

Introduction by Alvaro Muñoz, PhD

After dates linked to Beatriz, Daniel and Ana, October 4, 1980, the date I met Frank comes next. Eight years later on October 11, 1988, an aggressive brain cancer took Frank away from us. On October 22, 2008, we organized a tribute to Frank at the Johns Hopkins Bloomberg School of Public Health.

I am grateful to the illustrious group of colleagues who joined me to speak at the scientific symposium: Jon Samet, Mike Klag, John Bartlett, Bud Frazier, Lisa Jacobson, Todd Brown, David Vlahov, Shruti Mehta, David Celentano, Sarah Polk and Andy Sorensen.

The coordination of the dinner required bringing expertise acquired over 20 years of data coordination to an unprecedented level which hopefully will turn out to shine at the next grant application or may provide the jump start of a new career. Thank you to close to 100 guests who joined us to celebrate Frank's life.

The theme of the tribute was: Frank mentored as he unleashed his creativity. To honor Frank and to celebrate his contributions to public health and to the Johns Hopkins Bloomberg School of Public Health, we have established the **B. Frank Polk Faculty Support Endowment Fund** within the Department of Epidemiology. Income from this Fund will be used to support junior faculty within the Department of Epidemiology who show great potential for making significant contributions to Public Health. The B. Frank Polk Fund will fuel the creative scientific spirit of its young recipients.

Enclosed are endearing remembrances of Frank shared by friends and colleagues. We welcome more of them which you could send to the affable jvaldez@jhsph.edu. We plan to post them in the web at www.jhsph.edu/dept/epi along with the video of the scientific symposium and videos that friends and colleagues have prepared as a tribute to Frank.

The Tribute could not have taken place without the help of Jackie Cozart, Roberta Gray, Christina Carr, Signe Lauren and Judy Konig. Thank you.

I

Remembrances of B. Frank Polk by Wade Parks, M.D.

Why do we still remember Frank Polk? Why do people keep his memory alive? Since I knew him as freshmen at the University of Texas and as students at Baylor School of Medicine as well as having worked in the AIDS field, perhaps there are a few insights to be shared. Let me say at the outset that Frank is worth remembering and his values are worth emulating as well as appreciating.

First of all Frank was incredibly idealistic, in the best sense of the word. He believed in the betterment of mankind and in the future. We went to medical school at a time like the present and like now, we embraced a new President, John F. Kennedy. We stood transfixed outside of anatomy class the day the president was assassinated in our home state. Frank never lost any of his idealism. He was drafted and assigned to the Letterman Army Hospital in San Francisco where he saw the aftermath of Vietnam in the wounded soldiers. He opted out as a conscientious objector. He was not opposed to fighting, but the cause mattered. In fact, he approached disease as a battle to be won and waged it fiercely. Anyone who stood in his way has experienced his passion and his persistence in achieving what he believed was right.

Second, Frank was a warrior and a leader. In an earlier time, Frank would have been martyred at the battle of Culloden in Scotland. He would have fought in the Spanish Civil War for he believed as Hemingway said in For Whom the Bells Toll, "The world is a fine place and worth fighting for." Finally, Frank would have closely identified with the heroes of Cormac McCarthy, especially Cities of the Plain. He was a child of the Texas plains and the product of the cities and technology of modern medicine.

Frank realized early that there was only one way to live and it touched all of us. He lived to win against all odds. This characteristic was hard wired in his persona and he worked harder than anyone to correct injustice and end disease. His talent and hard work are inspirational and central to our memory. But the key to remembering him is his belief in a better world and the role that each of us play in achieving it. Like the Kennedys, he died too young.

II

Remembrances of B. Frank Polk by Tony Herring, M.D.

Frank Polk, my roommate and best friend.

