The Legacy of John Fogarty, The Man Behind The Center
By Jim Bryant
(First of two installments celebrating the 25th anniversary of the Fogarty International Center)

Most NIH’ers are familiar with the Fogarty International Center, NIH’s international arm. Relatively few, however, know of the key role played by the man for whom the center was named in making NIH the world’s greatest biomedical research institution.

John Edward Fogarty, a Democratic congressman from Rhode Island, was chairman of the House appropriations subcommittee on labor, health and human resources, and education for 18 years until his death in 1967.

Under Fogarty’s guidance in the House—and that of his counterpart, Sen. Lister Hill of Arkansas—NIH’s budget grew from $37 million in 1949 (when he became chairman) to $1.24 billion in 1967. At the same time, the NIH grew from two to nine institutes.

This was no accident. Fogarty and Hill had a close professional interest in the NIH and its development. As a result, NIH’s budget every year until Congressmen Fogarty and Hill died.

Fogarty, a bricklayer by trade before being elected to Congress in 1940, was an unabashed champion of ever-increasing expenditures for medical research, roughly doubling the NIH budget every year until Congressman Fogarty died.

In her research, Klee has clarified the way that a protein called calmodulin interacts with calcium to regulate cellular reactions. By studying the structure of calmodulin, the manner in which it combines with calcium, and the effects of the calcium-calmodulin complex on other molecules in the cell, she has helped advance the understanding of how proteins communicate with each other.

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Klee will review research on calcium-regulated reactions when she presents the NIH Lecture, “Calcium and Signal Transduction,” on Monday, June 28, in the Clinical Center’s Masur Auditorium at 3 p.m.

Dr. Alan Rabson, director of DCCBD, said that Klee is “one of the leading scientists on the NIH campus. She is one of the most important workers in the field of calcium regulation of cellular processes.”

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for calcineurin, a major cellular enzyme with phosphatase activity stimulated by the calcium-calmodulin complex. By cloning the calcineurin genes, she has greatly advanced the study of calcineurin’s functions and its interactions with calcium-calmodulin.

Recently, Klee helped Dr. Stuart Schreiber and his colleagues at Harvard show that the drugs cyclosporin A and FK506 bind to intracellular proteins to form complexes that combine with calcineurin to inhibit its activity in T cells. This work has shown a physiological role for calcineurin in the activation of T cells and has improved scientific knowledge of immune system regulation and the mechanisms of immunosuppression by these drugs.

Aside from her own research accomplishments, Klee has made outstanding contributions to the work of others in the scientific community. “She is truly a role model for young women scientists,” said Rabson. As chief of the Laboratory of Biochemistry, she has assisted many young scientists, helping them to advance in their careers as independent researchers. She has also administered a special fellowship program for women in science, sponsored by the Josiah Macy Foundation.

Klee currently serves as editor of FEBS Letters, and is a long-time member of the editorial boards for Biochemistry, Cell Calcium, and Biochimica et Biophysica Acta. Through these editing activities, she has helped to promote high standards for research and has gained a worldwide reputation as a rigorous editor.

She has also been very active on campus, participating in the Office of Research Services advisory committee and many other committees and groups at NIH.

For her accomplishments, Klee has won a number of awards, including election to the Institute of Medicine (part of the National Academy of Sciences) in 1992, and the 1992 Women in Science and Engineering (WISE) Lifetime Achievement Award. She earned her M.D. from the University of Marseille in France, and first came to NIH as a visiting scientist with NIMH in 1959. She has served as chief of the Laboratory of Biochemistry at NCI since 1989.

Female Volunteers Needed

The Biological Psychiatry Branch, NIMH, is currently seeking female volunteers between the ages of 18 and 45 to participate in a 5-month study investigating the effects of reproductive hormones on brain and behavior. Volunteers must have regular menstrual cycles with no hormonal or medication on a regular basis. They will complete daily rating forms and will be asked to participate in one of several protocols. Payment provided. For more information call Dr. Peter Schmidt, 69675.

Male Subjects Needed at USUHS

Earn up to $260 for participating in a study of commonly prescribed drugs. Requires 10 to 15 minutes in the morning between 8:30 and 10 over a 3-week period. Must be male, right-handed, between 21 and 40 years old, in good health, and not active-duty military. Call (301) 295-3672 for more information.
Nitric Oxide Contributes to Inflammatory Diseases

Nitric oxide (NO), a gas known to have many beneficial effects in the body, contributes to the development of arthritis and other inflammatory diseases, a new study shows.

Using an arthritis rat model, a team of scientists detected abnormally high levels of NO production in inflamed joints. Treatment with a drug that prevents NO formation suppressed arthritis in the rats.

These findings point to NO as both a contributing factor in chronic inflammation and a target for therapeutic agents, said Dr. Nancy McCartney-Francis of NIDR, who led the research team.

"There is an accumulating body of evidence that nitric oxide may play a role in certain autoimmune or inflammatory disorders," said Dr. Sharon Wahl, chief of NIDR's cellular immunology section and a coinvestigator on the study. "In addition to the incriminating results from our rat study, we have detected elevated levels of nitric oxide in tissues or fluids from patients with periodontal disease, arthritis, and AIDS. It is conceivable that drugs that block nitric oxide formation may help alleviate the inflammatory aspects of a wide range of diseases."

NO, named "Molecule of the Year" in 1992 by the journal Science, is the first gas known to function as a biological messenger in mammals. It is a unique communicator that can flow freely through cell membranes with no need for binding to surface receptors. Various cells throughout the body can produce this versatile molecule by means of an enzyme that converts the amino acid arginine into another amino acid and NO.

Levels of NO normally found in the body have such beneficial effects as regulating blood pressure, transmitting messages between nerve cells, and attacking tumor cells and invading microorganisms. Too much NO, however, produces serious results such as septic shock or excessive nerve damage following a stroke—and evidently contributes to chronic inflammation. McCartney-Francis' study explored the inflammatory role of NO in rats experimentally induced to develop symptoms resembling those of human rheumatoid arthritis. When the animals are injected with a bacterial cell wall preparation, they develop early and late stages of arthritis.

