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Letter from the Dean: Einstein's Rose F. Kennedy Center – “What's Love Got to Do with It?”

One of my initial goals since being appointed dean in June 2006 was to regain National Institutes of Health (NIH) funding for Einstein’s Kennedy Center. It’s taken five years to bring together all the ingredients for a successful application, but now we can finally say that we’ve achieved that goal. To appreciate the significance of this accomplishment, we need to step back and review some Einstein history.

When Rose and Joseph Kennedy first made public the story of their intellectually disabled third child and first daughter, Rose Marie, they also took steps to establish centers for intellectual and developmental disabilities around the country. Einstein’s Rose F. Kennedy Center, established on July 1, 1970, with a gift from the Lt. Joseph P. Kennedy Jr. Foundation, was one of the initial ten centers created (see photo at right of the groundbreaking ceremony, in 1966). At Einstein, the term “Kennedy Center” has been applied over the years to an array of related entities. There is the nine-story building of that name embedded within the Jacobi Hospital complex, which houses our departments of neuroscience and neurology and the Children’s Evaluation and Rehabilitation Center (CERC). The last, under Dr. Robert Marion’s leadership, offers unique clinical services to thousands of children (and adults) with intellectual and developmental disabilities, while also serving as a major education and training site for professionals from a number of disciplines. The Kennedy Center name also was used for the Mental Retardation Research Center that has since been renamed the Intellectual and Developmental Disabilities Research Center (IDDRC). The NIH institute that funds IDDRCs – the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD) – is named for one of Rose Marie’s sisters.

After decades of continuous NICHD funding based on a record of major research accomplishments, the Einstein IDDRC’s competitive renewal application was not refunded in July 2005. While there were
undoubtedly a number of reasons for this failure, my reading of the “summary statement” (the critique providing feedback to NIH grant applicants) made clear that the principal reason was a dissociation between the excellent clinical and educational services provided by CERC and the largely basic science–focused research (excellent in its own right) being performed in the same building by investigators in our neuroscience and neurology departments. What NICHD was looking for was more “translational” research, bridging the worlds of clinical care and basic research. As I surveyed the Einstein landscape in 2006, the relative dearth of translational research was in fact a common theme, one that we strove to rectify through the strategic research planning process launched shortly after I became dean.

There was an understandable desire to reapply for funding for the Rose F. Kennedy IDDRC as soon as possible, but my sense was that we would not be successful in doing so until fundamental changes were made, changes that would take time to implement. First, we had to establish a rigorous and robust research program within CERC itself. With funds from a dedicated Einstein Women’s Division campaign, we were able to recruit cognitive neuroscientists John Foxe, Ph.D., and Sophie Molholm, Ph.D., to lead this program.

Noninvasive brain imaging in experimental animals and in human subjects was, I felt, also a critical component, if the Kennedy Center was to be successful. For this reason, we recruited Craig Branch, Ph.D., as director of the Gruss Magnetic Resonance Research Center, and gave him a mandate to reequip it as a state-of-the-art facility. The collaboration and support of the chairs of pediatrics, neurology, neuroscience, psychiatry and behavioral sciences, genetics, otorhinolaryngology and radiology were critical as well in allowing a truly outstanding IDDRC to be reborn.

But perhaps the most critical ingredient for success was the appointment of Steven Walkley, D.V.M., Ph.D., professor of neuroscience, of pathology and of neurology, as the new director of the Rose F. Kennedy IDDRC. Together with John Foxe, associate director, Steve fostered a true Einstein spirit of collaboration and cooperation in creating a center with the overarching goal of improving the lives of children with intellectual and developmental disabilities through research and clinical outreach.

So for the question I posed in this letter’s title: “What’s love got to do with it?” the answer is everything! Hearing Steve Walkley or John Foxe speak about their work, one can’t fail to recognize the love they have for solving fundamental scientific problems, while at the same time helping to find treatments for disorders such as autism and neurogenetic diseases that currently lack effective therapy. Seeing Bob Marion presenting one of his patients, one immediately senses the compassion that makes him such a wonderful doctor. The compassion, indeed love, that Bob Marion and his colleagues at CERC have for the patients they see every day helps ameliorate their patients’ outlook, even when medical research has not yet provided definitive forms of treatment.

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Love alone would hardly assure a successful IDDRC application, but I’m convinced it helped; love, along with the hard work and institutional resources that sufficiently impressed peer reviewers to award Einstein’s application one of the highest scores achievable. While we can all take pride in this achievement, I’d be the first to say that obtaining a multimillion-dollar grant alone does not represent “Mission Accomplished.” For that, we need more hard work, and yes, love, from Walkley, Foxe, Marion and all other Einstein faculty who are part of the Rose F. Kennedy IDDRC. Only when their efforts have measurably improved the lives of the children we serve can we begin to speak in terms of mission accomplished.

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