Frank and I became friends and roommates during our first year as medical students at Baylor College of Medicine. We were well matched, both being West Texas boys in the big city; also both being short of funds. We started our clinical rotations early, and were obliged to purchase ophthalmoscopes, otoscopes, and stethoscopes that year. These were only available through the Baylor book store, and Frank became incensed over the prices they were charging. Not one to quietly take a hit, Frank called the companies who made the devices and found out the wholesale prices. Now he was on a mission. He told me that he and I were forming a company and would become the Welch-Allen and stethoscope distributors for the medical students at Baylor. We would sell these for a 10% profit to cover our time commitment and that was all there was to it. This we did and we sold to students throughout our four years at Baylor. If you know Frank, you know that this was not about money, it was about fairness; and fairness was personified by Frank Polk.

Frank and I remained best friends throughout his life, and as we married and had children, our families also became almost as one family. Our daughters are like sisters to this day, and Kathleen, Sarah, and Genevieve are a most important part of our lives. This second story I learned from Frank. He was coaching his girls in a soccer league. Their team was to play a team which, Frank learned, excluded Jewish children from their program. I do not know if Frank's team had Jewish children or not, but to Frank that wouldn't have mattered. He let it be clearly known that he would not allow his team to play a team which was part of that type of exclusion. Period, no discussion. This was Frank, a solid rock in an ever changing stream. You always knew where he stood and what he stood for. That trait carried him well from the vagaries of small-town Texas, as Billie Frank, to the halls of medical academia as Professor Polk. He was very amused when one of the first acceptance letters he received from Harvard was addressed to William Frances Polk. That certainly was not his name. His birth certificate reads Billie Frank Polk, and don't you forget it.

It is a great pleasure to be added to the list of Frank's admirers, and it still greatly saddens me that I lost my best friend.

III

Remembrances of B. Frank Polk by Sidney R. Block, M.D.

A Very Personal Remembrance

In July of 1968 at the introductory first year medical resident meeting at the New York Hospital I sought out a Dr. B. Frank Polk who had transferred into the program following his internship year at the St. Luke's Hospital. I had been an intern in the Cornell program and was aware that Frank would be rotating through the wards with me for much of the year. The first thing that struck me about Frank was his Texas drawl which I learned he used as a promotion of both his roots and his populism. He seemed to enjoy how annoying his accent could be to certain stuffy New Englanders. I asked what had drawn him to the big city. "Lots of bagels; I heard about 'lots of bagels' in Hermleigh and I came to New York to get some!" It took me about as long to figure out what he was talking about as it had Frank to find a delicatessen to order what turned out to be lox and bagels! "So, where's Hermleigh?" "Not far from Sweetwater." That bit of geographic data not being helpful and not wanting to hurt his feelings, I switched the subject, "And what's the "B" for?" "Billie." "For real, not a nick name?" "Yep." "*Billie* Frank?" "Yep." Oh, boy, I thought, he *better* stick with the "B" up here. As the introductory conversation concluded, I was certain that Frank was a nice guy but he was going to need some extra help that year, so I decided to stick even closer to him than was demanded by the residency rotation.

Of course, Frank needed little help from me and I had to work hard to keep up with his energy, curiosity, industry, gut perception and innate intelligence. It was always rewarding, both in and out of the hospital. To my good fortune, we became best of friends and enjoyed competing with each other on and off the hospital field. I first went skiing for no other reason than Frank said he was going, and I would be damned if I was going to have to suffer his return from the slopes to tell me how much fun it had been.

Frank could be fearless to the point of foolishness. One way or the other he would work his way to the very top of the beginner's hill, arrange his skis parallel with each other and push off, yelping some southwestern cowboy cry all the way down until he himself went down. But Frank was a quick study and after about 4 runs he had learned how to remain upright at the same time he came to a stop at the bottom of the slope, and after 2 or 3 visits to the mountain he was skiing on more advanced trails (though he never advanced beyond looking like a Texan strapped to 2 barn boards). I also remember Frank running up a hill after a herd of moose in Banff National Park while Kathleen, Martha and I (with great difficulty because we were convulsing with laughter) tried to advise him that he had no more brains than the critters he was chasing and he was damn lucky it wasn't mating season!

