CALL FOR NOMINATIONS
2016 AWARDS
Submit nominations online: nfid.org/awards
Deadline: June 30, 2015

The National Foundation for Infectious Diseases (NFID) presents annual awards to outstanding individuals who have made significant and lasting contributions to global public health through scientific achievement, philanthropy, or legislation.

Anne A. Gershon, MD
Jeremy Farrar, FRs
Richard E. Besser, MD

2019 AWARDS DINNER

National Foundation for Infectious Diseases
Beth P. Bell, MD, MPH  
Centers for Disease Control and Prevention (Retired)

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Louisiana State University Health Sciences Center

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Patricia N. Whitley-Williams, MD  
NFID President-Elect  
Rutgers Robert Wood Johnson Medical School
PROGRAM

2019 NATIONAL FOUNDATION FOR INFECTIOUS DISEASES AWARDS DINNER
THURSDAY, MAY 9, 2019
WILLARD INTERCONTINENTAL WASHINGTON
WASHINGTON, DC

RECEPTION AND SILENT AUCTION
6:30 – 7:30 PM

AWARDS DINNER AND PRESENTATIONS
7:30 – 9:30 PM

WELCOME
NFID EXECUTIVE DIRECTOR & CEO
Marla Dalton, PE, CAE

NFID PRESIDENT
Joseph A. Bocchini, Jr., MD

AWARDS CHAIR
Walter A. Orenstein, MD

2019 JIMMY AND ROSALYNN CARTER HUMANITARIAN AWARD
Presentation by
Bruce G. Gellin, MD, MPH and Julie Gerberding, MD, MPH to
Jeremy Farrar, FRS

2019 MAXWELL FINLAND AWARD FOR SCIENTIFIC ACHIEVEMENT
Presentation by
William Schaffner, MD to
Anne A. Gershon, MD

2019 JOHN P. UTZ LEADERSHIP AWARD
Presentation by
Patrick Joseph, MD and Anne Schuchat, MD (RADM, USPHS, RET) to
Richard E. Besser, MD

CLOSING REMARKS

DESSERT RECEPTION
9:30 PM
The Jimmy and Rosalynn Carter Humanitarian Award is presented annually by the National Foundation for Infectious Diseases (NFID) to honor individuals whose outstanding humanitarian efforts and achievements have contributed significantly to improving global public health. Selection criteria include:

- Humanitarian service;
- Public education activities; and/or
- Legislative or administrative contributions.

Established in 1997, the award is named for former President and Mrs. Carter, who have worked tirelessly to improve the quality of life for people worldwide. As co-founders of The Carter Center, a nonprofit, nonpartisan organization based in Atlanta, GA, President and Mrs. Carter have worked to resolve conflict peacefully, promote democracy, protect human rights, and prevent and eradicate disease. In recognition of their efforts, President and Mrs. Carter were presented with the first award in 1997.
Jeremy Farrar, FRS, is internationally renowned for his outstanding contributions to the current understanding of the epidemiology, pathogenesis, and treatment of globally important infectious diseases, including those affecting Southeast Asia and those with epidemic or pandemic potential. His interests in integrated health research across a range of infectious diseases have included emerging infections, influenza, central nervous system infections, dengue, typhoid, tuberculosis, and opportunistic infections related to HIV. His clinical research has changed patient care, enhanced understanding of disease pathogenesis and the host-environment interaction, and influenced national, regional, and global public health policy.

In his role as director of Wellcome Trust, he has worked to ensure that the influential organization remains at the forefront of addressing the great global health challenges of our time.

Dr. Farrar trained in neurology and infectious diseases in London, Edinburgh, Melbourne, and Oxford with a DPhil (PhD) from Oxford University and the University of California, San Francisco. From 1995 to 2013 he was director of the Clinical Research Unit Hospital for Tropical Diseases in Vietnam. When severe acute respiratory syndrome (SARS) and H5N1 emerged in Vietnam, Dr. Farrar and his research team worked with the hospital system and the Ministry of Health to control their spread. Following the devastating Ebola outbreak in West Africa in 2014-2015, he helped launch the Coalition for Epidemic Preparedness Innovations and was one of the first experts to call for a global vaccine development fund to overcome market challenges in vaccines for deadly pandemics.

