the income from registration fees and exhibits. I take pride in being a major architect of that transaction at a meeting of representatives of the Councils of the 3 Societies. Facing up to the likes of Paul Marks of the ASCI was intimidating but we had the big numbers to back us up (Ref. 2).

The other challenge at the time was programmatic. Because of the greater freedom of the AFCR from the rigid molds of tradition in the AAP and ASCI we were able to move more swiftly to address some of the criticisms that academic medicine was facing. Academia was accused of not dealing with major issues related to the care of the sick and that our research was irrelevant. In response we quickly expanded the presentations at our national meeting to include work related to Health Care Research in a subspecialty session so designated. As mentioned in my address in April of 1972 we (the AFCR) established a committee on Social Issues Related to Health. We would then assist and advise on legislative issues and other matters related to National Health Policy. We had the opportunity with the help of the Association of American Medical Colleges to express the views of the largest clinical research organization (the AFCR) to the appropriate legislative committees on the Cancer Bill (Congressional Record: National Cancer Attack Act of 1971, p. 791-792) and the Drug Abuse Prevention Bill (Ref. 3).

The AFCR also needed to take another look at its goals beyond the provision of a forum for the budding clinical scientist. We had to address the obligation of academic medicine to serve the health needs of our society since we are the beneficiaries of the large federal NIH funds. Many schools and departments established Community Care programs. The clinical responsibilities of young faculty expanded. It became apparent that a balance between research, teaching and patient care on the part of each faculty member of our department would be difficult if not impossible to achieve. Different academic tracks were created. New disciplines in addition to the traditional Board Certified Subspecialties emerged to address research in quality of care, in health services, in general medicine and geriatrics, in epidemiology and public health. The centrifugal forces of fragmentation were straining our ability to maintain a centripetal unifying pull that brought us annually to the Atlantic City Meetings.

Nonetheless, I ended my “Salt of the Earth” Presidential Address to the AFCR in 1972 on an optimistic note. “Do not be disillusioned with academic medicine because of the crises that beset it; it will grow stronger with each crises, its track is formidable, and if you can take it, it will offer you a lifetime of challenges and opportunities. Above all, have confidence in yourself and your accomplishments. The nation’s health depends on you. You are the salt of the earth.” (Ref. 2.) The prediction lasted for more than 2 decades.
The growth of academic departments, research facilities and hospital services in the 70’s and 80’s was staggering with continuing NIH support of both basic and patient-oriented research. The AFCR must have reached its peak membership of approximately 13,000 in 1990 (Ref. 1).

In the late 80’s a disturbing trend in attendance at the Trisociety Meetings began (Ref. 4). We were meeting then in Washington, D.C. It was a slow decline from 4000 to 3500 and then more steeply to 2500 by 1994 and then to 2000 in 1995. A parallel decrease in the number of abstracts was seen from > 2700 to 1300. In stark contrast the subspecialty meetings were thriving with increases in attendance from 17,000 and 20,000 to 30,000 and 34,000 for the AGA and AHA respectively. They eroded our meeting. In 1996 the AFCR became the American Federation for Medical Research (AFMR), welcoming a much broader membership with interests ranging from health economics and policy to evidence-based and decision making and other cross-cutting disciplines.

Arthur H. Rubenstein, then President of the AAP, declared in his Address that we have reached a critical juncture, and indeed we had (Ref. 4). The subspecialty orientation of the meeting was abandoned, abstract submissions were eliminated. The ASCI and AAP would continue to meet jointly but more to celebrate the election of new members, the Kober Medal recipients, have the annual dinners and invite presentations by distinguished scientists. Unfortunately the youngest of the investigators in the AFMR were no more part of the pilgrimage of clinical investigation. I lamented deeply that particular development.

The Tripartite Meetings of Clinical Research had represented a golden time in the life of those physician-scientists who defined the character of academic internal medicine in the past half century.

The bonding, cohesion and rites of passage of traditions and values that were relayed at those meetings needs to be nurtured through every possible venue.

Despite the decline in numbers of the physician-scientists, the survival of the academic societies AFMR, ASCI and AAP as bearers of the standards of academic excellence is essential.

