

DEPARTMENT OF BASIC AND CLINICAL  
IMMUNOLOGY AND MICROBIOLOGY  
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*Sent package to Dauphin*

*Federberg*



## Medical University of South Carolina

171 ASHLEY AVENUE, CHARLESTON, SOUTH CAROLINA, 29403

June 19, 1979

Dr. Joshua Lederberg  
President, Rockefeller University  
York and 66th Street  
New York, New York 10021



Dear Josh:

As per our telephone conversation, I enclose my curriculum vitae and bibliography (enclosures 1a,b) and the following information in regard to my scholarly and scientific background, educational and administrative experience, and public service, particularly in the area of health care delivery.

First, in terms of scientific and scholarly activity, I have been responsible for many of the techniques used for diagnosis of various immunologic disorders. A review of my past work is summarized in the enclosed letter written by two faculty members from the University of California nominating me for the annual FASEB award approximately one year after I had left California (enclosure 2). Probably the best index of recognition of scientific publications, although far from perfect, is the number of citations by other investigators; therefore, I enclose a listing from the July 1978 issue of Current Contents. This indicates that among the investigators publishing during the period 1961-1976, I ranked 30th internationally among all life scientists and 4th among immunologists in number of citations (enclosure 3).

In addition to the publications listed in my bibliography (enclosure 1b), in terms of other scholarly activity, the second editions of my two textbooks, the first to be written for medical students in South Carolina, appeared in 1978: (1) Basic and Clinical Immunology (Lange Press, first edition 1976), by far the largest seller of any immunology text in the world (enclosure 3a), and (2) Basic Immunogenetics (Oxford University Press, first edition 1972) which has also just come out. A third book, Biomedical Scientists and Public Policy (Plenum Press), has also been published this year.

I also hold an appointment as Adjunct Professor of Epidemiology in the School of Public Health at the University of North Carolina, Chapel Hill (while at the University of California, San Francisco, I had a similar appointment at the Berkeley campus), and am working closely with Professor A.L. Tyroller in studying a unique population in Evans County, Georgia (population 20,000, 50%

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black, 50% white). Also involved in this study is Dr. Curtis Hames, Commissioner of Public Health for that county, who knows everyone in the population personally and has been conducting a large-scale epidemiologic study of risk factors in coronary heart disease since 1960 (the study has recently been refunded by the NIH for five more years and is now in its 19th year). I am measuring various immunogenetic parameters in these subjects and their relatives.

In another large-scale study, we have examined the responses of infants to immunization with H. influenzae b polysaccharide vaccine, and we have found a striking association between the Km(1) allotype and height of response (Pandey et al., Lancet, 1979). Caucasian children positive for Km(1) failed to respond to the vaccine, as shown by radioimmunoassay for specific antibodies, whereas those negative for this allotype did respond. We also have two papers in press showing a strong association between antibody response to one or another T-cell-independent antigen and one or another immunoglobulin allotype. In addition, we have two papers in Gerontology (one published, one in press) which show genetically determined defects in certain subpopulations of T cells in patients with "pseudoprogeria" and in their family members.

Secondly, in terms of educational and administrative experience, as you can see from my curriculum vitae (enclosure 1a), I left California four years ago, spending the first year here on a half-time basis until laboratories were renovated. I came here because of my close friendship with the late Jim Colbert, then Vice President for Academic Affairs at MUSC, and because he convinced me that it provided a challenge in that this department had never turned out a Ph.D., had never had a postgraduate fellow, and ranked worst amongst the basic science departments in the number of failures in subject matter covered by its courses on National Boards, and although the school is 150 years old, it was virtually unknown in the rest of the country.

In the three years since laboratories (renovated office space) became available, the department faculty (three were retained, the remainder recruited by me) have published about 250 papers (enclosure 4). The list covering the period July 1977 to July 1978, submitted as part of a report requested by the South Carolina Task Force on Biomedical Science, is enclosed (enclosure 5).

As stated above, the Department here had never turned out a Ph.D. or had a postdoctoral fellow before I arrived. As of this summer, we have now turned out eight Ph.D.'s (enclosure 6), the first now being a Research Associate at Rockefeller, the second on an NIH postdoctoral in cancer immunology in Scandinavia, the third a postdoctoral investigator with Dave Talmadge, the fourth at the University of Washington; the fifth (an M.D. from France) published fourteen papers during his doctoral work here and was appointed Assistant Professor in our department; the sixth has received an appointment as a tenure-track Research Associate at Harvard (Benacerraf's department), beginning July 1, the seventh has accepted a position at the Frederick Cancer Center, and the eighth, who was to spend his postdoctoral with George Klein, elected to accept an Assistant Professor position instead.