The early, or acute, stage of the disease appears within 24 hours of injection. It produces red, swollen joints and subsides after several days. Two to 3 weeks later, the disease enters the late, or chronic, stage characterized by joint deformity. Both disease stages are the result of inflammation, in which immune cells migrate into tissues and produce chemicals that eventually lead to cartilage and bone destruction.

The researchers found increased levels of NO production in the arthritic rats' circulating immune cells and in tissues from their inflamed joints. When they gave the rats daily injections of a compound called NMMA, which interferes with the NO-producing enzyme, acute disease was diminished and the animals did not develop the chronic form of the disease that causes tissue and bone destruction.

These results illustrate the dual role NO can play in the body. As a defensive weapon, NO produced by immune cells can kill or cripple foreign invaders. However, where inflammation exists, immune cells concentrate and collectively produce high levels of NO. In such a situation, according to Wahl, NO may have a toxic effect on the body's own cells—an effect that may be preventable by drugs that regulate NO production.—Wayne Little

Native American Women Targeted During NHLBI Health Workshop

Heart disease, once a rarity among Native Americans, has become their leading cause of death—and continues to increase, particularly among the young. To help Native Americans reverse that trend, NHLBI and its ad hoc committee on minority populations recently conducted a cardiovascular health workshop as part of a 4-day Wellness and Women Conference in Phoenix.

The wellness conference was the fourth in a series sponsored by the University of Oklahoma, the Phoenix Area Indian Health Service, and the U.S. Indian Health Service headquarters in Rockville, Md.

The cardiovascular health workshop, titled "Traditions of the Past Influencing Our Future: Healthy Heart," covered such topics as recent epidemiological findings, ways of merging traditional and Western approaches to treatment, and practical tips for promoting healthy behaviors.

NHLBI director Dr. Claude Lenfant and Dr. Jennie Joe, director of the Native American Research and Training Center in Tucson, were among featured speakers. NHLBI also distributed specially designed health education materials and a poster for conference attendees to use in their own communities to promote healthy behaviors.

The cardiovascular workshop and materials are part of NHLBI's increasing outreach efforts to transfer ongoing research results into health education messages that can help change unhealthy behaviors. NHLBI will continue to work collaboratively with Native American organizations to disseminate these messages to professionals and patients.

During a site visit to the Salt River Pima Indian community, the ad hoc committee saw first-hand the health gains possible from such outreach efforts. The Salt River Pima tribe participates in the NHLBI-funded Strong Heart Study, which is gathering vital epidemiological data on cardiovascular disease and its risk factors among 12 tribes in Arizona, Oklahoma, and North and South Dakota. The study shares its findings with tribal leaders, allowing them to promote heart-healthy behaviors among their people.

Normal Volunteers Sought

Volunteers, 20-55 years of age, are needed for chronic fatigue syndrome studies. Subjects must be in good health, on no regular medications, adhere to a minimally restricted diet, and not be at high risk for AIDS. Blood and urine samples will be taken. Compensation will be provided. Applications are available in the Normal Volunteer Office, Bldg. 10, Rm. 1C121.
HEALY (Continued from Page 1)

lawn in front of Healy's Bldg. 1 office. Allegations of racism, sexism, sexual harassment, favoritism, and nepotism suddenly clouded the agency, capturing media attention. About 20 minutes after the rally began, Healy, accompanied by several members of her senior staff, emerged from her office to face the angry gathering. Weeks later, arm-chair quarterbacks would still second-guess her decision. Why publicly acknowledge and personally address the issue?

"It just seemed at the time to be the only right thing to do," Healy answered without hesitation. "If we're talking about bringing our community together, then I have to be with the community. I have to be willing to be with them and to hear what they have to say directly...I felt bad that I hadn't been out there the year before."

More concretely and as proof that Healy backs up her words with actions, just weeks before she was formally sworn in as NIH director she had already appointed an African American to head NIEHS. In June 1991, Dr. Kenneth Olden became the first Black director of an NIH institute. Five months later, Healy appointed another African American to head a project nearest to her heart: Dr. Vivian Pinn took over the NIH Office of Research on Women's Health, a new entity that coordinates the agency's nationwide investigation of the medical problems of women.

Clearly Healy's record at NIH does not mesh with the volume of serious allegations leveled at the agency she heads. It is also clear that the NAACP-BIG situation did not develop overnight. Healy described her first indication of the problems:

The original Drew Dawn Enterprises report, actionable in terms of having sworn affidavits with identifiable people [or people willing to come forward]. So here we had some serious concerns on the findings, but it was hard to put our hands around the findings."

Again the specter of anonymity haunted Healy's directorship. "No institution—no human being—can deal with anonymous complaints," Healy said. "We would have a reign of terror if anonymous complaints led to actions against people." As a result, she explained, OEO brought in another contractor to review the Drew Dawn report and to lay out a plan of action to determine how NIH could pursue further the allegations.

Just as the second report was getting under way, Healy recalled, she was told that some employees had since signed affidavits and come forward about one of the individuals mentioned in the report, a case of sexual harassment. That case subsequently has been investigated and "firm action will be taken on the case."

"So at least one of the incidents recorded in that report has been acted on," she continued, "but most of the allegations apparently went without action. Obviously these things must be handled on a case-by-case basis with the Office of Equal Opportunity, Mrs. Armstrong's office. She has the mandate of authorities to deal with that."

Healy still felt, however, after listening to the concerns of the NAACP and BIG, that NIH could and should do more.

"We decided that we should form a task force to deal in a more general fashion—and not only on a case-by-case fashion—with something that has troubled me for a long time and that is the whole issue of harmony in the workplace...harmony and diversity," she said, voicing the questions she and her senior staff had wrestled with even before the NAACP-BIG controversy.

"How can we create a culture of respect?" she wondered aloud. "How can we look at issues of advancement, issues of respectful treatment of employees? How do we deal with general issues of favoritism? Are we clear enough in articulating guidelines on how you get promoted? Do we have clear enough guidelines on what managers expect of them in terms of fairness? Do we have clear enough guidelines on how you get promoted? Do we have clear enough opportunities and programs so that people can put themselves in a position to move into higher positions based on performance, based on additional training? Are we really affording people opportunity?"