Departmental and Institutional leaders should proclaim that membership in the ASCI and AAP is a goal to be attained, celebrated and rewarded.

References:
The 1960’s and early 70’s were an exciting time for young clinical investigators. New information to help us understand clinical problems was pouring out of biochemistry and physiology laboratories. We trained in those labs and usually had a publication or two or more when we assumed our first position as Assistant Professor—usually of Medicine. A job was easy to find since new medical schools of high quality were being founded and others were expanding their research base. A grant from the expanding NIH soon followed without much problem. The AFCR (the Squirts) was expanding and providing a larger portion of our Atlantic City spring research programs with our more senior colleagues in the Turks and Old Turks. Our labs were more individual than program project in nature. The AFCR was the largest and most representative organization of clinical researchers in the world. To serve as one of its officers and President was an honor and obligation unimagined for a faculty member aged forty two or younger. It was hard for the officers of the Turks and Old Turks to keep us in our place in planning, but they were our bosses when we got home.

At the annual tri-society meeting, held in Washington, DC, May, 1979, in the absence of any prior discussion among us, the three Presidential Addresses focused on the decline in MD and MD/PhD clinical investigators. In my case, I was able to use longitudinal data on research interest surveys from medical students at the University of Iowa College of Medicine which was in close agreement with that available from the American Medical Student Association.

My involvement in the AFCR widened my contact with academic clinical investigators, not only in the AFCR but also in both the ASCI (member 1977) and the AAP (member 1981). Having immediately prior to my AFCR Presidential year taken on the combined tasks of Vice Chairman of the Department of Internal Medicine, University of Iowa College of Medicine and Chief, Medical Service, Iowa City VA Medical Center, the AFCR experience provided helpful insight into the inner workings of academic and health care related structures.

Four months following the end of my Presidential year, I began a sabbatical year in Norway and Sweden during which I met my wife.
the country, fresh out of medical residency training and recently arrived at the NIH to pursue training and perhaps even a career in clinical research. In his wisdom, Dr. Wolff knew that attending the “clinical meetings”—joint gatherings of the AFCR (also known as “the young squirts”), the American Society for Clinical Investigation (aka “the young Turks”), and the Association of American Physicians (“the old Turks”)—would be critical to the maturation of my career in medical research. The meetings would enable me not only to learn about leading-edge clinical science from the best, but also to cultivate relationships with a network of colleagues and in time present my own data and perhaps contribute to advancing the field of clinical medicine. Thus, in Chalfonte-Haddon Hall, the stately boardwalk hotel where the AFCR conference took place each year, I was introduced to the inspiring world of academic clinical medicine.

What I remember most about those early AFCR meetings was the excitement of being in the same room with—and if I was lucky enough, talking to—my heroes in medicine. What a thrill to present an abstract at the meeting and to know that the legends at the time, such as Paul Beeson, Eugene Braunwald, Kurt Isselbacher, Lloyd (Holly) Smith, James Wyngaarden or Donald Seldin, among many others, were in the audience listening to my presentation. Afterwards they might even approach me to ask a question, congratulate me, or even give me a nod of recognition as I passed them on the boardwalk of Atlantic City.

When I think about the decades-long duration of my career, embedded in my memory are those early experiences. To me, those memories signify the importance of the AFCR—Atlantic City in the 1970s, becoming first a student of, then a colleague, and in many cases, personal friends with some of the luminaries in medicine at that time. The early AFCR meetings were exhilarating and extraordinarily rewarding occasions, both personally and professionally. I later was fortunate enough to have the opportunity to serve as President of the AFCR from 1980-81. I am extremely grateful for the significant positive influence the AFCR provided in helping me to establish the groundwork of a fulfilling career in medical research and public health.