He has been awarded the Ho Chi Minh Medal from the Government of Vietnam, the Frederick Murgatroyd Prize from the Royal College of Physicians, and the Bailey Ashford Award of the American Society of Tropical Medicine and Hygiene. Dr. Farrar is an elected fellow of the Academy of Medical Sciences UK, the Royal Society, the European Molecular Biology Organisation, and the US National Academy of Medicine. He has been knighted by Queen Elizabeth II for service to Global Health and serves on numerous national and international advisory boards.

In recognition of the tangible difference he has made in improving global public health, the National Foundation for Infectious Diseases is proud to present Dr. Farrar with the 2019 Jimmy and Rosalynn Carter Humanitarian Award.

WHAT IS YOUR GREATEST PROFESSIONAL ACCOMPLISHMENT?
I am most proud of helping to build a world-class clinical and public health research center in government hospitals in Vietnam, Nepal, China, and Indonesia; training the next generation of clinical scientists; continuing my own clinical work; and contributing to local and global health. I am glad I never lost the sense of wonder, the love of what I do, and a sense that we can all contribute to improving the world in which we live.

WHAT IS THE GREATEST CHALLENGE YOU HAVE FACED IN YOUR CAREER?
Cynicism or a pessimistic attitude that we cannot make the world better and less inequitable.

WHO OR WHAT HAS HAD A PROFOUND IMPACT ON YOU TO THIS DAY?
The heroism and tragic death of Carlo Urbani had a profound impact on me. Working for the World Health Organization in Vietnam, he realized something was wrong—a series of patients with very severe respiratory infections were coming into the hospital, were dying, and many of the nurses and doctors treating them also got sick and died. He alerted a
country and the world to the start of the SARS epidemic. He unselfishly closed the hospital and in doing so saved a country but tragically died of SARS.

In my very early career as a young doctor at the start of the AIDS epidemic, I witnessed the fear and prejudice before we knew what caused AIDS, before the virus was identified, and before there was any treatment. We watched helplessly as mostly young people died, with public health and clinical medicine impotent to intervene. It was devastating. And then over 10-15 years, through science, research, and engagement of the HIV community, we slowly worked out the cause and could provide public health advice. Then came the start of the era of treatment, which turned a death sentence into a long-term manageable condition, reduced fear and prejudice, and saved lives. We were far too slow to appreciate the impact on low-income countries, particularly in Africa and Asia, and far too slow to make sure public health interventions and treatment were available independent of the ability to pay. There were so many lessons, perhaps most importantly that through science, innovation, and engagement with society, we can make the world a better and more equitable place.

WHO HAS HAD THE GREATEST IMPACT ON YOUR PROFESSIONAL CAREER DEVELOPMENT?
So many people have influenced me. Cheryll Tickle, a fundamental developmental biologist, taught me that medical science was not about rote learning a long list of facts; it was about ideas, uncertainty, the unknown, the edge of knowledge, and the comfort that you—you of all people—could change that knowledge. Charles Warlow taught me that the most exciting areas of science and medicine were at the interface of disciplines that did not usually work together. Nick White showed just how important listening to and looking after patients was to changing clinical science. My mother and sister taught me how to laugh, enjoy, always see a way through, and always remember that tomorrow will bring a brighter day. Those whom I admire most are people who make a difference and do so with ambition, humility, and a sense of fun.

WHAT ARE THE GREATEST THREATS AND OPPORTUNITIES FOR THE INFECTIOUS DISEASE PROFESSION?
The greatest threat we face is to return to an insular, inward-looking, more nationalistic world, where we care only about ourselves and those who are like us. We tried that in the 20th century and it did not turn out well. If you look at any of the great challenges of our time—climate change, drug resistance, new and emerging infections, mental health, urbanization, migration, inequality, and conflict—none of these belongs to one group, none can be solved by one group or country alone, and certainly none can be solved by isolationism or looking only after ourselves and those who look like us.