The task force on fairness in employment practices is one way Healy hopes that her concern about this issue will survive even after she is gone, she said.

"One thing I've learned in all the places I've worked—but especially in the government—is
that you institutionalize the things you want to do so that they’re not being done just because you’re there,” she said. “Bring in the people who are committed to doing it, create the structures that require it be done and then they’ll last beyond you.”

The task force is one part of the structure; another part is OEO, which was elevated (even before the NAACP-BIG problems) from an NIH division to office status equal to, for example, the Office of Research on Women’s Health. OEO head Armstrong is the first OEO director to be included in an NIH director’s senior staff.

To carry out the charter of the task force, Healy plumbed that senior staff, her closest advisors, a multicultural, diversely trained cadre of veteran NIH’ers and newcomers. She spoke highly of the two who accepted her invitation to cochair the task force: Sandy Chambler, senior policy advisor and counsel to the NIH director, and Dr. John Diggs, former NIH deputy director for extramural research and now vice president for biomedical research at the Association of American Medical Colleges. Diggs will continue to cochair the task force even though he left NIH in mid June.

Healy explained the thinking behind such institutionalized structures and what she envisions for the task force: “Bill Clinton has said and I agree with him: We can’t ever promise equal outcomes, but we have an obligation to offer equal opportunity. Part of opportunity is letting people know how they move up the ladder and how they can gain skills and how they can gain the training and experience that enables them to move up the ladder. There’s a general concern that maybe people feel that those opportunities aren’t there and if they aren’t there then we have an obligation to create them. The task force is really looking at these broader issues in a very constructive, healing way, not looking at allegations of wrongdoing, but trying to present a plan for right-doing.”

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“We’re all of one mind on this,” Healy said firmly. “We have a good, diverse perspective. I see everybody, regardless of their background, as committed to this issue. Dr. [Jay] Moskowitz [NIH principal deputy director] and Mr. [John] Mahoney [NIH deputy director for management] feel passionately about it. I’m confident that the senior staff I worked with is a senior staff that is committed to making this situation better.”

Still, Healy said, as confident as she is in the task force she established and in the people she’ll leave to handle it, she worries about the harmony issue and about what else she could have done.

“I wouldn’t say that I feel that the job is done,” she admitted. “I think there’s a long way to go. I would love to have been able to focus longer on this. These are not issues that we deal with overnight—these are fragile issues. I would like to have been able to see this one out a little longer. Some issues I feel pretty good about—they are launched, they are in great shape. This one I worry about a little bit...a lot. I think it needs more attention. I feel great about the people who’ll be managing it. I’d like to feel a little more confident about what I myself was able to do. I worry that I didn’t do a good enough job on it.”

What does she want people to remember about her equal employment opportunity record while she was here? For a split second she was silent, thinking. Then, her voice became truly animated for the first time as she answered:

“That in my heart I really cared about these issues, that I tried very hard to do what I could to make a difference. Not just that I felt bad about it, but that I tried to make a difference.”

In Healy’s conference room, there are floor-to-ceiling shelves lining a couple of the walls. Framed citations and medals and awards, some in other languages or from other countries, vie for places on the other walls. A photo of Healy and Pinn together, each smiling behind what looks like a seat of power in some office or other, also occupies prominent space. Next to that photo, on the top shelf of a bookcase, are several government policy books among which lies a canvas-backed blue book on EEO procedure. Perhaps it hasn’t been repeatedly paged through; the cover didn’t appear to be dog-eared or well-thumbed. Indeed, Healy does not seem the type to be slave to a manual.

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The blue book’s position did, however, seem to represent where this director has placed minority issues during her administration. Top shelf. Out in the open.

Dr. Hynda Kleinman of NIDR is a 1993 winner of the WISE Award for Scientific Achievement. She was honored for “being the most outstanding woman scientist in the federal government.” WISE, or Women In Science and Engineering, Inc., recognizes women scientists and engineers in federal service for their scientific or engineering achievements and for their efforts to promote women in science careers. Chief of the cell biology section in NIDR’s Laboratory of Developmental Biology, Kleinman has been at the forefront of research on the structure and function of basement membranes—the extracellular matrices that surround all blood vessels, glands, muscles, and nerves. She and coworkers developed and patented a basement membrane extract called Matrigel, which is now widely used to culture tissues that were previously difficult or impossible to grow in the laboratory. NIDR director Dr. Harold Loe, who nominated Kleinman for the award, wrote, “While immersed in her career, she also found time to be an active role model and to recruit women and minorities to the biomedical sciences. She epitomizes the type of woman scientist your organization is honoring with this award.” Kleinman currently chairs the committee on the status of women scientists at NIH.

The Japanese Tea Ceremony was performed recently during NIH’s 21st annual Asian/Pacific American Heritage Program, “The Strength and Grace of Asian Women.” A lunchtime festival and an evening musical were also featured.
health research. "Some have gone so far as to call me a 'health zealot,'" he once remarked. "I accept that as a compliment, for I am sure that no single scientific battle has a greater claim on a man's zeal than the battle against [disease]."

He knew the value of health research: "No one wants more than I to get ever better medical care to every American," he said in a congressional speech. "I am convinced, however, that research takes precedence over care. And I believe it because, in a way, research is affirmative, care is negative. Research can lead us to the prevention of disease. Medical care is locking the barn after the horse is stolen."

In accepting the Lasker Award in 1963, Fogarty declared, "To me, research is the pursuit of truth, the reduction of error, the discovery of new concepts of man, life, and the universe." In the same speech, he summarized his commitment to the importance of health in the life of each person: "The life and well-being of a single individual is a richness beyond all value, a prize without price."

Fogarty was aware of the need for controlled, responsible growth. He closely examined every appropriation request, and kept overhead appropriations for grants under 15 percent. He was also aware of what the public wanted, and cited a Gallup Poll in 1954, which showed that 79 percent of the people approved federal expenditures of $100 million for cure and prevention of cancer and 62 percent said they would be willing to pay more taxes on these funds.

Above all, he knew the value of international cooperation in health research. He attended eight World Health Assemblies as a U.S. delegate. At these meetings, he met with health officials from all over the world and became acquainted with worldwide health problems. "Just as disease knows no national boundaries, so also the benefits of medical research and indeed research itself can know no boundaries," he said.

