Once in a Lifetime
ACNP Nobel Celebration

Eric Kandel, Paul Greengard, Arvid Carlsson, and Julius Axelrod

Charles O’Brien at the Library of Congress

Joe Coyle, Paul Greengard, Frankie Trull, Steve Hyman, Fred Goodwin, Eric Kandel, Charles O’Brien, and Myrna Weissman
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SCHEDULE OF EVENTS AND SPEAKERS

Ronald Reagan Building and International Trade Center

9:00 a.m. - 10:00 a.m.
Room: Amphitheater

Chair: Dennis Charney
Speaker: Kay Jamison

10:30 a.m. - 11:30 a.m.
Room: Amphitheater

Chair: Alan Schatzberg
Speaker: Eric Lander

12:00 p.m. - 1:30 p.m.
Room: Pavilion

Chair: Donald Klein
Speaker: Mort Kondracke

Chair: David Kupfer
Speaker: Senator Arlen Specter

Chair: Robert Swift
Speaker: Congressman Patrick Kennedy

Chair: Charles O’Brien
Speaker: Senator Joseph Biden, Jr.

2:00 p.m. - 5:00 p.m.
Room: Amphitheater

Nobel Laureates

Chair: Steven Paul
Speaker: Arvid Carlsson

Chair: Joseph Coyle
Speaker: Paul Greengard

Chair: Huda Akil
Speaker: Eric Kandel

5:00 p.m. - 6:00 p.m.
Coffee Reception

Library of Congress

7:00 p.m. – 8:00 p.m.
Reception

8:00 p.m. – 11:00 p.m.
Banquet

Masters of Ceremony:
Charles O’Brien
Fred Goodwin

Speaker: Floyd Bloom
Knowledge Heals!

Celebrations of knowledge are important, perhaps even essential. By recognizing the progress of the past, we generate optimism for the future. By honoring those who have made a difference, we provide visible models for subsequent generations. By looking simultaneously backward and forward, we clarify roadmaps for our new generations.

On July 18, 2001, The American College of Neuropsychopharmacology (ACNP) celebrated the remarkable advances in neuroscience knowledge by honoring three members who received the esteemed Nobel Prize for Physiology or Medicine for the year 2000: Arvid Carlsson, Paul Greengard, and Eric Kandel. The 1970 ACNP Nobel Laureate, Julius Axelrod, another ACNP member, also graced the meeting. The ACNP targets itself at being a "translational science organization" so translational themes were evident throughout the day.

Psychiatric Research Reports is often written with young investigators in mind. For developing scientists, heroes and roadmaps are especially valuable. Knowing that both would be evident during the day, the editors of Psychiatric Research Reports requested that I briefly summarize the events of the day.

Knowledge Deficiencies Afflict

The first speaker, Kay Redfield Jamison, Professor of Psychiatry at the Johns Hopkins University School of Medicine and well-known author, presented an historical collage that described linkages between manic-depression/depressive illnesses and temperament, mood and creativity. Victims of depression and bipolar illness have made wonderful, stunning contributions throughout history. Where would we be without the works of Isaac Newton, Charles Darwin, Van Gogh, Hemingway, Virginia Woolf, Edwin E. "Buzz" Aldrin, and numerous others? As Dr. Jamison illustrated, however, these creative geniuses paid a huge price. Their illnesses took a severe toll and societal stigma drained even more.

Dr. Jamison's presentation stimulated perplexing questions: How can neuroscientists better assist the public in understanding the role of brain function and dysfunction in conjunction with creativity? How much creativity is attributable to brain disease? How do we convert or "translate" neuroscience advances into clinical practice, treat earlier, and prevent disease progression while at the same time, avoid discouraging the wonderful creativity associated--sometimes accurately, often inaccurately--with "diseased" temperaments? For the next generation to truly make a difference, they must build upon the neuroscience foundations now being laid while simultaneously addressing these perplexing ethical issues. "Knowledge heals," but only when well understood by society.

Eric Lander, Founder and Director of the Whitehead Institute Center for Genome Research and Professor of Biology at the Massachusetts Institute of Technology (MIT), addressed a different set of translation--those found between the human genome project and the neurosciences. His description of the steps required in assembling the human genome project contained strong messages for young investigators. Science moves forward progressively, often tediously. While there is no substitute for a good idea, good ideas begin to make a difference rapidly when fused with technological advances in bioinformatics, mathematics, chemistry, anatomy, physics, and other scientific applications. The Genome Project dramatically illustrated this, as well as the importance of international cooperation, collaboration, and data sharing.

