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“Still The Second Best Thing About Payday”

The NIH Record

50 Years of Service

R&W Celebrates Golden Anniversary at NIH
By Rich McManus

If there is any aspect of employee off-hour fun or self- and community-improvement that the NIH Recreation & Welfare Association has left unaddressed in its first 50 years of operation, just wait a little bit—chances are they'll get around to it.

Created by employees who recognized that all work and no play make Jack and Jill dull, and probably unproductive, workers, the R&W on June 26 celebrated a remarkable past that grew primarily out of NIH'ers' passion to do something positive for themselves and one another once the work day was done.

Throughout its history, it has been an anarchic, amorphous, seat-of-the-pants operation that has relied on the enthusiasm of its membership to launch such projects as the Patient Emergency Fund, the Theatre Group (formerly known as the Hamsters), myriad sports leagues, gift shops, fitness centers, clubs of every stripe (board games, table tennis, taekwondo, for instance), and do-gooder projects that are taken for granted but nevertheless essential—Camp Fantastic (the summer camp for children with cancer), CFC and Savings Bond Drive booster campaigns (who do you think helps organize all those raffles, runs and walks, and patio barbecues?), and fundraisers (such as “Come asl of its membership to launch such operation that has relied on the enthusiastic, anarchic, amorphous, seat-of-the-pants gift shops, fitness centers, clubs of every variety of autoimmune problems includ­ing skin rashes, anemia, bleeding and kidney problems. A group of European

Team Identifies Root Of Autoimmune Disease

Collaboration among research groups at NIH has revealed a gene defect that predisposes people to a rare, newly identified autoimmune disease. The findings are significant because they may shed light on several more common autoimmune disorders. These illnesses, in which a person's immune system attacks his or her own tissues, include rheumatoid arthritis, lupus, and several types of kidney disease.

The NIH researchers studied five children with autoimmune lymphoproliferative syndrome, which they have named ALPS. The children's problems, defined at the Clinical Center, included massive lymph node enlargement and increases in a normally rare subset of immune cells called "double negative T cells." The patients had a variety of autoimmune problems including skin rashes, anemia, bleeding and kidney problems. A group of European

New Bottom Line

Affirmative Action Accents ICD Accountability
By Carla Garnett

NIH's new Affirmative Action Planning Process (AAPP), a pilot program for fiscal year 1995-1996, contains at least two significant differences from past plans: Institutes, centers and divisions will have more individual responsibility, and NIH workers in all 255 occupations will figure into the bottom line. Traditionally, only positions classified as permanent were tallied into affirmative action plans, excluding from consideration such positions as temporaries, trainees, consultants, experts, contractors and others.

Officials in NIH's Office of Equal Opportunity met with many segments of the NIH community, including the ICD directors, executive, EEO and personnel officers, ICD advisory groups, and employee groups to discuss the draft model process. Following revisions offered by ICDs, the 1995-1996 AAPP instructions were approved by the NIH director in late April. ICDs had until mid-June to formulate their individual affirmative action plans using the approved instructions.

According to OEO, calculating this "new" bottom line will help NIH prepare employment strategies more in line with both the nation's rapidly changing labor pool and recent mandates to reduce the federal workforce.

"For the first time," said Sharrell Butler, chief of OEO's Program Planning and Evaluation Branch, "we have tied streamlining and downsizing considerations to the affirmative action process. That's one reason the AAPP pilot is more realistic than previous approaches."

The main ingredient of the new AAPP is individuality, Butler said. Instead of an overarching agency plan—which had been used in past years—each ICD devised its

Gene Found for Fatal Childhood Disease

Scientists have isolated the gene and identified mutations that cause the childhood disease ataxia-telangiectasia (A-T), a rare hereditary neurological disorder. Discovery of the gene paves the way for more accurate diagnosis in the short term and the potential for effective treatments in the long term. With this discovery, the investigators believe they also have identified a common genetic marker that indicates predisposition to certain cancers, and may help identify individuals who are sensitive to radiation.

The study results, funded in part by NINDS and the A-T Children's Project, were reported in the June 23 issue of Science.