Frank could grasp the nub of a problem long before most others. When we were first year residents together at New York Hospital, Frank admitted a man with SLE and obtained the history that the patient had identical twin daughters who also had SLE. While discussing this phenomenon at the nurses' station, the head nurse overheard and added that she herself, her identical twin and their father had biological false positive tests for syphilis. "Pay attention,

Sid," he advised, "this is important." But the matter rested there for 4 years until I was a fellow in rheumatology and my mentor, Dr. Charles Christian, presented me with a set of identical twins discordant for SLE and offered me a *polkian* bit of encouragement, "Sid, if you can discover why one twin has lupus and the other does not, you will receive the Nobel Prize." (Frank agreed this was a reasonable goal for my fellowship.) Some years later when AIDS was thought to be a disease limited to Haitians and gay men, Frank confided that he suspected the infection would become a world-wide epidemic and he was going to devote all his time to better understand the scourge and limit the spread he anticipated. Had life allowed Frank to pursue his quest, I have no doubt *he* would have been the one to win the Nobel.

The esteem in which I held my friend grew and grew, but not so much that it outgrew our friendship. One night Frank called excited to tell me that he was going to Johns Hopkins and would be a full professor. Now, you have to understand I went to medical school at Hopkins and to me the full professors there were *gods*. Frank could not be a god; he was a friend I drank beer with. I would not have batted an eyelash had he told me he was going to be a full professor at Harvard or some other lesser institution like that, but Hopkins? No way. And I replied to him in what must have been the most incredulous of tones, "You're going to be a professor at *Hopkins*?" "But Sid," Frank whined (and it was a whine), "I *have* worked very hard!" I would have regretted my disrespect if Frank had let me; rather, we had a good laugh every time we retold the story to each other.

Our paths were separate but frequently crossed. In San Francisco while I continued my residency, Frank was in the army and for some reason I never understood (something about his being interviewed by another Texan for the position) he had been assigned to the dermatology unit. Despite the ease of the position, Frank, who had a more finely tuned sense of morality than I plus the courage to back up his convictions, wanted out as a conscientious objector. I would like to think that, because I also objected to the war but was willing to serve my country in the manner it had assigned my letter on his behalf carried some weight. Who knows, but he was discharged.

I do know that I helped him get married to the sweetest rose that ever blossomed, in or outside of Texas. On the day of his wedding, Frank came down with the kind of G.I. virus that could only afflict a future I.D. specialist at exactly the wrong time, and I remember the extra chorus sung by the guests as I ran after him following the first cut of the wedding cake, "The bride cuts the cake... the groom leaves the room...!" I had the honor seeing Frank's bare bottom before Kathleen would and injecting it with enough Compazine® to get him on the airplane and to their honeymoon destination. Later Frank and Kathleen repaid me more than in full by making sure my concerns about religious incompatibility didn't prevent me from marrying the woman I loved.

New York, San Francisco, Boston, Baltimore, Canada, the coast of Maine, the mountains of Maine... how many good times we and our families enjoyed together. We were successful in our work and became respected for it. Our children grew up to be friends. What could be better? Life was good.

And then that call late one evening and the others that followed. “Sid, I need to tell you something. I haven’t been feeling well recently. I had a seizure. I have a ‘glio’.” “I’ve got 2 years. I have a lot of work to do.” The disease was unrelenting. During his last year, I had difficulty understanding Frank’s words. In the airport as he left from his final visit to Maine he gave me a hug and said something I couldn’t understand, even after I asked him to repeat it twice. We were both frustrated. “He said, ‘I love you’,” Kathleen whispered. I turned back to him, but he was already on his way. “I love you, too,” I shouted. I don’t know if he heard it, but I knew he knew it.

The weekend before Frank died Martha and I paid a visit to Marshall Street in Brookline. Although he required a wheelchair, Frank greatly enjoyed being in the park that sunny fall day. For breakfast the next morning we brought him a bagel with cream cheese and lox! Kathleen said he had not eaten anything with equal pleasure in months. She also told us that he had stopped taking his medications. The end was near and the next day when we left him at the hospital I wept like I had lost my best friend. I had.

In my office on the mantle across from my desk there is a picture of Frank. How many times I have looked at him and asked, “What would *you* do? What would you advise *me* to do?” “Pay attention, Sid,” he answers, “this is important.”

IV

Remembrances of B. Frank Polk by James Taylor, M.D.