The advocacy effort, in those days, was strong. We formed alliances and argued for increased funding for the NIH— and we nearly always achieved increases in the NIH budget. The only question was, how big? We laid the groundwork for “the doubling”. We had champions in Congress, who were proud to make the NIH their cause. Of course, there were a few detractors, but no hard line budget hawks as we see today. In retrospect, those were halcyon days! Now we can see that “the doubling”
had unintended consequences, for it encouraged expansion of academic facilities and work force beyond a level that is sustainable in tougher times. It also left the impression in Congress that NIH has already had its fair share of federal investment. And, we talked a lot about the promise of biomedical research, which now proves slower than we had hoped to fulfill. My own field, cystic fibrosis research, is a highly collaborative and well funded academic, patient, and pharmaceutical community with all possible coordination and advantages, due largely to the good offices and strategic funding of the Cystic Fibrosis Foundation. Still, it was 23 years from the discovery of the cystic fibrosis gene to FDA approval of a drug aimed directly at the basic defect – and then only for a small cadre of patients with particular CF genotype. Yet, the therapeutics DID come, and WILL come, and WILL change the face of the disease. On even a broader scale, we can now point to the decline in mortality from cardiovascular diseases over the last few decades and, finally, in recent years, from cancer as well (long after Nixon declared War on Cancer!) The human genome project has not yet had its fair chance to change the world of medicine. It’s taking a long time, but it WILL come. AFCR/AFMR has always stood for the promise of the physician scientist, the new ideas of youth, strength of purpose, and resolute adherence to the dream of better health through understanding of the human condition.

Richard A. Cohen, MD  
Boston University  
President 1990-1991

The 50th anniversary of the AFCR was an exciting time for the organization. Recent meetings in Washington had been attended by thousands of members. Subspecialties in medicine came together at the meetings in a spirit of collegiality, mutual appreciation, and collaboration that are the hallmarks of the organization. At one meeting, we all listened to a rabble raising speech by Ted Kennedy on the benefits for the American people of funding medical research and the NIH. The council had just started the American Federation of Clinical Research Foundation that had a board of pharmaceutical industry leaders and that funded best presentations and travel awards to young investigators. It also promoted and ran an early translational research award-granting arm which funded several current research leaders before they got their first NIH grant. The council felt that the 50th anniversary celebration needed to make a statement about the rising prominence of the society and its efforts to promote medical research. A committee came up with what many considered was an outlandish plan to have a cocktail party in the Washington D.C. Union Station for about 2500 attendees. For the evening, we rented the classic entrance hall, and buses from the Sheraton Washington brought the attendees to Union Station. Food was abundant and there were drink fountains. The budget for this extravagant party was over $100,000! How did we pay for it? A $10 tax was added to each of the 12,000 member’s dues. There was not one complaint from members! Congratulations on 75 years! Keep up the fight for the support of medical research!

Andrew R. Hoffman, MD  
VA Medical Center  
President 1992-1993

Serving on the Council and as President of the AFCR (1992-1993) was one of the highlights of my academic life. It was a very exciting time to be starting a career in clinical investigation, and while we all worried about the imminent disappearance of the physician-scientist (some things never change!), we all held fast to our belief that an academic physician could be a great clinician as well as an outstanding translational investigator and mentor.

The AFCR’s major organizational effort at that time was working to increase the NIH and VA research budgets by meeting with members of Congress, lobbying to legitimize fetal tissue transplantation
research for Parkinson’s and other diseases, and, of course, organizing the annual Tri-Society Meeting with the AAP and the ASCI. This Meeting was always well-attended and it truly allowed young investigators to meet and exchange ideas with senior physician-scientists. In the evening, we would make the rounds of the somewhat raucous parties that many of the housestaff training programs held for their alumni, allowing us to catch up with old friends. However, the most enjoyable part of the year was the Council Meeting we had on the Big Island of Hawaii, complete with a trip to the volcano in addition to the interminable meetings. The Council that year was composed of a truly extraordinary group of young men and women who ultimately became Division Chiefs, Department Chairs, Deans, and even a Provost. It was a great honor and privilege to work with each of them.

Many recollections about the AFCR. The incredible amount of effort expended by the National Council in terms of reviewing grants stands out with discussions going on into the night at the AFCR mid-year Council meetings for the few grants that we were able to fund. The dedication of a group of early-mid career investigators and faculty in volunteering their efforts to promoting science and research funding as we all took turns going to Washington to speak on behalf of NIH and VA research budgets was truly the heart and soul of the organization. The start of the JIM (I went from being AFCR President to being the first editor), done in record time, with the first issue 1 year from the decision to go live. And done with a financially favorable publishing contract, which helped provide a profit to the AFCR at a time that one was desperately needed.