Dr. Yosef Shiloh led an international team of investigators, based primarily in laboratories in Tel Aviv University in Israel and at NCHGR, to find the gene believed to be the cause of A-T. According to Shiloh, associate professor of human genetics at Tel Aviv's Sackler School of Medicine and senior author on the report, the new findings explain how mutations in the A-T gene, called ATM

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researchers reported similar findings in two families in the June 2 issue of Science.

The NIH group initially suspected that ALPS occurs when cells of the immune system known as T cells are not killed off once their job of fighting infection is over. This kind of appropriate cell death, called apoptosis, normally regulates the speed and duration of the body's immune responses. Defective apoptosis was first noted in inbred mice with autoimmune abnormalities similar to those of ALPS patients. The scientists have traced the failure of apoptosis in humans with ALPS to mutations in the Fas gene, the same gene mutated in the abnormal mouse strain. Fas is a cell-membrane receptor important in receiving signals leading to cell death. Because people with ALPS have a defective Fas protein, their T cells do not receive the signal to self-destruct when they are no longer needed, causing them to accumulate in the patients' blood and organs. This overpopulation of immune cells can cause the autoimmune disorders, too.

The NIH investigators who identified the human Fas gene mutations were Drs. Jennifer M. Puck, Frederic J. Rosenblum, and Lindsay A. Middleton of NCHGR, Galen H. Fisher, Stephen E. Straus, Janet K. Dale, Warren Strober, and Michael J. Lenardo of NIAID, and Albert Y. Lin, of NCI. "Our success was based on a unique combination of expertise in the intramural program," Straus, Puck, and Lenardo wrote in a letter to NIH director Dr. Harold E. Varmus. "The collaboration worked rapidly and effectively, not just because of the strengths of each of its components, but because of unique aspects of the Clinical Center," which combines the proximity of cutting-edge research groups with the ability to provide without charge specialized evaluations for patients with rare disorders. "Dominant Fas Gene Mutations Impair Apoptosis in a Human Autoimmune Lymphoproliferative Syndrome," appeared in the June 16 issue of Cell.

AMWA Honors NIH Writers

NIH publications captured awards in the American Medical Writers Association, mid-Atlantic chapter's 19th annual competition for excellence in writing on biomedical and health-related topics. The awards were presented at AMWA's meeting June 27 at the National Press Club.

Bobbi Bennett, chief, Science Communications Branch, Office of Communications, OD, won first place in the category of brochure for a general audience for her fact sheet "What We Know About Radiation."

Two writers for the NCRR Reporter received awards in the periodical for a general audience category. Dr. Ole Henriksen, director of the Research Resources Information Center (RRIC), won first place for "Angling for Analogies: Aquatic Animals Model Human Diseases," which appeared in the November 1994 issue. "MRI Helps Pathfinders Chart the Mind" (the cover story in the July 1994 issue) netted an honorable mention for Victoria L. Contie, a science correspondent at RRIC.

NIH director Dr. Harold E. Varmus was the featured speaker at the meeting. He discussed the critical role of communications in enhancing public understanding of science. He also provided some advice to the writers based on examples of recent successes and deficiencies in science reporting.

Blue Cross/Blue Shield Day

Blue Cross/Blue Shield of the National Capital Area will be on the NIH campus Tuesday, July 25, to assist BC/BS enrollees who have claims or enrollment problems. A BC/BS representative will be available from 10 a.m. to 2 p.m. that day in Bldg. 31, Conf. Rm. 9, armed with a laptop computer to access directly the enrollee's records at company headquarters.

No appointment is necessary. Assistance will be provided on a first-come, first-served basis. It is anticipated that BC/BS will schedule more service days in the future.

Microsoft Federal Update

Microsoft Federal will be presenting the latest in its Federal Technology Update Series on Thursday, July 20 in the Natcher Conference Center. The morning session from 9 to noon will concern the Microsoft BackOffice suite of server products: Windows NT Server, SQL Server, SNA Server, Systems Management Server, and Mail Server. The afternoon session, from 1:30 to 4:30, will feature an overview of Windows 95. Both presentations are free and all attendees are welcome, but because seating is limited, RSVP is possible by calling 1-800-550-4300.