For infectious diseases, the greatest threats are that we are complacent: by forgetting that drug resistance is inevitable; that not everyone is persuaded by vaccination; that inequality and poverty drive so many infectious diseases; and that conflict, inequality, migration, urbanization, ecological, and climate change will spread infections around the world. No matter where we live, no matter how rich and secure we may feel, our health and the world's health security depend on its most fragile link. Without sharing that risk and vulnerability, without sharing the benefits of science and research in a more equitable way, we will not overcome the permanent threat of infections or address the great challenges of our time.

For young professionals thinking about what career to pursue, there has never been a greater time to choose clinical science and global health in particular, from basic discovery science, through public health, to clinical medicine. But we have to inspire people to become interested; rework the incentives that facilitate a career in global health; make sure that people have the right opportunities to explore basic discovery science, public health, and clinical medicine; and provide a career path that supports the next generation. The career path in most countries is unforgiving—we desperately need to improve the research culture in our labs and hospitals, ensure a diverse and inclusive environment for everyone to thrive, and allow people to explore the interfaces between disciplines. We are in danger of specializing too soon and building silos when breadth and appreciation of what others can contribute is so increasingly important. And we have to make it fun!
WHAT ARE THE GREATEST CHANGES YOU HAVE SEEN IN THE PROFESSION SINCE YOU BEGAN YOUR CAREER?
Today there is a lack of flexibility, over-specialization too early, an unforgiving career path, and an under-appreciation of the importance of breadth, an open mind, and diversity of perspective. We must retain that breadth in knowledge and appreciation of the critical role of the clinician scientist and people who appreciate public health, clinical medicine, basic science, and innovation. There has never been a better time or greater opportunities to make a difference—we have to bring that optimism and sense of fun back into global health.

KNOWING WHAT YOU KNOW NOW, WHAT, IF ANYTHING, WOULD YOU DO DIFFERENTLY?
I would have embraced personal coaching, management, and leadership training earlier and spent more time with family.

WHAT MOST KEEPS YOU UP AT NIGHT?
The political and increasingly nationalistic world in which we live.

WHAT ADVICE DO YOU HAVE TO OFFER TO THE NEXT GENERATION OF INFECTIOUS DISEASE PROFESSIONALS?
Go for it! Embrace and enjoy uncertainty, be as broad-minded as possible for as long as possible, and never stop believing you can make the world a better place—you can.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?
It is an absolute honor to receive the 2019 NFID Jimmy and Rosalynn Carter Humanitarian Award. What President Carter has contributed with such dedication, ambition, grace, and humility is an inspiration to all of us—because of that legacy, this is the proudest moment of my career.
The Maxwell Finland Award for Scientific Achievement is presented annually by the National Foundation for Infectious Diseases (NFID) to honor scientists who have made outstanding contributions to the understanding of infectious diseases and public health.

Selection criteria include:

- Excellence in clinical and/or research activities;
- Participation in the training of future leaders in the field; and
- Positive impact on global public health.

First presented in 1988, the award is named for Maxwell Finland, MD, former member of the NFID Board of Directors, who died in 1989 at the age of 85. Dedicating his life to teaching, clinical research, and patient care, Dr. Finland pioneered work in the diagnosis, treatment, and epidemiology of bacterial infections; the evaluation of antimicrobials; and the demonstration of the evolving problem of antimicrobial resistance. He was a driving force in shaping infectious disease training programs in the United States and in defining the discipline of infectious diseases as it is known today.

**2004**
George E. Drusano, MD

**2005**
John G. Bartlett, MD

**2006**
Robert C. Moellering, Jr., MD

**2007**
Herbert L. DuPont, MD

**2008**
Martin S. Hirsch, MD

**2009**
Stanley A. Plotkin, MD

**2010**
Richard P. Wenzel, MD

**2011**
R. Palmer Beasley, MD

**2012**
Anne A. Gershon, MD

**2013**
Paul A. Offit, MD

**2014**
Richard L. Guerrant, MD

**2015**
Samuel L. Katz, MD

**2016**
Diane E. Griffin, MD, PhD

**2017**
Myron M. Levine, MD

**2018**
Kathryn M. Edwards, MD

**2019**
George W. Comstock, MD, DrPH
Anne A. Gershon, MD, is a trailblazing pediatric infectious disease researcher at Columbia University Vagelos College of Physicians and Surgeons, who has been a leader in basic research, applied research, and public health policy on vaccines. Considered the world’s preeminent authority on varicella-zoster virus (VZV), she has illuminated the epidemiology, cell biology, immunology, and latency of the virus that causes chickenpox and shingles. Her studies led to the licensure of varicella vaccine for children and adults, which has prevented millions of illnesses worldwide. She is a premier exemplar of the concept of translational research: from bench to bedside, and in her case, beyond, to prevention in large populations.