He also stated, "In the health field, our international programs more properly can be characterized as enlightened self-interest, since it can be amply demonstrated that we receive as well as give."

A longtime goal of Fogarty's—which he never achieved during his lifetime—was establishment in Bethesda of "a great international center for research in biology and medicine dedicated to international cooperation and collaboration in the interests of the health of mankind." Despite his considerable persuasive skills, tight budgets kept his "National Institute of International Medical Research" from being funded.

Then, on the opening day of Congress in 1967, Congressman Fogarty suffered his own health crisis at the age of 54—a fatal heart attack.

Soon after Fogarty's death, his Republican counterpart on the subcommittee, Rep. Melvin Laird of Wisconsin, proposed that NIH's international activities be consolidated in a new institution to be named the John E. Fogarty International Center for Advanced Study in the Health Sciences as a memorial to his longtime friend. Subsequently, President Lyndon Johnson created the center by executive order, Congress provided the needed funding, and on July 1, 1968, NIH's Office of International Health was abolished and its functions were assumed by the Fogarty Center.

Now, a quarter-century later, Congressman Fogarty's vision and dreams live on in the activities of the center named in his honor. The International Institutes of Health? Just how international is the NIH? More than one-third of all intramural scientists on the NIH campus are from other countries—about 1,600 to 1,800 at any given time. They come to NIH under the Visiting Program, and are hired directly by the individual ICDs.

"We might quite accurately be called the International Institutes of Health," remarked Dr. Philip E. Schambra, FIC director, "because scientists from about 80 nations are working in laboratories all over the campus." The Fogarty Center coordinates with ICDs sponsoring foreign researchers and provides management and administrative support for the scientists and their families.

The largest foreign contingent is from Japan; as of last September, 344 Japanese scientists were conducting research at NIH. China was next in size of representation at NIH with 287. Italy, with 168, had the third largest foreign representation on campus. Many of the foreign scientists receive their salaries and laboratory expenses from their own governments; the others receive salaries from NIH institutes.

Why do so many people from so many lands come to NIH? "People from all over the world want to broaden their research knowledge, and many come here because of NIH's reputation as the world's leading biomedical research institution," Schambra explained. "NIH also benefits from the foreign scientists' own unique approaches to research. Often, collaboration begun while at NIH continues for the rest of the foreign scientists' careers."

Foreign scientists also make important contributions at universities across the United States. Under the FIC's International Research Fellowship program, almost 3,000 foreign scientists have studied in the U.S. since 1958. And since the FIC's Senior International Fellowship program began in 1975, more than 775 senior U.S. scientists have conducted research abroad under its auspices.

Directors of the Fogarty Center:

There have been five directors and four acting directors of the Fogarty International Center in its quarter-century history, from Dr. Milo Leavitt to the current director, Dr. Philip E. Schambra. Several of them still hold positions at NIH.

Milo Leavitt, Jr., M.D., became the first FIC director on June 16, 1968, and held the position until July 1978. He died in 1983.

Other FIC Directors:
Leon Jacobs, Ph.D., 1978-79
Claude Lenfant, M.D., 1981-82
Craig K. Wallace, M.D., 1984-87
Philip E. Schambra, Ph.D., 1988-present

FIC Acting Directors:
Edwin D. Becker, Ph.D., 1979-80
Vida H. Beaven, Ph.D., 1980-81
Mark S. Beaubien, M.D., 1982-84
Carl Kupfer, M.D., 1988

The Record
June 22, 1993
allowing a park-like buffer zone around campus; and car trips to campus must be kept at or below current levels, even though the ICDs forecast a 30 percent increase in employees (almost 6,000 workers) by 2013.

While both the park and quad alternatives take advantage of NIH's much-admired natural setting, the former would extend the creek dramatically, taking it from its present mean- ingless function as a waterway to provide habitat for wildlife. The park plan would cluster buildings around park-like spaces in a somewhat naturalistic structure and reintroduce nature to the center of campus, the quad plan makes groomed quadrangles, orthogonal design, and a landscaped mall the main architectural features. In either case, the site and design of the CC replacement facility will form the cornerstone of the new master plan, said Stella Serras-Fiotes, master planner with DES.

Last tackled in 1972, when some 15,000 employees were envisioned in Bethesda by 1992, the master planning process is complex, involving not only the best guesses of scientists about their needs for research over two decades, but also the concerns of local citizens and an array of regulations and approvals to be negotiated at the county, state and federal levels. Planners must juggle the interests of PHS, HHS, the Environmental Protection Agency, Montgomery County, adjacent neighborhoods, the state of Maryland, the Maryland-National Capital Park and Planning Commission (M-NCPPC) and the National Capital Planning Commission (NCPC). The latter group has sole authority to approve the final plan, the ultimate draft of which is to be available for public review in early December, noted Juunita Mildenberg, chief of the Facilities Planning Office, DES.

Essential to the master plan and being developed in concert with it is an Environmental Impact Statement (EIS), a draft of which will be presented to the public in mid-October. NCPC will rule on that statement in early March 1994.

NIH'ers were treated to an overview of considerations guiding the master planning team assembled by DES. Stuart Knoop of Oudens + Knoop Architects said the plan must "enhance relations between extramural and intramural NIH. It must also respect the importance of the closeness of clinical and basic research at NIH, which is unparalleled anywhere else in the world." He also emphasized retaining and enhancing a scholarly and collegial campus-type atmosphere.

At a series of some 90 meetings with ICD authorities, Knoop's firm ascertained that NIH projects a total of 28,700 employees in the Washington metropolitan area by 2013. By 1998, when the Natcher Bldg.'s first and second phases are complete, there will be some 19,000 employees on campus, with about 3,700 NIH'ers still occupying rental space in the suburbs. Projections for 2003 are 20,100 workers on campus and 4,200 off; for 2013 the estimates are 21,800 on campus and 4,800 off. At the NIH Animal Center in Poolesville, minimal growth is anticipated in the next 20 years. About 100 workers are assigned there now, and 140 are expected to staff the farm by 2013.

Knoop said the Frederick, Baltimore and Southeast Washington outposts of NIH programs will rise from 1,300 current NIH employees to about 1,900 in the interval studied.