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NHLBI Helps Communities Fight Heart Disease

With NHLBI help, communities in the Washington, D.C., metropolitan area, and North Carolina are learning how to draw the line against heart disease—literally, through poster contests that teach important lessons using the media of creativity and fun.

Both contests proved very popular—but both are only one aspect of broader NHLBI community-based initiatives.

In Washington, the poster contest is part of an area-wide Latino Cardiovascular Disease Prevention Project. The project was created to develop and disseminate cardiovascular health information to the local Latino community.

To accomplish its goals, the project last year established a “Community Alliance Working for Heart Health,” comprised of representatives from more than 30 health clinics, hospitals, community groups, media organizations, and local government units.

The D.C. project is expected to serve as a model for similar Latino alliances elsewhere in the United States.

The alliance teamed up with the Centro de Arte, a local Latino arts center, to host the “Latino Heart Health Poster Contest.” Nearly 50 children and adults entered posters. The contest’s judges included such prominent local figures as Dr. Elmer Huerta, an area physician with a popular radio health program for Latinos, local Latino artists Jorge Zamorano and Teresa Guighlino, and art teacher Regina Weitzman from Bell Multicultural High School in D.C.

The winner was 22-year-old Francisco Cervantes from Mexico, whose poster “Salud para tu Corazon” (“health for your heart”) earned him a free course at the Corcoran School of Art, plus a cash prize and a certificate for dinner at the Cuzco restaurant in Maryland. Second-place winner Carlos Humberto Pastrana from Colombia, and third-place winner Marjorie Forgues from Bolivia also received cash awards and other prizes. Five honorable mention winners received cash awards.

The winning posters are expected to be exhibited at NIH and the Capitol building.

The North Carolina poster contest also proved a hit. It was held to teach teenagers—and through them their families—about the causes and prevention of high blood pressure, the chief risk factor for stroke.

The contest involved ninth and tenth graders at Enloe, East Wake, and Fuquay-Varina High Schools, all located in the Raleigh area of Wake County. Altogether, more than 500 entries were submitted.

The winner was An-War Pace. His poster was titled, “Your family can play a big part in reducing chances of a stroke.” Pace, second-place winners Jay Cartwright and Eugene Ford, and third-place winner Jason Mills were from Enloe High School, which had a 90 percent participation rate. All the winners received cash prizes. Six more students won honorable mentions.

The winners received their awards from NHLBI director Dr. Claude Lenfant at a special ceremony in Raleigh, presided over by State Secretary Jonathan B. Howes.

The poster contest was sponsored by N.C.’s Strike Out Stroke (SOS) Project, run by the division of adult promotion of the N.C. department of environment, health, and natural resources.

The SOS Project is funded by NHLBI through its Stroke Belt Initiative, which began in 1990 and is now in its second phase. The initiative seeks to increase awareness and control of high blood pressure and other risk factors for stroke and heart disease among people in an 11-state region of the Southeast. The region, known as the Stroke Belt, has the nation’s highest death rates from stroke—the adjusted death rates are about 10 percent above the national average. North Carolina has the nation’s third-highest death rate from stroke.

The NHLBI initiative works through state health departments and N.C.’s department has been innovative and productive in its activities. State efforts include conducting blood pressure screenings at convenience stores and fast-food restaurants during busy breakfast hours, airing public service announcements on the radio, writing articles for Black newspapers and church newsletters, and holding risk factor education classes at Black churches.

The contests are a step to helping communities decrease their chance of stroke and other cardiovascular diseases. As Lenfant told the gathering at the N.C. awards ceremony, “Efforts like this contest are vital to increase awareness and improve health. We must all become educated—and educators—in the fight against cardiovascular disease.”

Orioles Bullpen Party, July 29

R&W is sponsoring a Bullpen Party on Saturday, July 29 at Camden Yards, when the O’s take on the Chicago White Sox. Seats are located in left field upper reserve. Party begins at 5 p.m. and game time is 7. Menu includes hot dogs, popcorn, beer and soda. Cost for party and game is $18. Part of proceeds benefit Camp Fantastic. Tickets are available at Gift Shop in Bldg. 31.
for "mutated in A-T," can cause the variety of neurological, immunological and other health problems experienced by children with A-T. Because the normal ATM gene appears to play a role in regulating cell division, scientists hope the discovery will also shed light on more common types of cell-cycle disorders, especially cancers.