Mostly however I remember the many fine people that I got to know both on the National Council and at Slack, who was our management company at the time. My term as President was at the tail end of what I would consider the golden era of academic medicine and many of our members helped usher in the future of science and health care, which if not golden still looks pretty exciting.

“It was the best of times; it was the worst of times.” My years on the National Council of the AFCR/AFMR, which spanned the decade of the ’90’s, indeed were watershed ones. Over that period, the concept of the physician-scientist, an equilateral triangle with sides of research, teaching and patient care, peaked and then progressively transformed into something far more scalene. As the frontiers of biomedical science exploded, the margins of clinical care narrowed and the residual value of teaching diminished, the physician-scientist underwent an identity crisis.

Many of us, myself included, bemoaned the coming extinction of this “integrated” physician which we aspired (and had trained) to be. I still have the slides (how quaint!) from “Academic Medicine in the 21st Century: Lessons from the Dinosaurs,” a 1996 look forward to where we would be by the end of the century.

Change was in the air, and after the winds stopped blowing, we all were a little lopsided, but intact. What emerged was an integrated entity in which the three parts of the academic medicine mission were embodied not so much in one exceptional individual, but in a team or group of exceptional individuals whose collective and collaborative identities reconstituted that equilateral triangle. For the first time in a long time, we had to face and respect the fact that individuals may contribute to the academic mission in different ways: ways that all of us, regardless of our area of expertise or experience, must learn to
AFMR was a leader in lobbying Congress to create and pass the Clinical Research Enhancement ACT (CREA). This important piece of legislation introduced permanent funding for the K23 and K24 Career Development Awards of NIH, and also established the NIH Loan Forgiveness Program for trainees pursuing clinical and translational research careers. Our lobbying organization at the time was Washington Health Advocates, whose President, Lynn Morrison, was a good friend of Senator Edward (Teddy) Kennedy of Massachusetts. In late January, 1998, Senator Kennedy agreed to co-sponsor the bill and announce its introduction at a press conference in Washington. Lynn invited me, as President-Elect of AFMR, to come to Capitol Hill to understand, validate and value. Those lessons learned experientially through the AFCR/AFMR formed the basis for how I approach my role in a brand new medical school now. Those are the lessons for which I am grateful beyond measure, and which I hope to transmit to those who work and learn alongside me.
meet with Senator Kennedy and make a statement at the press conference, which was scheduled for January 27th. On the day before, January 26th, news broke about the purported relationship between Monica Lewinsky and President Bill Clinton, who released his famous denial of the nature of their relationship, stating, “I did not have sex with that woman.” The media then saw Kennedy’s press conference as an opportunity to get “expert commentary,” and so what would have been a sleepy event attended by a handful of journalists turned into a capacity crowd, with more than 200 members of the press and live television coverage by C-SPAN. To the Senator’s great credit, he took command of the room, insisted that we be given full time to explain this new legislation and why it was so important, and stated up front that he would not answer a single question about the President’s dalliances until we were finished talking about clinical research enhancement. It was sensational, to get this much publicity for a bill so important to AFMR, and young investigators. I will always have a fond place in my heart for the late Teddy Kennedy, and all he did for clinical research, especially after the dignified way he handled what could have easily degenerated into a media circus. And I will always be thankful that Monica Lewinsky brought so much great publicity to the Clinical Research Enhancement Act and AFMR. The best part of the story: the Bill passed (CREA, that is).

Jane Reusch, MD
VA Medical Center
President 2002-2003

The American Federation for Medical Research has been a major influence on the academic career. In 1996 I was made the medical school representative for the WAFMR and immediately became involved in advocacy physicians scientist career development. In 1997 I became secretary for the WAFMR, then president, later national president of the AFMR always focused upon career development. To that end, with Dr. Kevin O’Brien, we initiated the WAFMR scholarship program for fellows and junior faculty. The goal of this program was to enable position scientists at the beginning of their careers to interact and be recognized for their contributions. To achieve this goal we were able to raise funds for travel grants to enable participation of fellows and junior faculty in both regional and national AFMR meetings. A simple idea allowed us to bring a new generation of physician scientists to the national and regional AFMR meetings. I consider the Scholars Program to be one of my greatest career accomplishments.