A recent NIH traffic survey completed by Gorove-Slade Associates discovered what is obvious to NIH commuters: "Most intersections at Old Georgetown Rd. and Rockville Pike entrances to NIH are at or near capacity," said the company's Larry Green. His firm did morning and evening peak-period car counts for three consecutive days, and also laid tubes in the road for 2 weeks to count vehicles entering NIH. A typical morning features 4,400 inbound trips; in the evening the count averages 4,000. Green found three peak-use periods on area roadways, owing to traffic generated by NIH, Navy and the Bethesda central business district. The peaks all overlap, elongating the morning rush hour to anywhere from 6:30 to 8:45 and the evening rush to the period 3:45 to 6:15.

Because NIH has a memorandum of understanding with M-NCPPC and NCPC mandating no net impact on local traffic, parking on campus in the next 20 years must not exceed the current allowance of 0.5 space per employee. That ratio, Green related, must only go down in future years. This can be accomplished, he suggested, through increased use of public transportation, motor- and carpooling, increased use of flex-time work schedules, and enhancing NIH's extramural Transportation Management Plan (TMP).

Elaborating on the TMP was Sandy Brecher of Rivkin Associates, a public relations firm, who declared, "Our present traffic patterns cannot continue. We can never build enough parking for everyone who wants to drive their own car to work."

She discussed phased improvements to commuting options, including doubling the value of TRANSHARE from $21 to $42 (this will likely occur soon, said ORS Director Steve Ficca), obtaining express bus service from certain neighborhoods where many employees work, increasing the frequency of campus shuttle bus connections with Metro, and encouraging the many workers who live nearby to walk or bike to work. In the future, the TMP envisions "traffic stores" on campus where employees could review a wide range of alternatives to driving alone to work, among them "telecommuting," or working out of the house via computer modem, and the availability of emergency rides home in the event a car-less worker needed to get away.

Among the disincentives for solo car trips is the possibility of paid parking for both employees and visitors, and aggressive enforcement by county police of parking restrictions in adjoining Bethesda neighborhoods, she said. "NIH might even want to get involved in supporting the proposed Bethesda-Silver Spring trolley, or the creation of HOV lanes on I-270," added Brecher.

Perhaps the most visionary aspect of master planning was offered by Tom Eichbaum of Florance Eichbaum Esocoff King Architects, whose slides depicted a variety of campus models whose virtues NIH might do well to borrow. "The campus idea is paramount, because of its positive connotation," he observed. "A campus is not an office park."

Eichbaum's firm studied five examples of vibrant American campuses—the University of Pittsburgh, University of California at Santa Cruz, Princeton University, the University of Virginia, and what he labeled "the midwestern university model." Themes from each of these institutions were appropriated to create the quad and park options. As for Poolesville, whose master plan schedule is running slightly behind that of the main campus, Eichbaum said much of the site is undevelopable due to both its location in a flood plain and the fact that its utility system (water and sewer) must be handled on-site. More employee amenities are needed at NIHAC, he allowed.

Only two employees rose from the audience in a one-third full Masur Auditorium to pose questions to ORS' Ficca. One urged that a campus "student union"-type gathering place be included in the plan (Eichbaum assured that such a facility is being considered, possibly, as part of the new Bldg. 10), and another suggested emphatic use of recycled materials in whatever construction projects may be undertaken.

To offer an opinion to the master plan team, contact Serras-Fiotes by phone, 65037, or fax, 20017.

Healthy Moms, Toddlers Sought

NICHD seeks mothers with a first-born, healthy toddler born between September 1991 and March 1992 to participate in a study of play and language. Participation involves one visit in the home lasting less than 2 hours. For more information, call Kathy Painter, 66832.
NCI's Harry Canter Retires After 43 Years of Federal Service

By Francis X. Mahaney, Jr.

Harry Y. Canter, chief of NCI's Research Analysis and Evaluation Branch (RAEB), retired recently after 43 years of federal service. "Usually I offer my congratulations and best wishes when a treasured employee retires, but today I feel rather torn," said NCI director Dr. Samuel Broder. "His dedication to NCI has been exceptional!"

Canter's closest friends and coworkers gave him a farewell send-off at the Westwood Bldg., where he has worked most of his career. Canter, who told his coworkers he would never leave NCI without his favorite wooden desk, was presented with a cabinetmaker's version of the real thing, authentic down to the wood grain and the original drawer pulls.

"If you could custom order a supervisor, Harry Canter would be it," said Rosemary Cuddy, who has worked in Canter's office for the past 32 years. "This is reflected in the fact that his staff tended to remain with him until retirement, rather than transfer. Canter made work a welcoming and stimulating place to be," she said.

Canter has been RAEB chief since 1973. He transferred in 1960 to the NCI Research Grants Branch (now called the Division of Extramural Activities), where he served as chief of the program analysis and reporting section from 1963 to 1973.

Presently, the RAEB serves as a centralized source of information on NCI-supported research. Among his duties, Canter helped analyze and index the contents of more than 4,000 active research grants and 500 contracts awarded by NCI. The information is compiled in a computer database called "GENIUS."

The RAEB also has a literature surveillance program. The literature file, which was expanded during Canter's tenure, is the most complete record available of the accomplishments of its grants program. "Given the pluses and minuses of human nature, I've been very lucky to work with the very finest people here at NCI," Canter said. "You'll never find a better group of people more dedicated to science and the thread of life itself, whose ultimate goal is finding a better life for us all. In many ways, I really regret leaving," he said.

Canter first came to NIH in the summer of 1951, when NIH was surrounded by farms and Rockville Pike was a country road, he recalled. "You could actually look out your window and see cows in the fields," he said. He was quickly hired one day when he walked into the office of NIH director William H. Sebrell, Jr., and said, "Dr. Sebrell, I need a job. Can you help me?"

Sebrell not only hired the young biologist, but also assigned him to work with Drs. Willie Smith and Robert Marston (a young army officer who later became NIH director) to study the effects of radiation on the hematopoietic system in the Laboratory of Physical Biology, nuclear radiation section, National Institute of Arthritis and Metabolic Diseases.