I deeply regret that I am unable to be physically present at this wonderful occasion in celebration of Frank's life, his work, and his wonderful legacy.

Frank's memory and spirit is alive in each of us today. What an appropriate way to remember Frank by endowing an Assistant Professorship, celebrating and supporting the beginning and promise of a young investigator's academic career.

Frank always had the freshness, optimism, excitement and energy that characterize a young mind with the promise of future academic achievements.

It seems impossible that it is 20 years since Frank's passing—our memories of him seem so fresh and immediate. Frank was always so warm, interested and connected with those around him.

I first met Frank when he joined Ed Kass' group at the Channing Laboratory in 1973 as a Research Fellow. We were in the early stages of the NHLBI Hypertension and Follow-up Program trying to determine the value of aggressive treatment of lower levels of elevated blood pressure. After screening all persons between the ages of 30 and 69 in over 11,000 households in East Boston from the base of the East Boston Neighborhood Health Center, it had become clear that to achieve the recruitment goals required by the study design we would need to extend the study to another community. Frank took on that challenge. Without the advantage of the base and connections that we had had in East Boston because of the presence of the Health Center, Frank set out with energy and goodwill to establish contacts in the Cambridge community to support the door-to-door study. He then recruited hired and trained the staff for both the screening effort and the Stepped Care Clinic and successfully set up and ran the program out of space in the Mount Auburn Hospital. Working with a team that included Will Chapman, Mervin Shapiro and Lou Cooney, he established and managed the Cambridge branch of the HDPF for the five plus years of the study. Our team was struck by his respect for each person he came in contact with, staff or patient, and his great sense of humor. In addition to the operation of the screening, treatment and follow-up effort in the community, Frank was an active participant in the national Steering Committee and in many of the paper writing committees, bringing his ideas and creative insights to the analysis and presentation of the results of this study which had such a huge impact on the medical practice and cardiovascular prevention.

During those years I had the pleasure and privilege to work, travel and often room with Frank at Steering Committee meetings. It was our end of the day discussions that repeatedly impressed me with Frank's deep integrity and commitment as well as his warmth, concern and connectedness to all with whom he worked. His regular end of the day telephone conversations with Kathleen, Sarah and Genevieve demonstrated what a devoted husband and father he was.

In addition to his work in the HDPF, Frank had many other research interests—clinical trials research methodology and study design, the relationship of diet and cancer using both HDPF and Nurses Health Study resources, infectious diseases epidemiology and hospital epidemiology and the relation of glycemic control in pregnancy to birth outcomes.

To each of these areas, Frank brought freshness, energy, enthusiasm, good humor and creativity, earning the respect and affection of all with whom he worked. All of this predated his move to Johns Hopkins and his work with AIDS. Frank always took the experience and lessons of his earlier work to his later efforts. He often mentioned how his contact with the consumer board of the Neighborhood Health Center formed the basis of his commitment to patient participation and direction in the conduct of his HIV/AIDS work.

There are many, many wonderful memories from those times with Frank—dinners at his house on Marshall Street, watching the 1975 Red Sox playoffs at his apartment, meeting his wonderful parents in San Antonio, sharing time with Kathleen and the girls in Chatham on the Cape, celebrating Robert Burns day with the “Ode to the Haggis” at the Chapman’s.

Above all of Frank’s wonderful accomplishments in research, what has influenced me and those who have known and worked with Frank most, is his wonderful warmth and humanity. It was impossible to not feel a warm personal connection with Frank. His interest and concern for all he came in contact with, along with his energy, curiosity and good humor made him a very special person. After his call in the summer of 1987 with the terrible news of his glioblastoma, I personally went through a very difficult period in my own life, and Frank in the midst of his battle with his tumor—reached out to me with comfort—and taught me the importance to live life to the fullest. Frank continually demonstrated what is really important in life and we are all richer for having known him.

Best wishes for a very successful event in celebration of Frank’s life, work and the foundation it has set for research in the future.

V

Remembrances of B. Frank Polk by Richard Markham, M.D.