A-T is a recessive disorder, meaning a child must inherit two altered copies of the ATM gene—one from each parent—to develop the disorder. Scientists have known for some time that people who do not have the disease, but who carry one altered copy of the ATM gene, have about a fourfold increase in cancer compared with the general population. In particular, women who carry A-T mutations have up to a fivefold increased risk of breast cancer compared with control groups. An estimated 1 percent of the general population—about 2.5 million people in the United States—are carriers of A-T mutations. Concerns have been raised that this group of individuals is also more sensitive to radiation exposure.

"By finding the gene for A-T, we not only gain tremendous knowledge about a devastating childhood neurological disorder, but also acquire some insights into what makes certain people predisposed to cancer," said Dr. Zach W. Hall, NINDS director. "This unusual finding provides a clue that will help us understand the link between cell division and cell death and reinforces the notion that no disease is too rare to merit full scientific investigation."

For the past 13 years, researchers thought that several different genes caused this fatal neurological disease. According to Shiloh, "A-T is a complex disorder with many diverse symptoms. In addition, biochemical studies indicated that the disease might be determined by four different genes," he said. "But the sequence of the ATM gene and our studies of its alterations in patients suggest that this gene alone is responsible for all A-T cases and for the various manifestations of the disease."

Biochemical studies of tissues from children with the disorder failed to give a clue to the cause of A-T, presumably a malfunctioning protein linked to the different features of the disease. So scientists began looking directly at DNA, searching for a gene that encoded such a protein. Using powerful gene-finding tools derived from the Human Genome Project, scientists applied the strategy of positional cloning. First, genetic analysis of A-T families pinpointed the location of the ATM gene on chromosome 11. Then Shiloh and his coworkers developed more closely spaced genetic markers across this region on chromosome 11, allowing researchers to narrow down the interval where the A-T gene resides. Shiloh and his collaborators isolated that region of DNA and sorted through the 10-20 gene candidates located in that region. The second candidate gene tested was found to contain mutations that inactivate its protein product in A-T patients.

A-T affects between 1 in 40,000 and 1 in 200,000 individuals worldwide. Some 500 children in the United States have A-T, although it is suspected that many more are undiagnosed. The first sign of the disease is a neurological defect (ataxia) stemming from loss of specific cells in part of the brain. The disease is first noticed in toddlers by the appearance of unsteady gait, involuntary movements, slurred speech, and difficulty controlling eye movements. Most children with A-T develop characteristic telangiectasies—dilated blood vessels on the surfaces of their eyes and facial skin. As the disease progresses, the individual’s immune system weakens, leading to recurrent respiratory infections and, at a later stage, predisposition to leukemia and lymphomas and a profound sensitivity to radiation exposure. People with A-T usually die in their teens or early 20’s.

The identification of a single gene responsible for A-T may have practical benefits in the near future, such as allowing clinical geneticists to offer reliable diagnostic tests—including prenatal diagnosis and carrier detection—to all A-T families.

The discovery of the ATM gene could also give scientists a way to identify the carriers of A-T mutations in the general population. According to Dr. Francis Collins, NCHGR director and a collaborator in the study, the ability to identify A-T carriers will give researchers an important tool to help study the apparent increase in cancer risk among such carriers. "Concerns about increased radiation sensitivity in carriers can now be studied," he said. "If a direct link exists, identifying A-T carriers might allow those individuals to be particularly vigilant for signs of cancer, since early diagnosis of cancer is often critical for successful management. But at the present time, it would be premature for this information to be used to alter screening recommendations for mammography or other diagnostic procedures."

Because the ATM gene contains several different mutations that result in A-T, said Collins, finding all of them, and determining which DNA alterations contribute to disease and which are harmless variations, will be necessary before a reliable test can be developed.
A meeting to explore the causes and treatments of endometriosis was held on campus recently. Titled "Endometriosis 2000," the meeting was cosponsored by NICHD, NIH's Office of Research on Women's Health, NIEHS, and NIA, in cooperation with the Endometriosis Association.