As in Dr. Jamison's presentation, Dr. Lander made evident the provocative questions that genetic progress has produced over time. For example, the genetic transposition rate has plummeted in hominids for reasons unknown, but the same pattern of genetic drift is not happening in rodents. It is not inconceivable that genetic repeats can be pinpointed in phylogenies, dated and monitored over millions of years, perhaps helping to eventually explain such nebulous concepts as the strong familial histories apparent throughout the centuries among the most esteemed creative people. Because human genes tend toward alternative splicing, yielding an abundance of proteins, some future young investigators predictably will refer to themselves as Proteomic Psychiatrists.

Dr. Lander also described future genetic neuroscience roadmaps. Identification of all genes involved in brain is only a first step. Following rapidly will be the recognition of gene families, alternative forms, the ability to monitor global gene expression, comparative genomics, structural genomics, chemical genomics, and medical and population genomics. Only then will we prescribe inhibitors for certain genes, stimulators for others and will therapies truly make a difference. Dr. Lander echoes Dr. Jamison by indicating that as we seek such true translation, we need to discuss, perhaps endlessly, ethical concerns so that the gap between scientific progress and societal apprehensions can be diminished rather than expanded.

The importance of heroes was illustrated...
when Dr. Lander revealed that his migration from theoretical mathematics into genetics and perhaps even neurosciences was precipitated by an Eric Kandel talk he had heard years earlier at Woods Hole. Lander observed that the intellectual excitement evident in studying the brain induced a twinkle in Dr. Kandel's eye. There is a lesson therein for all mentors: scientific passion engenders recruitment!

Knowledge Heals, But Passion Is Necessary

Luncheon presentations illustrated that for research to be supported by public policy, those in leadership positions, in political, corporate, and philanthropic worlds, must have "buy-in." For this to occur passion and supporters are necessary. Five luncheon speakers addressed the invited guests: Morton Kondracke, journalist, author and television panelist, Surgeon General David Satcher, and three leading legislators, Senators Arlen Specter and Joseph Biden, Jr. and Congressman Patrick Kennedy. Each emphasized the importance of getting out the word about our diseases, their origins in the brain, the stupendous progress being made in neurosciences, and the need for future resources to continue or accelerate the momentum.

Knowledge Accumulates Gradually, And Progress Requires Persistence

The three Nobel Laureates spoke in the afternoon session. Arvid Carlsson, the University of Gothenburg, Sweden, began by describing the long search that led to the neuronal localization of norepinephrine, dopamine, and serotonin; to identification of the catecholamine-depleting actions of reserpine in brain and other tissues; to the consequences of such catecholamine depletion and how it could be dramatically reversed with psychopharmacologic agents.; and, ultimately, to the catecholamine hypothesis of psychiatric disorders and to identifying the clinical consequences of dopamine receptor blockade and serotonergic reuptake inhibition. Junior investigators might note that Dr. Carlsson's early work was greeted with skepticism and even ridicule. Yet, the knowledge gained has had life-altering and life-saving implications for literally millions.

Drugs Do Not Respect Diagnostic Boundaries!

Dr. Paul Greengard, Rockefeller University, amplified the contributions of Dr. Carlsson, illustrating how we steadily learned that neurotransmission is not simple. There is fast and slow synaptic neurotransmission, and there are major complexities in signal transduction. Dr. Greengard's work helped move us beyond synaptic neurotransmission to consider messenger molecules, cyclic nucleotide-dependent protein kinases, ion channels, ion pumps, modulation of neurotransmitter receptors, transcription factors present in the cell nucleus, and the obligatory role of DARPP-32 in the neurotransmission process. Levels of modulation are placed atop other levels of modulation and molecular mechanisms within our brains are evolving, changing over time, and changing in response to multiple stimuli. Why should young clinicians care about such obscure molecular names as DARPP-32? These and other acronym-laden compounds and mechanisms, when functioning normally, are responsible for normal perceptions, moods, cognitions, and behaviors. When dysregulated, they lead to Parkinson's, Schizophrenia, Attention Deficit Hyperactivity Disorder, Major Depression, Bipolar Disorder, Obsessive-Compulsive Disorder, Eating Disorders, Anxiety Disorders and Drug Abuse (e.g., every drug of abuse involves the DARPP-32 pathway). Commonly used psychopharmacologic medications all depend upon modulation of these and other molecular mechanisms. Indeed, it is probable that cross-talk among these same molecular mechanisms, metaphorically, mediates the cross-talk that makes cognitive behavioral therapy an effective psychosocial intervention. Future generations of clinicians have little choice but to incorporate the excitement of these advances.