In addition, through my work on the AFMR public policy committee and as AFMR president, I was able to contribute to the passage of the Clinical Research Enhancement Act. Working with the political system, the NIH and the other academic groups, we were able to create a funding paradigm for mentored career transition for junior faculty. These relationships and opportunities set me up for my career long focus on physician scientist career development. The AFMR is a relatively small organization that has a huge impact on the careers of physician scientists and the workforce for clinical translational research in biomedicine.

Errol D. Crook, MD
University of South Alabama
President 2003-2004

Rather than reflect on the year as president, I will comment on my time on the AFMR council as being president is just one of several years of service that all presidents get to enjoy. To be part of a group of young academic physician scientists and educators was an awesome experience. However, I served during a time when there was clearly a transition in academic medicine at many levels. Although the research enterprise was growing, funding for an individual’s research program was less certain. All academic faculty, including junior faculty, were expected to perform more clinical tasks while working to develop their own research programs. All of these pressures where made bigger by the growing financial pressures on academic medical centers.
My time on the counsel started in the late ‘90’s and spanned to 2005. During that time AFMR and its sister societies went through transitions and lots of soul searching. But, the focus of all of the individuals with whom I served was to promote the development of physician investigators and to advocate for a healthy medical research environment in the U. S. We understood that was necessary for medical progress to continue and for the health of the nation to improve. Determining how that was best done and AFMR’s role in that endeavor took a lot of time and effort, but it was time was spent.

There were great discussions that led to many initiatives that I think still have a great impact today. I won’t list specific initiatives and programs that developed, but, suffice it to say, that AFMR should be proud of its role over the last 2 decades helping to shape pathways for junior investigators to become independent investigators. The definition of a medical researcher and the distinction among types of medical researchers was often discussed. It became clear that focused preparation was needed for physician scientists regardless of how they defined themselves – basic scientist, clinical investigator, translational investigator, etc. It was great to be part of the national discussion on how funding and development of these increasingly specialized investigators would be handled. I am gratified that most of the members of the AFMR counsel that served with me are still mentors, educators, and scholars and continue to contribute to those discussions.

In summary, I loved my time as part of the leadership of AFMR. I think the experiences of that time were the best preparation for my role as an internal medicine department chair - a role that I have now served in for 11 years at 2 institutions. I am sure that AFMR will continue to be a great trainer of leaders of academic medicine and a strong advocate for the young physician scientist.

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Deborah Zucker, PhD, MD  
President 2005-2006

I was very fortunate to be a part of the AFMR’s leadership at a time when clinical and translational research was growing in prominence at academic centers and across the overall biomedical research landscape. It was wonderful to be involved in AFMR’s legislative advocacy efforts (e.g., passage of the Clinical Research Enhancement Act (https://www.govtrack.us/congress/bills/106/hr2498#summary/libraryofcongress ), supporting grants for trainee-to-faculty transitions (e.g., http://grants.nih.gov/grants/guide/pa-files/PA-06-133.html; http://www.bwfund.org/grant-programs/biomedical-sciences/career-awards-medical-scientists). It was particularly rewarding to participate in leading development efforts for training and support of clinical and translational research and researchers – through activities such as the educational sessions at the National Clinical Research meetings (e.g., http://www.afmr.org/archives/2002/Clinical-Research.cgi ), offering translational symposia and workshops at the EB meetings (http://afmr.org/EB/archive/), and being involved in developing resources for medical researchers’ as they develop their careers (e.g., CTSciNet (http://sciencecareers.sciencemag.org/career_magazine/ctscinet ), AFMR Career Connection (http://www.clinicalresearchcareers.org/). The broad, vibrant membership of AFMR and its focus on mentoring researchers and their works, which span the basic-clinical-practice research spectrum, continually positions AFMR to make positive impacts early and often for medical research—in its applications and its participants. Congratulations to AFMR on this 75th anniversary. I look forward to its continued good works in fulfilling its mission. Deborah Zucker, PhD, MD – AFMR President 2005-2006
When Bob Means, who was serving as Vice President for Meetings and Programs at AFMR, suggested that I serve as the Secretary-Treasurer of the Southern Regional AFMR, I did not feel ready for the job. My leadership experience was limited to student council in high school. What I did not know then was that AFMR was founded and continues to serve as an organization dedicated to giving junior investigators the experience they need to succeed as leaders in academic medicine. I was impressed by the talent of those with whom I served and was grateful that Bob had thought of me for the position. With the guidance of fellow officers and counselors as well as the professionals at PRRI (the management company for AFMR) I gained the necessary experience to serve the mission of AFMR as Regional Chair and President of AFMR. As President, I learned from Lynn Morrison (of Washington Health Advocates) the process of lobbying in Congress for a medical society. With a longstanding passion for the mission of the AFMR, she worked to advocate for clinical research at an uncertain time when the NIH CTSA programs were replacing the longstanding GCRCs. We worked to give the Eastern Regional Meeting traction during this time by partnering with the Clinical Research Forum. My AFMR experiences gave me the necessary tools to serve as Secretary-Treasurer and President of the Southern Society for Clinical Investigation. Each step along the way, I have tried to emulate the generosity and guidance of colleagues and mentors like Bob Means. As AFMR celebrates its 75th year, I urge to you to “pay it forward” to the next generation of academic investigators who can benefit from what the organization has to offer.