Dr. Gershon earned her medical degree at Cornell Medical School and completed her internship and residency at New York-Presbyterian Hospital/Weill Cornell Medical Center. She was professor of pediatrics at New York University Medical Center until she joined Columbia in 1986 and has received research funding from the National Institutes of Health (NIH) to study VZV almost continuously for more than 40 years.

Dr. Gershon has served on the Advisory Committee on Immunization Practices, the Committee on Infectious Diseases of the American Academy of Pediatrics, and the Council of the Pediatric Infectious Diseases Society. She is a past president of the Infectious Diseases Society of America and has received many prestigious awards recognizing her contributions to medicine. Her scientific achievements and dedication to research not only resulted in major advances in vaccinology, but also produced several successful scientists through her long-standing mentorship.

WHAT IS YOUR GREATEST PROFESSIONAL ACCOMPLISHMENT?
My greatest professional accomplishment is the role that I played in enabling the live attenuated varicella vaccine to be brought to licensure in the US in 1995. This vaccine has dramatically reduced the burden of varicella, virtually eliminated seasonal epidemics, and turned a common childhood disease into a rare and preventable illness.

A first step was developing a means of evaluating the susceptibility of individuals to varicella—the ability to determine which individuals are immune and which are susceptible to varicella is critical for the evaluation of a vaccine to prevent the disease. We employed a test that used immunofluorescence to detect the presence of protective antibodies in patients’ blood. This procedure grew out of my early student research experience at Cornell Medical School, where I learned to use the then new “fluorescent antibody technique” and my postdoctoral research on staphylococcal toxins at the Sir William Dunn School of Pathology at Oxford. This method, called the “fluorescent antibody to membrane antigen” (FAMA) test was critical for the study of active and passive immunity to varicella because it was a true immune correlate for varicella. We were able to show definitively that varicella would not occur when individuals with antibodies were exposed to VZV, but would occur when individuals without antibodies were similarly exposed to the virus. I also developed new assays to identify VZV antigens in skin lesions. When Michiaki Takahashi (who eventually became a close colleague) successfully attenuated VZV to prepare the initial vaccine, I was uniquely prepared to test a varicella vaccine.

I received funding from NIH to lead a consortium to test a live attenuated varicella vaccine in children with underlying leukemia in remission. We developed a protocol to study the vaccine that guaranteed good follow up by not only keeping track of the data but also generating letters and requesting specimens at the proper time. We kept track of FAMA data
on a computer (novel then) and knew which vaccinees were immune after vaccination, which was important because many were exposed to varicella and we needed to know if they were immune from the vaccine. Anyone who was not immune and closely exposed could receive passive immunization. However, the vaccine was so effective that most of the vaccinees had clear-cut evidence of immunity when exposed. I am particularly indebted for my success to my then teenaged son Perry for the clever computer programming that made our study possible and to my mentor Saul Krugman for his invaluable advice and action as a role model.

WHAT IS THE GREATEST CHALLENGE YOU HAVE FACED IN YOUR CAREER?
When VZV was first attenuated in Japan, it was far from clear that it ought to be tested as a vaccine in the US. Many pediatricians were afraid of VZV because the virus becomes latent after primary infection. Some feared that the virus might reactivate at some future date. Others worried, and some still do, that zoster might reach epidemic proportions if large numbers of children did not get sick every year to expose adults to VZV and thus boost and maintain their immunity. Besides, it was argued, varicella is usually a self-limited “modest” illness, why bother to prevent it? Because there is no suitable animal model of varicella, studies of vaccine efficacy had to be conducted in human children. My challenge was to overcome vaccine resistance and ethically determine whether the live attenuated vaccine was safe and effective for the prevention of varicella.