Eric Kandel, Columbia University, described his body of work on the molecular biology of memory and thereby illustrated the importance of blending neurophysiology, neuroanatomy, neuropsychopharmacology, biochemistry, modern biology, and molecular strategies. Using Aplysia as an elegant model, he demonstrated that the brain's amazing molecular contents are continually being sifted, dusted, sorted, and altered by learning experiences. While the mechanisms may be totally new, it will not come as a surprise to clinicians that learning processes play upon the strength of previously existing connections. The time course and number of learning trials also influence the magnitude and duration of the learning. Thus, should you learn anything in your reading of this summary, that learning is building upon the strength of previously learned information, interacting with your underlying genetic substrates and linked to molecular changes in your brain.

As a humble recommendation, young investigators would be well advised to learn more about the gigantic contributions of these three Laureates. Seek to emulate their methodological perspectives and use them as models; follow the roadmaps they have suggested but still be bold enough to embark upon unique directions when that seems indicated. Above all, be driven by the realization that "knowledge heals, and the best is yet to come."

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Frankie Trull

The College took a resoundingly successful step into the public policy arena on July 18th with an all day celebration of its Nobel Laureates. It was a day packed with exciting scientific presentations and a luncheon overflowing with Capitol Hill opinion makers. Since my forte is Capitol Hill, I’d like to take a moment to recap what those of us fortunate to be at the luncheon heard.

The first speaker during the lunch hour was Morton Kondracke, executive editor of Roll Call, the Capitol Hill newspaper and co-host of the Beltway Boys on Fox News Network. Mort’s wife Milly suffers from Parkinson’s disease and Mort has a deep and abiding interest in medical research and its attendant funding levels. Mort has become an active and effective spokesperson for the doubling of the NIH budget. In fact, he believes that after the doubling has been achieved, it should be doubled again!

The Surgeon General of the U.S., Dr. David Satcher, expounded upon the mental health programs he has put in place since he took office; discussed the role of SAMSA and outlined the plans he has in addressing mental health problems that are so crippling to so much of the population.

Senator Arlen Specter (R-PA) chaired the Senate Labor, Health and Human Services, Education Appropriations subcommittee before the Senate switched from Republican to Democratic leadership. Senator Specter is a champion of medical research and has been key to the success of the NIH budget increases. He was extremely articulate in describing why the investment in NIH has and will continue to provide major returns to the nation in the quality of life of all Americans. He further emphasized his continued commitment to the doubling of the budget goal. As an aside, let me mention here that Senator Specter’s replacement as the chair of that subcommittee, Senator Tom Harkin of Iowa, is equally committed to this goal.

Senator Joe Biden, a Democrat from Delaware announced that he has worked with presidents, kings and other heads of state, but none humbled or inspired him as much as the Nobelists who were present in the room. While many who work in Washington think of Mr. Biden in the context of judiciary and foreign relations issues rather than with health care issues, it was clear from his talk that Senator Biden has a full appreciation of the importance of the work the ACNP members do and the need for well-funded research in the neurosciences.

Finally, Representative Patrick Kennedy (D-RI) was strikingly candid about his personal experiences with depression and its accompanying stigma. Mr. Kennedy, who was recently awarded a seat on the House health appropriations subcommittee, will undoubtedly become a major player in the future of medical research funding generally and mental health funding specifically. He expounded upon the importance of educating the public about mental illness, so that people will begin to view those who suffer with “diseases of the brain the same way they do people who have diseases below the head”.

All told, ACNP had a lot of firepower in the room – a great tribute to the College and the members who invited these decision makers to attend. It is now our challenge to build on this momentum.

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Supported by an Educational Grant from AstraZeneca Pharmaceuticals, Developing Innovative Medicines for CNS Diseases

AACCNNPP

Bulletin

August 2001

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David U'Prichard and Paul Greengard

Joel Elkes and Julius Axelrod

Robert Rubin

Reese Jones

Enoch Gordis

Louis Sullivan, Frankie Trull and Oakley Ray

David U'Prichard and Paul Greengard

Aaron Paul, Arvid Carlsson, Steven Paul and Chris Fibiger at the Tuesday Recepton

Nancy Brady, Joe Brady, Faith Jaffe, Jerry Jaffe, Sheila Meyer, Roger Meyer, Paul Perito, Robin Perito and Biff Bunney
Nobel Laureates Celebration Speech
As transcribed from July 18, 2001
Dr. Floyd Bloom

Volume 7 No. 3

And lastly I want to say a little bit about our college because a day like today makes us feel very special to be a part of this college.