The AFMR has undergone a sea change since its inception 75 years ago - growing in membership and eminence through the 1970s and 1980s and then over the past 20 years witnessing a conspicuous decline. I believe this recent trend resulted mostly from the growth and competition of subspecialty societies, combined with the increasing time demands of clinical work, institutional requirements and limited funds. As the prominence of the national meeting waned, the lifeblood of the society became the regional meetings. For many investigators, including myself, the AFCR regional meetings were an introduction to the culture of a biomedical research meeting and the place where they gave their very first formal research presentation. In my case, I was a medical student from Iowa in 1987 and it was my first time visiting Chicago. I remember being awed at the sights of the city and the elegant décor of the historic Drake Hotel where the meeting was held. Dr. Frank Abboud, the Chairmen of Medicine at the University of Iowa at the time and past-president of the AFCR, always championed Iowa as being the best represented university at the Midwestern meeting. He would host an Iowa reception in the hotel and I enjoyed watching him savor the camaraderie of colleagues, alumni, and friends. This experience was one of many factors that influenced my decision to pursue a career as a physician-scientist.

It was several years later, as a faculty member at the University of Iowa in 2002, when I became actively involved with the AFMR as Secretary-Treasurer of the Midwest Region. The National Council Meeting that year was held at Amelia Island and I remember anticipating future annual escapes to similar destinations outside of Iowa. Unfortunately for me, during the ensuing ten years that I was involved with AFMR, the National Council Meetings were relegated to Washington DC or the airport hotels of Chicago. I suppose it was fiscally prudent given the direction of the society. In 2002, the total membership was ~3,650, as compared to over 10,000 members only ten years earlier. During 2002, less than a month into my first year as Secretary-Treasurer with the Midwest Region, some of the partnering societies of the Combined Midwest Meeting decided to withdraw from future combined meetings and so, after many years of an October meeting at the Drake Hotel, the
Amir A. Zeki, MD  AFMR  
President-elect  
University of California, Davis

It is my pleasure to submit this essay on my experiences with AFMR, for the 75th Anniversary Celebration. My initial contact with AFMR was in 1999 while I was a 2nd year medical student at the University of Washington School of Medicine. As a scholar in the Independent Study in Medical Science (ISMS) program, I had a small part in helping investigate the effects of antioxidant vitamins on cholesterol levels and lipid therapy under the tutelage of Professor B.G. Brown. I will never forget the sunny January morning I had to give a 10 minute oral presentation; it was my first presentation at a medical conference organized in part by the Western Region AFMR (WAFMR). It was both nerve-racking and exhilarating. This was my first published abstract in medicine. Since then, the AFMR has had a major impact on my early career development. It was during this meeting in 1999 that I learned more about AFMR and the Tri-society Carmel future of the Midwest Region meeting was in question. Although I knew a little bit about being a physician, and about running a research lab, I knew nothing about organizing a meeting. These types of experiences (and challenges) provided the first taste of leadership for many of the former AFCR members that now populate the offices of deans, department chairs, and program directors. We eventually partnered with Central Society for Clinical Research (CSCR), restructured the format of the meeting, and have been having the Combined Midwestern Meeting at various venues in Chicago during the spring.