Small, pioneering experiments with healthy children, essentially phase 1 studies that had been carried out in Japan, indicated that the live attenuated varicella vaccine was safe, but the Japanese, who lacked the FAMA test, were not in a position to evaluate efficacy. One population in whom an unknown risk of vaccine virus in the distant future was outweighed by an immediate risk of severe and lethal varicella was children with underlying leukemia. These children were severely immunocompromised both because of their disease and due to its therapy. Varicella in these children was not a minor infection of childhood but an imminent threat to life; moreover, VZV is highly infectious, and there was then no way, other than by vaccination, to prevent them from acquiring varicella. Our strategy was to administer the live attenuated varicella vaccine to children with leukemia in remission when their immune systems were capable of responding to it. In practice, the overwhelming success of the trial of the vaccine in the leukemic population led to its subsequent ethical and equally affecting testing in healthy children, and ultimately to licensure.

DESCRIBE A SPECIFIC PROJECT OR SITUATION THAT HAS HAD A PROFOUND IMPACT ON YOU TO THIS DAY.
During my pediatric infectious disease fellowship, I took care of many children with severe and even fatal varicella. At that time, there were no available antiviral drugs to treat VZV. We were in the difficult situation of potentially caring for children who appeared to be cured of leukemia only to die from varicella. While at Bellevue I held the hands of children dying of varicella while observing their heartbroken parents. That persuaded me that we had to try vaccination of leukemic children in remission to see if the live attenuated varicella vaccine could provide them with the protection they needed. I had developed the FAMA test; now I could use it to try to save lives.

WHO HAS HAD THE GREATEST IMPACT ON YOUR PROFESSIONAL CAREER DEVELOPMENT?
While at Bellevue, the chairman of pediatrics was Saul Krugman, who was instrumental in development of numerous viral vaccines: measles, rubella, mumps, and hepatitis A and B. He was a great scientist, humanitarian, and teacher. Interestingly, Albert Sabin, who developed the live polio vaccine, was Saul’s first cousin—this kind of expertise seemed to run in the family. It was a privilege to be able to interact with Krugman and Sabin, as well as their colleagues, the great virologists/epidemiologists Samuel Katz and Wolf Szmuness. They all provided advice that I incorporated into my design of the protocol we employed to evaluate the varicella vaccine. My exposure to these “pros” enabled me to put together a detailed clinical trial years before the term was even invented. I consider myself a descendant of these pioneers in vaccine development.

WHOM DO YOU MOST ADMIRE, AND WHY?
I have told you about my mentors and role models, but I have yet to mention the most important one, my husband of almost 58 years, Dr. Michael Gershon. We were both medical students when we met. He had taken a year off from medical school and was pressed into service as a teacher. We fell in love over a microscope in a histology laboratory. Michael
is a great scientist and humanist. Although each of us pursued independent careers, we talked about what we were doing. Eventually, we decided to introduce “my” virus, VZV, to “his” neurons, those of the enteric nervous system (ENS), the intrinsic innervation of the gastrointestinal tract. The ENS is very large and is uniquely able to control the behavior of the gut in the absence of input from the brain or spinal cord. Together we discovered that VZV can establish latent infection of the ENS and can reactivate there to cause an illness of varying severity that we have named “enteric zoster.”

Together we brought up three successful children, who have presented us with eight grandchildren. I admire Mike for his generous, warm, and kind nature, his intellectual brilliance (in some ways it is like being married to an encyclopedia), and his love and knowledge of wine, art, history, and politics.

WHAT ARE THE GREATEST THREATS AND OPPORTUNITIES FOR THE INFECTIOUS DISEASE PROFESSION?
Many infectious diseases, such as tuberculosis, malaria, Ebola, Zika, and others are still plagues of humanity. These agents must be controlled. They are a challenge because they still exist, and they are an opportunity because we can and will learn how to prevent them. We have to think globally and cannot feel safe because we have oceans to protect us. Dunne was right in saying that “No man is an island…” The US is a part of the whole world. Every year new strains of influenza emerge from Asia and ultimately spread to the US. Benjamin Franklin said it well, “We must, indeed, all hang together or, most assuredly, we shall all hang separately.”