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Of the twelve postdoctoral fellows trained here, one is now an Assistant Professor in Benacerraf's Department at Harvard; one Fulbright fellow, who became an Assistant Professor during her second year here, is now Professor and Chairman of a Dermatology Department in Finland; a third is Associate Professor at the University of Pittsburgh; a fourth Associate Professor at the University of North Carolina, Chapel Hill; and the other eight all have Assistant Professor positions at good academic institutions. We have had a Fogarty or Fulbright scholar with us each year; one from England has stayed on as a faculty member after much red tape (I had a special bill passed by Senator Hollings so that he did not have to return to England first), and we have had WHO postdoctoral trainees from Switzerland, Greece, Egypt, Sudan, Venezuela, Poland, and other countries for periods of six months to two years (see enclosure 7), paid for by their home countries and/or WHO; postdocs from Israel, Japan, Hungary, and China will be arriving within the next six months.

Only ten of our medical students (out of a class of 165) failed the Microbiology and Immunology National Boards last June, by far the fewest of any basic science department here (the average number of failures was 26 in the other departments).

Thirdly, in terms of public service, I am editor-in-chief of Clinical Immunology and Immunopathology, an international journal, and I am now or have been on the editorial boards of approximately 20 journals in the fields of immunology, genetics, and hematology, both clinical and chemical (e.g., Biochemical Genetics and Clinical Genetics, Immunochemistry and Journal of Immunology). As you can see, I have been trained in both the fundamental ("what if") and clinical ("how to") aspects of investigation, and my interests are broad and varied (as reflected by my memberships on the editorial boards of the Journal of Toxicology, Age, and Journal of Irreproducible Results, a science humor magazine).

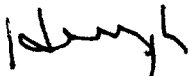
In addition, I have served on a number of NIH, ACS, National Veterans Administration, and WHO study sections, as well as a number of National Research Council committees. I am a member of the NRC Committee on Multiple Immunizations, and I am the only immunologist on the NRC Panel on Basic Biomedical Sciences Manpower Needs (enclosure 8). I am Chairman of the Committee on Impact of Biomedical Research, a nationwide organization of biomedical scientists designed to accumulate and analyze data on clinical improvements in diagnosis, therapy, prevention, or eradication of disease that have arisen from advances in fundamental research, and to analyze the dollar benefits thereof (enclosure 9). Indeed, a long-standing and continuing interest of mine has been to bring to the attention of the public and the Congress the dollar benefits that result from basic biomedical research; this has led to the publication of several articles and editorials in the past, and most recently I have collaborated in the publication of articles by a number of eminent scientists and scholars (e.g., Robert Marston, Philip Handler, Lewis Thomas, Ted Cooper) on the relationship between biomedical science and public policy (enclosure 10).

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In addition, in 1976, I was responsible for arranging the Aspen Symposium on "Research in Health Care Delivery", which we organized to promote communication between health care scientists, biomedical scientists, and the legislative aides for key Senators and Congressmen on the Budget Committees for NIH Appropriations and the Health Manpower Subcommittee. As indicated on my curriculum vitae, a volume covering the proceedings of this conference is in preparation, tentatively entitled "The American Biomedical Network: Health Care Systems in America Present and Future". I have become increasingly involved in attempts to "educate" the legislature about the need for long-range plans to meet the needs of the American public in terms of health care delivery, including the need for continued strong support of basic research which will eventually lead to improved methods for diagnosis, treatment, and prevention of disease, as well as research into the most effective ways of providing the benefits of such research advances to the general populace in the form of improved health care. The Aspen conference, along with my previous visits with ranking Senators and Congressmen on the three committees mentioned above have, I believe, converted many to a more sympathetic view of biomedical research in general and research on health care delivery in particular (see enclosure 11).

I hope that this information will be of use to you, and again I will appreciate any effort which you are able to make on my behalf.

Sincerely yours,



H. Hugh Fudenberg, M.D.  
Professor and Chairman  
Professor of Medicine

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