I first met Frank when he was the attending Infectious Disease consultant and I was in the third month of my infectious disease fellowship at Harvard's Peter Bent Brigham Hospital (now Brigham and Women's Hospital). We were seeing a young woman who, in association with her work at the New England Aquarium, had been bitten on her hand by a seal. The lore at the Aquarium was that seal bites should be treated with the antibiotic Erythromycin. The woman had been taking this for about 5 days, but her hand had become increasingly swollen and painful to a degree that she was hospitalized and the Infectious Disease team was called. None of us had ever treated a seal bite, but we had treated many other animal bites and knew that the antibiotic of choice in those settings was always penicillin. As Frank explained it, Erythromycin just would not be effective for the type of bacteria found in animal bites. And so the woman was started on penicillin and by the very next day she was clearly getting better. By the following day she was well enough to go home with a two week supply of penicillin.

About four days later, I received a call on my pager from Frank (no cell phones then). The conversation went something like:

"Dick, do you remember the woman with the seal bite?"

"Sure."

"Well, I called her at home and she said her hand has become much worse. So I checked and was able to find some references on seal bites (in an obscure Scandinavian journal) and it turns out, Dick, I was wrong. The only antibiotic it responds to is Erythromycin."

"But she got better after we started the penicillin."

"No, it responds slowly to antibiotic therapy. She was actually responding to the previous five days of Erythromycin and two days after we stopped it, she started relapsing."

The patient came back to the hospital, was treated with Erythromycin, and made a complete recovery.

I remember this case for three reasons. First was the unusual history: we don't see a lot of seal bites. The second was the fact that Frank called the woman at home to see how she was doing, even though we were all very sure at the time that we had cured her. For most infectious disease consultants, this was not standard operating procedure.

But the third reason I remember the case, and I only appreciated this on thinking back on it a few years later, was that that was the only time during my three years of fellowship at Harvard that I can ever remember hearing someone say the words "I was wrong." The fact that Frank did not hesitate to say them reinforced for me a quality in Frank that was evident in

everything he did. It was never about Frank. It was about getting the job done, solving the problem, healing the patient, taking on the epidemic. No posturing. No self-aggrandizement. And also very little tolerance for those who did engage in such activities. It was the model for the rest of us, and it was West Texas at its best.

VI

Remembrances of B. Frank Polk by Lynn Deering, RN

Physician, Visionary, Scientist...so reads the plaque in honor and memory of Frank Polk at the Joseph Richey Hospice (JRH), a freestanding hospice in Baltimore which opened in 1987 with a 7 bed capacity and a commitment to serve the dying in a home-like setting. At that time, Frank was desperately trying to find places and forge relationships with people, places and programs that provided long-term and end of life care in the community for his patients. As a volunteer at the newly opened hospice and a volunteer on Osler 5 at Johns Hopkins Hospital (the floor service where patients with AIDS were aggregated), I saw what a natural connection there should be between the two and introduced my friend Frank to the hospice. Unfortunately, what was an early willingness to include people with AIDS turned to reluctance once the facility was actually opened. With great persistence and passion, Frank worked for many months with the team that was formed to solve the problem and overcome the resistance. Forcefully and clearly, he made the case to the board of the hospice for accepting his patients. This plea was eloquently supported by the volunteer Medical Director of JRH, Bob Irwin, who told the governing group that "all the (30) volunteer physicians are walking if people with AIDS aren't admitted." Admittance guidelines were changed and the process of training, planning and expansion to 12 beds started.

Finally, with Frank's continued guidance and help, people with AIDS were welcomed and cared for at the hospice. Frank was a natural leader, healer and advocate who inspired so many to do what was needed and what was right. He was a remarkable guy doing extraordinary things, one step at a time.

VII

Remembrances of B. Frank Polk by John Phair, M.D.