The Cold War was just beginning and Canter remembers when NIH'ers participated in "mock air raids and staged rescue drills where each NIH employee was given an assignment in case of atomic attack." The Clinical Center was the staging area where Washington's wounded were to be sent and Canter's assignment was to "carry off the wounded." Later, when the Department of Defense decided that a direct hit by an atomic bomb might wipe out NIH too, the practice air raid procedures ended, Canter said. He also recalls standing in front of the CC to hear President Harry Truman dedicate the new building.

In June 1953, Canter transferred to NCI's Laboratory of Biology, where he worked under Dr. Howard Andervont. There, he became involved in the study of inbred strains of mice, and his research focused on breast, liver and testicular cancers.

Canter was born 66 years ago, in Harrisonburg, Va., the son of a southern doctor. His father graduated with honors from Johns Hopkins University and served with the British Army during World War I. His mother taught school.

When Canter's turn came to go to war, he joined the U.S. Army Air Corps and from 1944 to 1946 trained as a fighter pilot. With his brown leather flight jacket and goggles, he was ready to fly when the war abruptly ended in 1945.

Taking advantage of the G.I. Bill, which gave any World War II veteran the chance to obtain a college education or funds for a new house, Canter chose Randolph-Macon College in Ashland, Va., graduating with a B.S. in 1949. He then went on to graduate school at the University of Virginia from 1949 to 1951.

Canter was a Boy Scouts volunteer for 25 years and a volunteer for Centers for the Handicapped Inc. for 10 years. He has also been involved with the Bradley Hills Presbyterian Church for more than 40 years. He is currently a volunteer at Sibley Hospital.

He has been married since 1949 to Floride Fitchett, chief Red Cross volunteer for the CC. He has two sons, Dr. Hal Canter, an oral surgeon who now lives on Maryland's Eastern Shore, and Dr. John Canter, a dentist now living in Harrisonburg, Va. He also has a daughter, Mary Susan Canter, who works for Montgomery College in Rockville, and five grandchildren, two dogs and four cats.

Reagent Program Contract Awarded

NIAID recently awarded a 5-year, $6.2 million contract to Ogden BioServices Corp. of Gaithersburg to continue operation of the NIH AIDS Research and Reference Reagent Program, which was established in 1988 to provide critically needed reagents to the AIDS scientific community worldwide. Since its inception, the program has evolved from a small bank of HIV research materials to a resource of state-of-the-art reagents, substances commonly employed in scientific investigations. During the first 6 years, the program has acquired more than 400 reagents and has provided more than 17,000 samples to scientists from U.S. and international institutions.

New to the current reagent catalog are radiolabeled compounds and an expanded list of reagents for study of AIDS-associated opportunistic agents including mycobacteria, cytomegalovirus, mycoplasma, cryptococcosis, pneumocystis and candida. To accommodate new reagents acquired after annual publication of the catalog, the program also distributes periodic updates throughout the year. For a catalog, call (301) 340-0245.

Dr. Nadarajen A. Vydelingum of the Division of Research Grants' special review section was honored recently as the guest speaker at St. Peter's College in New Jersey. He delivered the 42nd Mendel Lecture entitled "Cancer Cachexia: The Depletion of Stored Fat." Following his presentation, Vydelingum met informally with members of the faculty and senior students from the biology department.
Early Detection of Hearing Impairment in Infants, Children Urged

By Jo Bagley

Approximately one of every 1,000 infants is born deaf. Many more children develop some degree of hearing impairment later in childhood. Any degree of hearing impairment during infancy and early childhood can have devastating effects on speech and language development, affecting learning and social/emotional growth. Furthermore, reduced ability to hear at a young age adversely affects the person's vocational and economic potential.

Despite the consequences of hearing impairment in infants and young children, the average age of identification in the United States is close to 3 years, well past the critical period for speech and language development. To evaluate current research and provide recommendations regarding hearing assessment from birth through 5 years of age, NIDCD and NIH's Office of Medical Applications of Research (OMAR) sponsored a Consensus Development Conference on the Early Identification of Hearing Impairment in Infants and Young Children recently.

The panel, consisting of 15 nonfederal experts, concluded that all infants should be screened for hearing impairment. Recent advances in technology have led to improved screening methods that provide the capability to identify hearing impairments in infants soon after birth.

The screening procedure recommended would involve first screening the hearing of all infants with a test that measures otoacoustic emissions (OAEs). OAEs are low-intensity sounds produced by the inner ear that can be measured with a sensitive microphone placed in the ear canal. Measurement of OAEs was selected as the first test of the recommended screening procedure since it is a quick, inexpensive, accurate test of hearing sensitivity. The panel further recommended that infants who fail the OAE screening have additional testing for auditory brain stem responses (ABR), which can confirm the validity of the OAE failure. Those infants who fail ABR should have a comprehensive hearing evaluation no later than 6 months of age.

Since 20 to 30 percent of hearing impairment in children occurs during infancy and early childhood, the panel strongly urged that hearing screening be continued at intervals throughout early childhood. Parental concern should be elicited during well-baby visits to physicians, and speech and language development should be evaluated during those visits using formal assessment tools. The panel also recommended that children recovering from bacterial meningitis as well as those with a history of significant head trauma, viral encephalitis or labyrinthitis, excessive noise exposure, exposure to ototoxic drugs, congenital-perinatal cytomegalovirus infection, familial hearing impairment, chronic lung disease or diuretic therapy, and children with repeated episodes of otitis media with persistent middle ear effusion have their hearing tested. School entry screening at both public and private schools should continue in order to provide another opportunity for universal identification of children with hearing impairments.

The panel urged future research to evaluate the validity and reliability of screening instruments and to compare various screening procedures for time and cost, develop innovative behavioral audiometry tests that are applicable for screening programs, and conduct large-scale studies to evaluate the efficacy of early identification and intervention.

Free, single copies of the consensus statement may be obtained from OMAR, Bldg. 1, Rm. 260, 61143.