For those of us who have been researchers for a long time, we use the word research so jargon that it sounds like there is nothing there at all. It’s not just idle curiosity, it’s not just morbid pipetting, it’s not just cutting up little pieces of little things. Research is a way of asking questions so that when the results come back, tomorrow they will give you a better question to ask. It’s a way of building on the shoulders of those giants that you heard today who have taken a chance and put something together and opened the way for us to follow.

Last year we had the neuroscience meeting in New Orleans. And in New Orleans they make a very special celebration out of their funerals. I had been in the French coffee house and there was a very strange funeral procession going by. There was one long black hearse and then there was a second long black hearse and there was a man dressed in black with a pit bulldog on a leash and the pit bull was pulling on the leash, pulling on the leash and pulling at the leash and behind the man were about one hundred and ten other men walking single file. I just stood there watching it go by and someone ran out to the man and said “Please sir, could you explain this strange funeral, what happened, who is in that first hearse?” The man said, “It is my wife. This dog attacked her and mauled her to death.” Then he asked, “who is in the second hearse?” The man said, “Oh, that is my mother-in-law. She tried to rescue my wife and the dog turned on her.” Then the man who had stepped off the curb to ask these questions looked into the eyes of the man holding the dog and said, “Sir, can I borrow that dog?” And the man holding the dog said, “Get in line”.

And that is kind of what we do in our science. We wait for someone to make a discovery and we get in line and go right with that tool.

Vanevar Bush is a man that I admire almost as much as Arvid, Paul, Eric and Julian. I never met the man, I only know of his visionary ideas and tools. He is the man who could not only foresee the endless horizons of research opportunities at the end of World War II and started what we have today as the National Science Foundation, the National Institutes of Health, but he also gave us the idea that we could discover things by applying the best wisdom that this country could muster.

And among the other things that he forecast was the idea that we would organize information in a way that some day we could go to a device, he didn’t know about computers, and look up information. He invented the concept of Hypertext. He was a true visionary aside from his ability to convince Harry Truman to start the National Science Foundation and the National Institutes of Health.

He wrote a very short essay, probably the shortest work he ever did called “The Master Builders” in which he creates, what I think people who have not participated in the research process may climb onto as the concept of new focus, and that is that all of us engaged in research really believe that the body of knowledge that we are after already exists some place buried, if you are an archeologist. You do your research under the ground. What we do as researchers is to try to pick where to dig, find a piece, pull it out and put it someplace so we can put it all back together again. We believe that it is there and it is up to us to find it. And there are all kinds of roles that we play in this digging process. There are people that just dig because they like digging. There are people who watch the diggers and advise them where to dig. There are people who remember having found something once and tell them where they found it and say maybe you should dig over there. There are wise people like Julian and Arvid who have put it all together and remember that one and advise us how to go after the next one ahead of us. And then there are people that don’t dig anymore, they just remember. I don’t dig anymore, I
just remember but it was a heck of a lot of fun when we were digging, and with me being on sabbatical this year, maybe I will get to dig a little more.

So figuring out where we are going is a really critical issue. Arvid gave a story, I am going to digress a little from the seriousness of my talk to tell you the story, of a helicopter pilot that was flying around Seattle during a fog, lightning came up and struck the helicopter and its electronic communication system went out, his global position indicator went out and he had no idea where he was and no idea how to get back to the airport. So he is flying around and he notices a tall building nearby. He gets as close as the helicopter could get to the tall building and takes his tablet and writes “Where am I?” and held the tablet up to the window. The people in the tall building gathered at the window, looked at the sign, and they are thinking and thinking and he flies around the building once, nothing, flies around twice, nothing and he flies around a third time and the people in the building held up a sign that said. “You are in a helicopter”. So the pilot looks at the building and looks at his map and goes directly to the airport and lands. When he lands, the co-pilot said, Sir, how did you know where we were and how to get back to the airport? He said, “that had to be Microsoft, because the answer they gave us was technically correct but absolutely useless.” So there you have it. We have to know how to get around.