Twenty five years ago next month (November of 1983), the investigators who led the teams that would comprise the MACS met in the administration building of the NIH, Building 31. The venue was a very plush conference room on an upper floor to which we were never invited again. The meeting was chaired by Richard Kaslow the project officer for this initiative and it was there that I met Frank Polk. Many of those present had ideas about how to proceed with the planning for this observational study, the first funded by the National Institute of Allergy and Infectious Disease, which was hopefully going to provide insights into the cause and pathogenesis of this disease of the immune system which was killing an increasing number of individuals in the US and abroad. Frank alone presented data, as opposed to ideas, obtained from a focus group he had convened at Hopkins comparing an interviewer based questionnaire with a computer based interview dealing with highly personal information. The comparison had been statistically analyzed and it was obvious that this investigator was committed to this investigation and its goals.

Subsequent events bore this out. As tensions arose between the five original groups, Frank and Roger Detels of UCLA, who had worked together in earlier collaborative observational studies, proved to be the stalwart champions of the benefits of working together. This was a major reason the MACS survived the withdrawal of one of the original five groups because of a disagreement over the agreed publication policy.

Personally, I found Frank to be a kindred spirit. Amid the epidemiologists and basic scientists in the MACS, he had trained as had I in clinical infectious disease. We therefore found common ground, developed a friendship (in spite of his fondness for Tex-Mex food) that led to good times in Paris, Stockholm as well as Baltimore, Washington and Los Angeles. It was a too short a five years of working together.

VIII

Remembrances of B. Frank Polk by Joe Margolick, M.D., PhD

When I first met Frank, as a spanking new junior faculty member, I was intimidated by both the breadth of his knowledge and the intensity with which he applied it. There was no mistaking his devotion to improving the world and how good he was at it. Clearly he saw things more deeply than I did, and oddly enough it was only when I developed more knowledge and vision myself (with his help) that I was really able to appreciate the profundity of his mind.

He was always thinking and seeking to learn, and he had confidence in his analyses. What seemed like casual, off-the-cuff asides, comments he would just throw into a conversation or presentation, may have been casual in the sense of spontaneous, but they reflected conclusions he had reached by prodigious reading, research, and consideration. I remember a medical grand rounds on HIV infection, in which Frank commented as if from nowhere that he was not a great fan of capitalism but he couldn't think of a single new drug that had been developed by a communist country. In another lecture on AIDS the armed forces policy on exclusion of gay men came in for sudden severe criticism. Then it was back to the topic at hand.

It often seemed to me that Frank knew more about my area of expertise than I did. People from a dizzying array of fields shared this thought. It also seemed, quite frequently, that Frank had a higher opinion of my capabilities, and higher expectations of me, than I did. Late in a meeting to decide how to respond to an opportunity to apply for a grant to build more laboratory space for AIDS research, no decision had been made on who would write the application, and Frank suddenly smiled, put his arm on my shoulder, and said, "Joe, I think you can do this." This thought hadn't occurred to me, but as it turned out, he was right. In other instances, I found his expectations beyond my capabilities or even my imagination at the time. Because of these expectations, Frank was not always the easiest person to work for, but there was no limit to what you could learn from him; challenges flew in all directions, like sparks, and sometimes you needed a heat shield. But those expectations I couldn't realize then stayed with me; many were fulfilled later on, and many others have helped define my ongoing aspirations to this day.

Frank was continually growing in his work. It seemed he never forgot anything; anything he had previously encountered could surface at any time, like a chess player playing many games simultaneously and knowing all current and previous positions. All of this was in service to the work he wanted to accomplish. As I once heard him say, in an expression it took this easterner some time to figure out, he was determined "not to let his shirt touch his back." I think my shirt still flaps because of Frank.

IX

Remembrances of B. Frank Polk by Homayoon Farzadegan, PhD

I have come across a large number of people, in academia and beyond, who have been gifted with intelligence and high energy. But Frank Polk was especially unique in having both at the highest levels. Frank was an exceptional person to know in a lifetime.

I had a chance to know the real Dr. Polk when Karl Johnson, who came to our group to set up the “AIDS lab” in 1985, told Frank he was leaving after a short stay at Hopkins. Frank looked into my eyes and said “can you do it alone?” I was hesitant and slow in responding. A few seconds later he answered for me, “yes, you can.” He gave his ultimate support and guidance, making a seemingly impossible task possible.