Nowjack-Raymer Receives Award

The American Dental Hygienists' Association recently named Ruth E. Nowjack-Raymer one of six recipients of the 1993 Warner-Lambert/ADHA Excellence in Dental Hygiene Award. She is a public health research specialist in the Disease Prevention and Health Promotion Branch of NIDR's Epidemiology and Oral Disease Prevention Program. Her work at NIDR includes research on the epidemiology of the oral manifestations of HIV infection, clinical and community trials for the prevention of periodontal diseases and caries, and oral health promotion and disease prevention.

NIEHS To Study Magnetic Fields

In response to a growing public concern regarding the potential hazards of electric and magnetic fields (EMF), NIEHS's National Toxicology Program (NTP) has contracted for a series of large-scale studies designed to evaluate the biological effects of EMFs in laboratory animals. The results of these experiments should provide some long-awaited answers to questions concerning the health risks associated with electric power use.

"It is anticipated that animal studies, mechanistic studies, and more focused epidemiology studies will lead to a better understanding of this complex and sometimes controversial area," explained Dr. Gary Boorman, chief of NIEHS's Pathology Branch.

Electric and magnetic fields are invisible low-energy fields generated by 60 Hz power, the electric power that we use in our homes, offices, and factories. This is in contrast to direct current, or DC, that is produced by batteries. There are electric and magnetic fields associated with transmission and distribution power lines, home wiring and lighting, and electrical appliances.

Until recently, scientists believed that energy fields of such low intensity could not pose a threat to human health. Unlike x-rays, the transfer of energy from electric and magnetic fields to biological tissue is not great enough to break chemical bonds. In addition, all cells in the body maintain natural electric fields that are at least 100 times more intense than those induced by common electric power fields.

However, the results of recent epidemiological studies involving magnetic field exposure from power distribution lines have stirred uncertainty. Studies conducted in Denver and Los Angeles showed a two- to threefold increase in the incidence of childhood leukemia in homes close to high-voltage power lines. Similar studies done in Sweden have found a positive association between the estimated magnetic field strength within the home, and the corresponding risk of childhood leukemia.

In order to get some clear answers to these questions, the NTP will conduct some of the most comprehensive studies to date on the biological effects of magnetic fields in laboratory animals. In the EMF studies, laboratory animals will receive nearly continuous daily exposures to one of three magnetic field intensities, with breaks only for routine maintenance.

The magnetic fields will be similar to ones generated by electric power lines. The animals will then be evaluated for biological changes associated with the field exposures. Scientists will look for organ toxicity, birth defects, various cancers, and changes in fertility. They will also monitor the animals for subtle changes in the production of melatonin, a hormone that plays an important role in sleep and reproduction.
FAES Concerts Scheduled

The FAES Chamber Music Series will present nine concerts in its 1993-1994 season:

- Oct. 10 Peter Serkin, piano
- Oct. 17 Tokyo String Quartet
- Nov. 21 Ridge Quartet and Cynthia Raim, piano
- Jan. 30, 1994 Richard Goode, piano
- Feb. 13, 1994 FontaneyTrio
- Mar. 13, 1994 Emanuele Segre, guitar, and Pierre Ballista, piano
- Mar. 27, 1994 Michel Lethiec, Jean Pierre Penncier, Gary and Toby Hoffman, clarinet, piano and strings
- Apr. 10, 1994 Bruno Canino and Antonio Ballista, piano
- Apr. 17, 1994 Auryn String Quartet

Concerts are held on Sundays at 4 p.m. in Masur Auditorium, Bldg. 10. Tickets are required. For more information, call 67976.

Technical Advisory Board Needs Mentors to Assist in Training

Do you have ideas that you think will contribute to the development of an employee participating in an NIH Career Development Program? Are you up to the challenge and rewards of mentorship?

If you answered yes and are a GS-12 or above, the NIH Technical Advisory Board (TAB) wants to hear from you. Even if your response is “I’m not really sure,” TAB would still like to hear from you.

The Career Curricula Program is designed to provide NIH staff in nonprofessional job series an opportunity to become competitive in pursuit of professional careers in such positions as grants management, contracts, personnel, public information, budget, information processing methodology/technology, and general administration. Past participants have come from a variety of job backgrounds including secretary, grants technical assistant, medical technician, contracts assistant, and many others.

For the first time ever, mentor training will be offered to anyone who is interested in becoming a mentor for the Career Curricula Program. This training only takes half a day. Trainees will learn how to provide guidance to employees, how to help someone grow into a professional occupation, and how to become more effective in interacting with others.

To find out more, or to register for Career Curricula mentor training, call Donna Brooks, TAB chairperson, 20508, or Edith Pruden, NIH Training Center Program manager, 66211.

Peer Review Trends Update

The Division of Research Grants has recently issued an update in its series of publications on peer review trends. This latest volume, Peer Review Trends: Member Characteristics, 1981-1991, is the sixth in a series of reports on long-term trends in the characteristics of members of institute initial review groups, advisory councils, and boards, and DRG study sections.

Educational background, selected demographic characteristics, performance as grant applicants, institutional information and other data on members are provided. A new chapter that examines DRG study sections members’ scoring distributions on R01, R29, and R37 research project grant applications is included as well.

Anyone interested in receiving a copy of this volume should contact the statistics, analysis, and evaluation section, Information Systems Branch, DRG, 47328.

Anne Marie Bahre Mourned

Anne Marie Bahre, 58, an official of horse groups in Montgomery and Frederick counties, died May 22 as a result of injuries suffered that day when she was thrown from a horse-drawn carriage.

A member of the NIH Golf League and past member of the NIH Sailing Association, Bahre was known at NIH for helping her husband Jim Bahre establish the Technical Sales Association’s tent shows during the week of Research Festival at NIH.

Besides her husband, survivors include four daughters, her mother, a brother, and four grandchildren.

Expressions of sympathy should take the form of contributions to the Children’s Inn at NIH.
**TRAINING TIPS**

The NIH Training Center, Division of Personnel Management, offers the following hands-on courses:

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**New Repair Service Available Around-the-Clock**

NCRR's Biomedical Engineering and Instrumentation Program (BEIP) has arranged 24-hour repair service of incubators and liquid nitrogen storage units for all intramural researchers.

Howard Metz, assistant program director for BEIP's scientific equipment services, explains that the new service was initiated after NICHD indicated a need for around-the-clock service of incubators, and NHLBI requested like service for not only incubators, but also liquid nitrogen storage units, freezers, refrigerators, and cold rooms.