The fundamental goals of the AFMR over these past 75 years have endured: 1) provide the environment and support for young biomedical investigators to present their research and interact with more senior scientists; and 2) influence public policy to foster medical research and improve health. But the approach to achieving these goals has had to adapt to the times. For example, in 2002, we were paying $160,000 per year for lobbying efforts. We were forced to discontinue this expense, but it remained important to have a voice in public policy. In 2009, the National Council voted to become a member society of FASEB (Federation of American Societies for Experimental Biology). As a member of FASEB, an organization now with more than 120,000 scientists from 27 member societies, the AFMR provides a voice for the clinical researcher on several committees and in public policy efforts. Furthermore, after the Clinical Research meetings dissolved, the AFMR did not have the presence provided with a national meeting. In looking for a society with similar values, we formed an alliance with the Society for Clinical and Translational Science (SCTS) and Association for Clinical Research Training (ACRT) in 2010 to sponsor the Clinical and Translational Research and Education Meeting. This meeting is now known as the Translational Science Meeting and jointly sponsored by the AFMR. Held in Washington, DC in April, it has the mission of bringing together all disciplines involved in clinical and translational research for the shared benefits of networking and education. It is a good fit for the AFMR and I am optimistic it will be a successful partnership into the future. These two developments, the joining of FASEB and co-sponsoring the Translational Science meetings, occurring during my tenure as president-elect and as president, are the AFMR accomplishments for which I am most proud.

The AFMR today is not the same AFCR that Henry Christian organized in 1940, or even the one that existed when I gave my first oral presentation at the Drake Hotel in 1987. But the AFMR continues to do several things well. It is one of the few remaining multi-disciplinary organizations representing investigators in all areas of biomedical and patient-oriented research. The regional meetings continue to provide a collegial cross-discipline environment to discuss research and connect with colleagues. The AFMR supports a journal open to interdisciplinary research and career information. And the society continues to provide opportunities for leadership. Certainly, the highlight of my association with the AFMR has been the good fortune to work with talented and dedicated people from all over the country with a shared goal of keeping the AFMR great.

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meetings in Carmel, CA; a strong Western tradition in a beautiful part of the California coast. After recovering from my podium presentation, I walked the seaside city and attended different sessions in cardiovascular medicine, endocrine, and surgery. I saw the threads that connected different organ systems through the lens of research. It was a gift and an indelible experience. AFMR remains as the only organization that features multidisciplinary meetings and, by its culture and mission, is “translational” and promotes cross fertilization across different fields. Isn’t this what the NIH is looking for?

My experience as an ISMS scholar during medical school and my experiences at the WAFMR/Carmel meeting put me on a path that has led to my career today. As an internal medicine resident I completed several small research studies that led to abstract publications. But it was not until my fellowship (2005-2008) that I had the fortune of connecting with an excellent mentor and lab. I took this opportunity seriously and pursued additional years of training in the lab. I had my own project, an idea I developed and lead independently but under the guidance of accomplished scientists and caring colleagues. It was during these years that I revived my contact with WAFMR and the Carmel meetings. I did not miss any meetings, and some years gave 2 or 3 research podium talks/posters. The intimate and smaller setting of the Carmel meeting made this my favorite conference. Unlike the hustle and bustle of international or national conferences, Carmel was accessible. The “big names” in pulmonary science came from many of the Western programs, sat in the front row and asked questions about my data. They gave advice and spoke kind words of encouragement. I will never forget this. Then in 2009, I attended the combined Midwestern Region AFMR/Central Society for Clinical Research (CSCR) Meeting in Chicago. Dr. William W. Busse saw my poster, asked pointed questions, and encouraged me to publish my findings. For those who don’t know him, he is a major figure in the world of asthma, and to say the least, this interaction inspired me to push on. Within a week after the conference, I had an invitation to submit my paper to the journal Translational Research. The work was published in 2010.