WHAT ARE THE GREATEST CHANGES YOU HAVE SEEN IN THE PROFESSION SINCE YOU BEGAN YOUR CAREER?
When I began my studies in medicine, women were not at all welcome in the profession. Many people thought there was something wrong with you if you were female and wanted to be a physician. I attended Smith College, however, where I met women interested in medicine who became lifelong friends and doctors. The overwhelming ethos at Smith was to be whatever you wanted to be. We learned to support each other and to overcome adversity without surrender.

KNOWING WHAT YOU KNOW NOW, WHAT, IF ANYTHING, WOULD YOU DO DIFFERENTLY IN YOUR PROFESSIONAL LIFE? ANY REGRETS?
Not really. If I could do it all over again, I would change nothing.

WHAT MOST KEEPS YOU UP AT NIGHT?
I worry about enabling our society to retain its faith in science. There is no alternative to science. Nature is what it is, and the laws of physics are what they are. We cannot make them different when we cease to like them. Currently, we see anti-scientific danger in the anti-vaccine movement. The anti-vaxxers invent problems and imagine consequences of vaccination from which no amount of contrary data assuages them. Their efforts are bringing back nearly banished infectious diseases such as measles. Our population needs to learn that it is appropriate to make rational decisions on the basis of facts and logic. It is disheartening to see measles spread unnecessarily in the US and abroad. It is also disheartening to hear greenhouse gas accumulation and the impending climate catastrophe dismissed as a conspiracy of the scientists. This is the weaponization of magical thinking.

WHAT ADVICE DO YOU HAVE TO OFFER TO THE NEXT GENERATION OF INFECTIOUS DISEASE PROFESSIONALS?
Always remember the old adage that ‘an ounce of prevention is worth a pound of cure’.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?
Our young son developed chickenpox during my tenure as a postdoctoral fellow at Oxford. I learned a lot about that viral infection from this experience. My learning included a severe scolding from the English doctor to whom the National Health Service assigned us. We sat in her waiting room for an hour, exposing many people to my son’s virus. When I apologized and asked what I should have done, the doctor said I should have called and, if I had, she would have made a house call. I was dumbfounded; in my prior experience of medical training no doctors made house calls for chickenpox. The English experience taught me to be skeptical of those who say that socialized medicine is always bad. I have retained my shame from this encounter but appreciate the irony that my achievements in the investigation of VZV began with an upbraiding for a mistake. Perhaps that experience was the unconscious beginning of my lifetime of making amends. Vaccination really is better than varicella.
JOHN P. UTZ LEADERSHIP AWARD

The John P. Utz Leadership Award was established by the National Foundation for Infectious Diseases (NFID) Board of Directors in 2007 as a lasting memorial to John P. Utz, MD, a founder of NFID who was a champion in the fight against infectious diseases. To honor his memory and his years of dedication to the profession and to NFID, the award is presented to individuals who exemplify and support NFID leadership goals, through service to NFID and/or the field of infectious diseases, as selected by the NFID Board of Directors.

2007 DONALD M. PORETZ, MD

2009 CAROL J. BAKER, MD

2010 LEONARD NOVICK

2011 GEORGE C. HILL, PHD

2012 SUSAN J. REHM, MD

2013 WILLIAM SCHAFFNER, MD

2015 RICHARD J. DUMA, MD, PHD

2016 LARRY K. PICKERING, MD

2017 THOMAS M. FILE, JR., MD

2018 ANNE SCHUCHAT, MD (RADM, USPHS)

2019 RICHARD E. BESSER, MD
Richard E. Besser, MD, is president and CEO of the Robert Wood Johnson Foundation and former acting director of the Centers for Disease Control and Prevention (CDC), who led the CDC response to the H1N1 influenza pandemic in 2009.

Dr. Besser earned a reputation as a skilled communicator in the 1990s as chief health and medical editor for ABC News, where he provided medical analysis and reports for all programs and weekly health chats on social media, reaching an audience of millions. During his time at ABC News, Dr. Besser traveled around the world to cover major medical news stories—including walking the Ebola wards in Liberia in 2014, providing extensive coverage from the center of the deadly epidemic.