While the Division of Engineering Services already offered repair service for the latter three, Metz said no similar service was available for emergency repairs to incubators and liquid nitrogen storage units.

In response to that need, BEIP located two Rockville companies to handle service requests outside normal working hours.

This new service is a reflection of BEIP's continuing policy to make quality equipment and instrumentation support available to the NIH community,” Metz said.

Personnel needing emergency repair should call Medical Equipment Maintenance Co., (301) 881-2393, for incubator service, and Advanced Environmental Technology, (301) 881-3011, for work on liquid nitrogen storage units.

Researchers requesting emergency repair may either provide the contractors with an R-number (a repair order number for scientific equipment), or call Johnny Robbins the next working day at 64131 to arrange payment through BEIP.

Service requests during normal working hours and inquiries on the new service should also be directed toward Robbins at the same number.  

**NIGMS grantee Dr. Seymour Benzer recently was awarded the Crafoord Prize for his work on genetic mutations that affect fruit fly behavior.**

The James G. Boswell professor of neuroscience at the California Institute of Technology, Benzer was cited for his "outstanding and thought-provoking approach." He will share the $338,000 award with a British scientist who is also studying behavioral genetics. The winners are chosen by the Swedish Academy of Sciences, which also selects the winners of Nobel Prizes in science. The Crafoord Prize recognizes achievements in mathematics, astronomy, biology, and geology.

**Fraternal Twins Sought**

NIMH needs fraternal (same sex) twins for a study of brain function. Volunteers must be between the ages of 18 and 80, be taking no medications, and have no history of major medical or psychiatric illness. Procedure involves mapping brain structure with magnetic resonance imaging (MRI), and mapping brain function with positron emission tomography (PET) while subjects perform various problem-solving tests. The PET scan involves exposure to an amount of radiation that is within both NIH and FDA guidelines. Volunteers will be paid.

For information contact Jill Ostrem, 63682.
Hodes Named NIA Director

Dr. Richard J. Hodes has been named director of the National Institute on Aging, effective immediately. He succeeds acting director Dr. Gene Cohen, who had filled in for former director Dr. T. Franklin Williams for nearly 2 years.

Hodes, an immunologist who comes to NIA from the National Cancer Institute, was tapped for his strong scientific background. A senior investigator and chief of the immune regulation section in NCI’s Experimental Immunology Branch, he has conducted immunology research at NCI since 1973. His work in cancer research “has given him experience with aging and age-related issues. He will be especially effective in strengthening and expanding the scientific base of the institute,” said NIH director Dr. Bernadine Healy, who made the appointment. “His expertise in molecular and cellular biology and immunology will be of value as the NIA moves forward in pursuing the fundamental biological mechanisms involved in aging.”

Active in the cancer and immunology research communities, Hodes is program coordinator for the U.S.-Japan Cooperative Cancer Research Program and serves in editorial capacities at the Journal of Experimental Medicine, the Journal of Immunology, and Therapeutic Immunology. He is currently a member of the scientific advisory council of the Cancer Research Institute. He received the PHS Commendation Medal in 1977 and the PHS Outstanding Service Medal in 1988.

A native of New York, Hodes, 49, received his B.A. degree summa cum laude from Yale University in 1965. He received his medical training at Harvard Medical School, where he graduated in 1971 magna cum laude. Before attending medical school, he was a research fellow at the Karolinska Institute in Stockholm. His postgraduate training included internship and residency at Massachusetts General Hospital’s department of medicine.

Clinical Center Marks 40th Anniversary

The Clinical Center will mark the 40th anniversary of the first patient admission on July 8 and 9 with a celebration of the NIH intramural clinical research program July 8-9. The celebration will feature a variety of activities including a picnic, a scientific symposium, and reception with NIH’s Nobel Prize winners.

The program begins on Thursday evening, July 8, with a lecture for the public in Masur Auditorium by Dr. Stephen Epstein, chief of the Cardiology Branch, NHLBI, tracing 4 decades of heart research.

On Friday, July 9, activities will begin with a welcoming ceremony at 9 a.m. followed by a day-long scientific symposium highlighting the clinical advances of the last 40 years.

At noon, there will be a picnic featuring live music and cake donated by Guest Services, Inc., on the lawn outside of the B1 cafeteria. GSI will sell 40th anniversary picnic lunches.

The festivities will end with a reception at 5:45 p.m. in the Visitor Information Center of Bldg. 10 that will feature informal remarks by Nobel laureates Dr. Christian B. Anfinsen, Dr. Julius Axelrod, Dr. D. Carleton Gajdusek, and Dr. Marshall Nirenberg. There will also be a presentation of portraits of former Clinical Center directors that were painted by artist Al Loang of NCRR’s Medical Arts and Photography Branch. The portraits will reside permanently in the area outside Lipsett Amphitheater. Refreshments for the reception will be provided by Research!America.

NIAID Joins County Speakers Bureau

NIAID’s Division of AIDS staff recently joined forces with the Montgomery County HIV Prevention Program’s speakers bureau. The bureau provides speakers with expertise in HIV and AIDS prevention to community groups, churches, schools and other interested organizations.

NIAID director Dr. Anthony Fauci said: “While we address a broad national health research agenda, the institute is very much a part of the community in which it resides. This is a time when the HIV epidemic is of a great concern to us all and our health professionals at NIAID will provide something essential to the community—an opportunity to receive first-hand the latest information about current research findings.”

To schedule a speaker, call Tina Clarke, (301) 217-1821.

Credit Union Has Auto Loans

The NIH Federal Credit Union is now offering an “ultimate auto loan package” that combines competitive rates, terms and prices with flexible payment options and a preapproval gift—a portable car vacuum cleaner.

By obtaining a preapproved loan, customers increase their bargaining power with car dealers since the buyers are not considered a credit risk. The credit union has arranged a “no hassle, no haggle” purchase plan with selected dealerships near NIH. These dealerships will offer below-market discounted prices to credit union members, along with other services.

For more information on how to obtain the credit union’s auto loan package, stop by any branch or call (301) 718-0208. The offer ends on Aug. 31.