It was through the interactions I had with a former WAFMR officer that I became more involved. He asked me to become a WAFMR Council Member (2011-2012) and to attend the Officer’s business dinner. As a KL2 (K12) scholar I also attended the 2012 Eastern AFMR and Translational Science meeting in Washington, D.C. At this AFMR meeting I was invited to give a podium talk in one of the Scientific Sessions as a Henry Christian Award recipient. In addition to the outstanding science talks I heard, one presentation in particular stood out. Professor William N. Kelley gave an inspirational talk titled “Reflections on a Career in Science and Medicine.” Dr. Kelley imparted much wisdom condensing five decades of experience, but one thing in particular jumped out – the great advocacy efforts AFMR undertook to help usher in the NIH K award funding mechanism and Loan Repayment Program (LRP). These programs have benefited countless young investigators like me, and continue to do so. These are concrete accomplishments due to the efforts of past AFMR leadership, and their dedication, passion, and hard work. As a former LRP awardee and current K08 recipient, I can directly attest to this pivotal contribution by AFMR.

It was also during this 2012 meeting that I attended my first AFMR National Council meeting. In this same year, I was nominated and elected as WAFMR Chair-elect, and served as Chair in 2013-2014. And in 2014, I received the WAFMR Outstanding Investigator Award which allowed me to give a brief talk during the Plenary/Symposium; a great experience on many levels. I am honored to be involved in this organization. It is a wonderful privilege to serve and participate in AFMR’s important mission. Best of all, I get to work with a stellar group of colleagues and friends from around the country. These are genuine and truly inspired individuals who believe deeply in what they do and in AFMR. In a time when sarcasm rules, it is refreshing to see the opposite. I am grateful for this opportunity, and I hope I can give as much to AFMR as I’ve received.
Centered in downtown Washington, D.C., in Lafayette Square across from the White House, The Hay-Adams is one of the city’s most revered landmarks. Named for the distinguished residents who once made a home on the same site, John Hay and Henry Adams, our historic hotel is now a popular destination among visitors and Washingtonians who come here to experience luxury in the nation’s capital.

John Hay served as a personal secretary to President Abraham Lincoln, and later as U.S. Ambassador to the United Kingdom, as well as Secretary of State under both William McKinley and Theodore Roosevelt. Henry Adams was a historian and Harvard professor, and the descendant of Presidents John Adams and John Quincy Adams. Both men were accomplished writers.

In 1884, the architect Henry Hobson Richardson designed elaborate, Romanesque homes at the corner of 16th and H Streets for Hay and Adams. The site soon became a bustling scene of intellectual activity. Together with their wives, Clara Hay and Marian Adams, as well as noted geologist Clarence King, Hay and Adams formed a close friendship. The group dubbed themselves “Five of Hearts,” and even had custom china and a letterhead made to feature the moniker. For years, the homes served as Washington’s leading salons, alive with stimulating discussions about literature, art, science and politics. Famous guests such as Theodore Roosevelt, Mark Twain, Henry James and the sculptor August Saint-Gaudens stopped in from near and far.

In 1927, Washington, D.C., developer Harry Wardman bought and razed both homes. He replaced them with the Hay-Adams House, an Italian Renaissance-style, 138-room apartment-hotel design by the architect Mirhan Mesrobian. Opened in 1928, the structure featured impressive architectural embellishments such as Doric, Ionic and Corinthian orders, walnut wainscoting, and intricate ceiling treatments featuring Elizabethan and Tudor motifs. Wood paneling from the Hay residence was repurposed in the public space now known as the Hay-Adams Room.
Our Nobel Prize Winners

2012
Robert J. Lefkowitz

2011
Bruce A. Beutler

1998
Ferid Murad

1985
Michael S. Brown
Joseph L. Goldstein

Our Publications

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EXPLORE
COLLABORATE
EDUCATE
INNOVATE
The American Federation for Clinical Research (AFCR) was founded in 1940 by Dr. Henry Christian. AFCR offered young researchers the opportunity to present their findings to their peers and to receive the guidance of senior scientists. As time went on, AFCR was drawn into public policy activities. In response to an inquiry from Senator Hubert Humphrey, the AFCR National Council offered their advice regarding federal funding of medical research. In 1996, the name of the association was formally changed from the American Federation for Clinical Research (AFCR) to the American Federation for Medical Research (AFMR).