His tenure at CDC began in 1991 working on the epidemiology of foodborne illness. Dr. Besser then served for five years as the pediatric residency director at the University of California, San Diego, while also working for the county health department on the control of pediatric tuberculosis. He returned to CDC in 1998 as an infectious disease epidemiologist working on pneumonia, antibiotic resistance, and the control of antibiotic overuse, and later served for four years as director of the CDC Coordinating Office for Terrorism Preparedness and Emergency Response.

Dr. Besser attended medical school at the University of Pennsylvania School of Medicine, completed an internship and residency in pediatrics and was chief resident in pediatrics at Johns Hopkins University, and was an Epidemic Intelligence Service Officer with the Bacterial Enteric Diseases Branch of CDC.

In recognition of his long-standing leadership and service to the field, NFID is proud to honor Dr. Besser as recipient of the 2019 John P. Utz Leadership Award.

WHAT IS YOUR GREATEST PROFESSIONAL ACCOMPLISHMENT? The professional accomplishment that I am proudest of was the opportunity to lead the CDC in 2009 at the start of the H1N1 influenza (flu) pandemic. I worked at CDC for 13 years; four years as head of emergency preparedness and response. When H1N1 first appeared, I was acting director of the agency. It was a time of great fear and uncertainty: a new potential pandemic during a period of political transition. I was incredibly proud of the performance of public health at all levels: federal, state, local, tribal, and territorial.

We used communication in a very intentional way to let the public know what was going on, what we knew, what we didn't know, how we were trying to get answers, and what people could do to protect their health. That was how we built trust. I was proud to be a strong voice for public health in the US.
WHAT IS THE GREATEST CHALLENGE YOU HAVE FACED IN YOUR CAREER?
The flu pandemic was the greatest challenge. It hit before there was a stable leadership team at the Department of Health and Human Services. The Secretary had not yet been confirmed and the administration had been in place for just 100 days. An important part of my responsibility was to lead up to the Executive Branch, to speak to the importance of science in driving decision-making, and to ensure that CDC played its established role as the lead for public health emergency response.

DESCRIBE A SPECIFIC PROJECT OR SITUATION THAT HAS HAD A PROFOUND IMPACT ON YOU TO THIS DAY.
My first outbreak investigation at CDC was a game-changer. I investigated an outbreak of hemolytic uremic syndrome due to *E. coli* O157:H7 in Massachusetts and traced it to a small fresh-pressed apple cider stand. It was one of just a few non-meat related *E. coli* O157:H7 outbreaks at that time. It taught me the importance of basic outbreak epidemiology and the power of a good case control study. It also taught me that there is more to life than work. I met my future wife, Jeanne, working on that outbreak, a rare occurrence for an officer in the Epidemic Intelligence Service.

WHO HAS HAD THE GREATEST IMPACT ON YOUR CAREER?
I’ve been fortunate over my career to have many great mentors. My pediatric chair at Johns Hopkins, Frank Oski, taught me the importance of asking and trying to answer important questions. Mathu Santhosham, also at Hopkins, gave me my first job working as a research associate in Dhaka, Bangladesh. He taught me the importance of truly caring for and supporting junior staff. Over my entire career, Mathu has been there, checking in and cheering me on.

I have always been interested in infectious diseases. I was interested in global health and recognized the importance of infectious diseases on the health of children around the world. Although I never trained in clinical infectious diseases, my career in academia and at CDC focused on understanding the epidemiology and control of infectious diseases.

WHO DO YOU MOST ADMIRE, AND WHY?
I admire all of the people who work in governmental public health. They do incredibly important work and so often go unrecognized and unappreciated. I’ve seen the commitment of the public health community to improving the opportunities for people here and around the world to lead healthier lives. When I hear government employees being disparaged, it makes me sad. We need to do a better job of telling the public health story.

WHAT ARE THE GREATEST THREATS AND OPPORTUNITIES FOR THE INFECTIOUS DISEASE PROFESSION?
One of the biggest threats we face as a nation is a retrenchment and withdrawal from our role in the global community. Those who work in infectious diseases recognize that microbes don’t respect borders and that walls do not keep us safe. We need to make the case for continued investment in global health. The argument can be made in many ways: ethical and moral responsibility, public safety, and national security. There is an incredible opportunity to make dramatic progress on controlling and, in some cases, eliminating many infectious threats. Failure to do so would be a missed opportunity and a tragedy.