In the nice piece that Don Klein wrote at the beginning of the program booklet he said that the drugs we have today in psychopharmacology are really the product of chance and the prepared mind.

Because we have been able to develop really miraculous drugs for reasons that we didn’t understand at the time, we have had difficulty improving upon as the design has gone on. And part of that era, I believe that you have heard today is about to change, we have just been given probably the greatest informative gift that we have ever been given in the world of biomedical science. We are beginning to have the inventory of all the genes that people have. And we already know all the genes that yeasts have, all the genes that worms have, all the genes that fruit flies have and soon all the genes that mice have. And this information is not just endless inventories like Staples and Office Depot. These are inventories of information that are going to permit us to change the way in which medicine is practiced on this planet. We will soon be able to capitalize for our interest areas, the diseases of psychiatry and neurology that we can treat, the diseases of substance abuse that we really can not fully treat, although the treatments there are getting better and I think we can take great homage from what has been achieved so far in the diseases of neurology. If we had had this fest four years ago and one was forced to get up and talk about neurological disorders that we have treated because we partially understood their pathology, we would have never believed the progress that has occurred and the opportunities to treat diseases like Alzheimer’s Disease, Parkinson’s Disease and possibly even Huntington’s Disease. These are diseases in which small families very rarely express patterns of inheritance in Alzheimer’s Disease and in Parkinson’s Disease and from those investigators have observed molecules that cause high degrees of vulnerability. From looking at small families with highly inheritable Alzheimer’s Disease, it was recognized that one of the molecules that seems to choke neurons has been mutating on key places on the outside and on the inside of the neurons.

Investigators trying to put that message together said if we could just find whatever enzyme it is that causes this amyloid to be processed in the wrong way, maybe we could devise drugs that could prevent that from happening. But no such enzymes were known. Because of the opportunities to look at the class of enzymes in those genetic structures that have been worked out, investigators at three different pharmaceutical companies were able to, in about ten months of concerted effort, come up with the identity of enzymes that we did not even know existed. And those enzymes can now be targeted for medications which are about to enter clinical development.

Investigators with pharmaceutical companies who didn’t have strong backing in neuropsychopharmacology said maybe there is a way to do this without a typical drug, maybe we can make the immune system look for amyloid as it is accumulated. And much to everyone’s amazement, investigators at one pharmaceutical company started vaccinating mice who had already had amyloid deposits laid in their transgenic mouse models of Alzheimer’s Disease and the amyloid deposits of the choking neurons disappeared.

Now if we could reverse the course of Alzheimer’s Disease and the early results of animal studies would suggest that you could start such a vaccine program as a person is developing symptoms and prevent further degradation of those neurons. That would be a tremendous advance.

So, when we look around at our illnesses and we don’t understand the genetic roots, we don’t understand the genetic origins, this new information is going to make a difference in our opportunity to do so.

When I was a medical student, we had certain diseases that we called spino-cerebellar ataxias. We called them that on the basis of how a person walked and whether they could touch their fingertips to their nose and whether they could squat and stand up straight. And we had no medications for them and we thought they were all pretty much variants of the same disease. Now because of family tracking of inheritance patterns, it is clear that there are eleven different diseases called spino-cerebellar ataxias, each one has a unique genetic mutation, that can be put into an animal model to create a mouse model of that illness then we can understand what the molecular pathology is. But, if you take people with a genetic marker for that disease studied in the United States and study it in Germany, it doesn’t look the same. They have absolutely the same genetic mutation and so by the molecular identification processes would say this is the same illness. But it looks different because of the environment around you. Long argument in medicine, genetics, or environment. For those who don’t understand exactly what that means; if your child looks like you, that is genetics. If the child looks like your neighbor, that is environment.

For most of the diseases that we in this
Room really care about, multiple genes are probably at work and we don’t know what they are and we don’t know how to identify them but we will. And when we do, we will change the way in which we make our diagnoses and we will almost certainly change the way in which we understand our ideologies and absolutely change the way in which we devise the medications that can treat the diseases. And if this prediction is really true, what we will have is the more severe problem we discussed earlier today, which is we will understand the nature of the illness, we will be able to predict who is going to get it, then we have to make the tough decision of when are we going to do something about the prediction that this person is going to get it? This is an ideal topic for us in this College to encounter.