Endometriosis results when tissue resembling the endometrium—the lining of the uterus—begins growing on the outside of the uterus and perhaps in other parts of the abdominal cavity. These patches of endometrium-like tissue are referred to as either nodules, lesions, implants, or growths.

The disorder affects as many as 10 percent of women of reproductive age, with 30 percent to 40 percent of the women diagnosed with endometriosis experiencing notable pain. In addition, a diagnosis of endometriosis has been found to be a significant factor in female infertility.

In his opening talk, NICHD director Dr. Duane Alexander set the tone for the meeting, describing endometriosis as mystifying, both in its causes and treatments.

"Although it is generally agreed to be a common disorder, we really have no good data on its impact as a public health problem," he said. "We don't even have good information on its prevalence, in part because it is often misdiagnosed or underdiagnosed, and because it varies widely according to the population that's under study."

Alexander noted that although treatments for endometriosis have existed for many years, they often have not been based on rigorous scientific testing.

He added, however, that basic science efforts by NICHD and ORWH have begun laying the groundwork for rigorous study of the disease.

ORWH director Dr. Vivian Pinn explained that endometriosis has been a priority with that office since its research agenda was devised in 1991. She added that endometriosis is one of the two leading indicators for hysterectomy for women under age 54 and is the most frequently diagnosed uterine condition in women.

"We need more knowledge about the origins of endometriosis and the development of more effective, nonsurgical interventions," she said.

Pinn noted that the bulk of ORWH's original funding was earmarked for collaborative efforts with NICHD for research on endometriosis and another uterine condition, leiomyoma.

"I can assure you that endometriosis has been, and will continue to be, among our highest priorities for research, until we have some of the answers which are now being sought," she said.

Mary Lou Ballweg, president and executive director of the Endometriosis Association, in Milwaukee, described the disease from the patient's perspective.

"If endometriosis is baffling to the doctors who treat it...imagine what it must be like to have it."

Ballweg noted that endometriosis is often diagnosed long after the first time its symptoms appear. She cited three studies that found that although endometriosis may first appear in the teen years, it may not be diagnosed until 10 or 15 years later. She speculated that this delay in diagnosis might result in some women having hysterectomies they might otherwise have avoided.

Because research has provided few insights, the myth persists that endometriosis is a disease of overeducated career women who've postponed childbearing.

"In short, endometriosis can be, from the patient's point of view, a nightmare of misinformation, myths, taboos, delayed diagnoses, and problematic, hit-and-miss treatments overlaid on a painful, chronic, stubborn disease," she said.

NICHD grantee Dr. James H. Liu, a researcher at the University of Cincinnati College of Medicine, reviewed current treatments for endometriosis. He said that recently diagnosed patients have three options: no therapy, surgical therapy, and drug therapy.

He warned against treating women who have evidence of endometriosis but do not have symptoms.

"Do not treat asymptomatic patients," he advised the conference participants. "If you treat, you may generate symptoms within 1 month of treatment."

Surgery is an option for severe cases. For some patients who experience extreme pain and are not concerned with fertility, removal of the ovaries and uterus may be the best option. In other cases, laparoscopy accompanied by laser surgery to remove endometrial growths selectively may be advisable. Liu cautioned, however, that endometrial growths removed surgically may later return, requiring additional treatment.

Physicians may also offer their patients the choice of a variety of hormonal treatments designed to stop the ovaries from functioning temporarily. Again, however, once therapy stops, symptoms may return.

A final discussion involved a summary of future research needs. A consensus emerged that the current classification system for grading endometriotic lesions was less than satisfactory and required rigorous redefinition. This was deemed essential to establishing clear baselines for pathophysiology studies of endometriosis morbidities.

NIAMS recognized its best employees at its recent annual awards ceremony, including several NIH Merit Award winners. Pictured with NIAMS acting director Dr. Michael Lockshin (l) are Eileen Webster-Cissel, Dr. William Sharrock, Linda Peterson, Marion S. Eyre, Dr. Elia T. Ben-Ari, and Dr. Sherri Bale.
50th ANNIVERSARY OF RECREATION AND WELFARE ASSOCIATION AT NIH
(Continued from Page 1)

Back to Bethesda”) to support the Children’s Inn and Friends of the Clinical Center.