KNOWING WHAT YOU KNOW NOW, WHAT, IF ANYTHING, WOULD YOU DO DIFFERENTLY IN YOUR PROFESSIONAL LIFE?
I have been so fortunate in my career. In my professional life, I have looked for challenges that would keep me engaged and learning, opportunities to work on public health from many different vantage points: governmental public health, academic public health, media, and now philanthropy. Each job has helped me to see new approaches to accomplish the mission of improving health here and abroad. It is hard for me to imagine enjoying my professional career any more than I have. My only regret looking back was not taking more humanities classes in college. I majored in economics but wish I had taken more courses in literature, religion, philosophy, anthropology, and history. It is so important to understand culture if you want to understand how to improve health.
WHAT KEEPS YOU UP AT NIGHT?
I worry that we are at a point in history where fact and opinion are increasingly viewed as equivalent. If we cannot agree on what are facts it makes it difficult to use science to improve health. I worry that distrust of institutions and experts makes the work of public health harder than it should be and increases the risk of harm. We have brought some of this on ourselves but we must think strategically about how to strengthen the belief in the scientific method.

WHAT ADVICE DO YOU HAVE FOR THE NEXT GENERATION OF INFECTIOUS DISEASE PROFESSIONALS?
Think about applying the lens of health equity to your work. What groups are impacted inordinately by infectious diseases and why? How do the social determinants of health affect the risk for infectious diseases and the opportunities for prevention? How can you be a voice for social justice as it applies to infectious diseases? Who decides what resources go towards addressing infectious diseases and who is being left out of decision-making? And lastly, how do you reach out to groups that are wary or suspicious of infectious disease research and get them to participate, help guide the questions that are being asked, and lead in finding answers?
Rosalynn and I are pleased to congratulate this year’s National Foundation for Infectious Diseases (NFID) distinguished awardees. For more than 45 years, NFID has played an important role in public and professional education about the prevention and treatment of infectious diseases, and I commend the organization for its work to help minimize the impact of infectious diseases on public health. Through its activities, NFID educates and engages millions, from families with small children to experienced healthcare professionals, community leaders, and policy makers. With a vast network of experts, collaborating partners, and strong coalition-building experience, NFID focuses on increasing education and awareness of the burden, causes, prevention, diagnosis, and treatment of infectious diseases. I applaud them for their accomplishments and important leadership role in promoting preventive healthcare in the US.

NFID presents annual awards to recognize outstanding individuals who have made significant and lasting contributions to public health through scientific or legislative achievement, philanthropy, and leadership.

This year, Dr. Jeremy Farrar, FRS has been selected to receive the 2019 Jimmy and Rosalynn Carter Humanitarian Award in recognition of his exceptional contributions to the current understanding of the epidemiology, pathogenesis, and treatment of several globally important infectious diseases, especially those affecting South East Asia and diseases with epidemic and pandemic potential.

In recognition of her contributions as a trailblazing pediatric infectious disease researcher, a leader in basic and applied research as well as public health policy on vaccines, and a world expert on varicella-zoster virus, NFID has chosen Dr. Anne A. Gershon, MD to receive the 2019 Maxwell Finland Award for Scientific Achievement.

Dr. Richard E. Besser, MD is receiving the 2019 John P. Utz Leadership Award for his long-standing leadership and service to the field of infectious diseases, including leading the Centers for Disease Control and Prevention (CDC) during the 2009 H1N1 influenza pandemic.

We are proud to honor these notable heroes for their accomplishments and continued efforts in improving public health both in the US and abroad. We hope you enjoy your evening and send our best wishes to everyone attending tonight’s event.

Sincerely,

Jimmy Carter
ACKNOWLEDGEMENTS*

NFID wishes to acknowledge the many organizations and individuals who continue to support the efforts to provide education on the burden, causes, prevention, diagnosis, and treatment of infectious diseases across the lifespan.

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NFID VISION:  Healthier lives through effective prevention and treatment of infectious diseases

Founded in 1973, the National Foundation for Infectious Diseases (NFID) is a non-profit 501(c)(3) organization dedicated to educating the public and healthcare professionals about the burden, causes, prevention, diagnosis, and treatment of infectious diseases across the lifespan

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