The last thing I want to talk about is the College. Those of you who hear us talk about it and don’t come to our meetings will think this is a really strange college. We don’t have a football team, we don’t have a baseball team, we don’t have a marching band, what kind of a college is this? Well, we are a college. We are a part of a great universe, if not a great university of biomedical research, but we are different. We are not a college of medicine, we are not a college of law, we are not a college of engineering, we are not the college of neuroscience, we are not the college of biological psychiatry. We are a college focused at the interface between the cutting edges of neuroscience research and the undeniable problems of neurology, psychiatry, substance abuse, and social problems. And that gives all of us here great pleasure. Becoming a participant at an ACNP meeting is for most of the scientists here a defining point in their career. Becoming a member of this college and sometimes being elected to service for this college really marks you as someone whose views and service oriented ability will make a difference to the overall fight that we have to wage.

Like colleges that you are familiar with, not everything that a college does gets done in a classroom or in our case a lecture hall where the meetings are done. Our intellectual sport is to engage the problems that each of us need the other to solve. The basic scientists need to understand the clinical problems, the clinical scientists need to understand what the powers of basic science are and together we forge quite a team.

I know many of you were as impressed as I was with the quality of the speakers at lunch today. The Surgeon General, the Congressman, and the two Senators really seem to be on our side at a time when the tools of our trade have never been more powerful. The opportunities for understanding, at caring for in this society have never been more opportune and where the budget seems to be in fact ahead of the generation of good ideas with which to move those products forward.

This is a great time for our field, it is a great opportunity for us to take all the hard work that Paul and Eric and Arvid and Julian started that inspired us, pick up the flag and move forward. GO TEAM!!

Continued from page 5

There are two major policy issues under debate which are of great concern to the ACNP. The first is human subjects research protection in clinical trials. The matter of the regulatory framework governing the use of human subjects in clinical trials has been under discussion for several years, but escalated with the death of Jesse Gelsinger in 1999. The recent death of a healthy young woman in an asthma trial at Johns Hopkins University will surely heighten the debate over this issue. The implications of these tragedies have resonated well beyond Baltimore and Philadelphia, and many researchers, administrators and regulators are proposing various systems to prevent this type of event from occurring again. Space limitations prevent anything but a brief review of some of the activities underway. The General Accounting Office (GAO) has testified before Congress on Human Subjects Research and will issue a report this summer on federal efforts to protect human subjects in biomedical research. A new private accreditation organization has been established, the Association for the Accreditation of Human Research Protection Programs (AAHRPP), which will develop a voluntary, peer-driven, educationally focused accreditation program for human research protection. And within the last few weeks, the AAMC and PhRMA jointly called for a “central” IRB system. It appears that among the mandates for all the various proposals will be specific performance standards, including informed consent protocols, oversight committees, site visits, etc.

The second policy matter of concern to many within ACNP is the debate over inclusion of rats, mice and birds under the Animal Welfare Act. For those who have followed this debate over the past year, the question hinges on the regulatory burden that would undoubtedly be imposed, not the actual care and treatment of the animals. Scientists have the responsibility to provide humane care and treatment to all species under their care. The argument against their coverage is that the regulations would be redundant to PHS and GLP policies and would be extremely costly. The animal rights community is lobbying vigorously for coverage of rats, mice and birds and it is still too early in this Congressional session to predict the outcome of this debate. ACNP will be writing letters to the key Senators and Congressmen with jurisdiction over the Animal Welfare Act emphasizing the importance of these animals to past and future neurological advances.

As I mentioned in my inaugural ACNP newsletter column, the ACNP can and should play an active role in the decisions made by our nation’s lawmakers. It is clear by the luncheon speakers on July 18th that many ACNP members are conversant with many members of Congress. I encourage all of you to express your opinions on the matters under debate so that a climate conducive to medical research is cultivated and preserved.
CALENDAR OF EVENTS

September 20-23, 2001
Budapest CINP Regional Meeting, Budapest, Hungary
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October 13-17, 2001
14th ECNP Congress, Istanbul Turkey
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October 20-23, 2001
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October 27-31, 2001
XVII World Congress of World Association for Social Psychiatry
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October 2-5, 2001
CINP Hiroshima Regional Meeting
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October 5-10, 2001
CINP Hiroshima Regional Meeting
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December 9-13, 2001
ACNP 40th Annual Meeting
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March 4-6, 2002
International Conference on Psychiatry and Religion
Chair, Herman M. van Praag
Amsterdam, The Netherlands
For information:
Conference Secretariat
Leids Congress Bureau
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June 22 – 27, 2002
CINP XXIIIrd Congress
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