Frank was the most hardworking person I have met in my life. After coming back from a MACS meeting in Pittsburgh, we worked on a paper at his house until late in the evening. His dog, he called goose, came around often to check on our progress. Going to bed later that night, I thought I could beat Frank to the office by showing in up at 7 am. He was already there an hour earlier and the paper was done.

I owe a lot to Frank Polk as he showed me how to face challenges, take care of them and go to the next one with more determination. He was a very determined, gifted human being.

Frank will always be in my thoughts.

X

Remembrances of B. Frank Polk by Ken Nelson, M.D.

I am very proud and grateful for the years of my association with Frank Polk. He was one of the most creative, humane and broad thinking scientists of his time. I have benefitted greatly and continue to benefit intellectually from two of the seminal studies he designed and started--namely the ALIVE study and the FACTS study. The ALIVE study is widely acknowledged to be the most comprehensive and significant study of the health problems of Injection Drug Users ever undertaken. In fact, the reviews of a recent NIDA grant I submitted emphasized my association with the ALIVE study in a very positive review and the grant was funded.

The FACTS study of transfusion transmitted infections in Cardiac surgery patients also has had a very salutary effect on my life and my career. In this study, we evaluated many transfusion transmitted infections. I ended up on the Blood Products Advisory Committee of the FDA in fact as Chair of the committee for four years.

Clearly, Frank had a remarkable vision and was an inspiring colleague. It seems very recent that our family stayed in his house for a week or so while we were getting settled in Baltimore after moving from Chicago. My association with Frank has had a profound and lasting effect on my life and my family. His legacy remains very strong at Johns Hopkins and in the continuing battle against AIDS. I miss him along with many others who had the pleasure of knowing and working with him.

XI

Remembrances of B. Frank Polk by Noah Cohen, DVM, PhD

It is a privilege to honor Frank Polk as a mentor. For more than 23 years, I've had Frank Polk looking over my shoulder. My first memory of his guidance came early in the course of my graduate studies, when he found me insufficiently attentive to the project. Dr. Polk made it quite clear that my efforts were unsatisfactory. The following day, I met with him to apologize. After listening to me, Dr. Polk told a story about when he was a student at the Baylor College of Medicine. He was assisting the late Dr. Michael DeBakey in surgery when Dr. Polk dropped a retractor. When he apologized to Dr. DeBakey, the venerated surgeon replied, "You're either stupid or not paying attention son: which one is it?" Dr. Polk fixed me with his wide, unfailingly blue eyes and asked "So which one is it?"

Dr. Polk had a brilliance that was as big as the Texas sun: his radiant energy both attracted and illuminated. I remember going to the NIH campus in Bethesda, to meet with a virologist regarding some molecular aspects of my research project. When I thanked the scientist for his time, he told me that it was a privilege to help Frank Polk. "He isn't a virologist, and he isn't an immunologist, but Frank seems to know better than us what needs to be done for AIDS." His perspicacious intellect wasn't something he could pass along to those less gifted, but what he insisted on sharing was a demand for excellence and persistence. His motto for the MACS study was "Good is not good enough when better is expected." He lived by it, and taught others to think the same way. I learned from his indefatigable diligence the importance of commitment and mindfulness. For 20 years, I have kept a photograph of Dr. Polk in my office. It is mounted so that he is always looking over my left shoulder, reminding me to work tirelessly and carefully, to always expect more of myself and to find the best in others.

XII

Remembrances of B. Frank Polk by Mark Simonitsch

A Variation of:

“For Don Francisco Giner de los Rios” by Antonio Machado

In memory of B. Frank Polk, M. D.

When the Master went the light of the morning said to me: “It is three days now since my brother Frank has done any work. Is he dead?”

We only know that he departed from us along a shining path, saying to us:

“Make your mourning for me in work and hopes. Be good and nothing more, be what I have been amongst you: a soul. Live, for life goes on; the dead die and shadows pass; the man who leaves takes something with him, and it is he who has lived that lives.”

“Ring out anvils: church bells be silent!”

And the brother of the dawn-light departed from the sun of his labors towards a purer light in a field of asphodel where gilded butterflies play and the wind sings.....here Frank has dreamed of new flowerings for humankind....and of his family and friends.