Before “diversity” became such a buzzword, R&W embraced its tortuous definition, allowing any employee with vision, sense and gumption to launch any club, project or program that might contribute positively to workers or their world. Hence today’s roster of R&W-supported activities: transcendental meditation, yoga, Toastmasters Club (for improving one’s public speaking and communication skills), Gay-Lesbian Forum, Golf Association and Golf League (take a tip from R&W, folks, golf is hot, and getting hotter—even the gift shop in Bldg. 10 has a golf pro shop in the rear now), and those winter golf lessons in Bldg. 10, also R&W-supported, were wildly successful), Sailing Club, Health’s Angels Running Club, Madrigal Singers, Single Parents, Singles Club...the list is probably growing even as we speak.

The master of this 3-ring circus nowadays is Randy Schools, R&W general manager for the past 17 years, and blithe Buddha-sponsor to the good, the positive, the life-affirming, the flow...well, you get it. He’s into whatever’s worth being into, and will be happy to schedule a meeting with you about it, but, oops, he’s running late for the other seven meetings he committed to for the past 15 minutes...and yes, he will return your call, right after he gets off the phone with congressman/sports star/media mogul/actress yata yata yata...

He’s a blur, but a happy blur, and keeping 20,000 employees pointed on the high, good, healthy road is his calling. But he doesn’t want to talk about himself. Doesn’t want the article to be about him or the staff he publicly wet-kissed on June 26, bestowing the people who have been with us for a membership of 5,000. Says Robert Gray, executive director of the Children’s Inn: “R&W is a focal point for caring on this campus of caring people. From CFC to walk-a-thons, its energetic and committed staff do an outstanding job of raising awareness and resources for the Children’s Inn and other charities here. Welfare is R&W’s middle name—they live up to it. We appreciate it. Happy birthday, R&W!”

Rep. Connie Morella (R-Md.), who represents NIH’s district in Congress, sent greetings on the occasion: “By promoting employee services and fitness as an integral part of the NIH community, R&W has contributed not only to the well-being of individual workers but to the productivity of NIH as well. And I salute the association for its involvement with Special Love! Camp Fantastic, Friends of the Clinical Center, and the Children’s Inn, and its many other contributions to our community and to our country. Congratulations and best wishes as you embark on your second half-century of service!”

Scientist Judah “Lee” Rosner has been dealing with R&W since the 1960’s. He observes: “For nearly 25 years, the NIH R&W Association has been of great value to me. The stores, with their numerous services, often make it unnecessary for me to leave the campus to take care of small but important needs. The recreational clubs, particularly bowling and...”

A Salute to NIH’s ‘Heart and Soul’
(This tribute was written by Dr. Thomas E. Malone, NIH deputy director, 1977-1986.)

The NIH R&W Association is a remarkable organization that cannot be matched in or out of government. Its value to NIH can be measured in many ways. With a superb and dedicated staff, it has brought to all NIH employees and the community a large array of programs including recreation and physical fitness, golf, tennis, baseball, softball, sailing, theater, educational seminars on disease prevention and other topics.

Not unexpectedly, the NIH R&W has begun to infect other federal agencies. There is now a NOAA R&W Association which is cosponsoring many programs and activities with its NIH progenitor and counterpart. Over the years, the association has expanded its sponsorship of affordable vacation packages to major resorts and cities in this hemisphere. More than 25 years ago, I took an R&W-sponsored overnight bus trip to Sugarloaf, Vt., for my first ski lesson. The R&W presently has 32 clubs with a total membership of 5,000.

R&W has long fostered the participation of NIH employees in local community activities, many staff donating weekends for various charitable causes. The Children’s Inn was an early beneficiary of R&W, as was Camp Fantastic. Their success reflected strong support from the community, local businesses, and members of Congress. The R&W has in fact been a powerful agent for improving relationships between NIH and the community.

Conceived by an NIH employee, Hazel Rea, R&W is a true nonprofit organization whose staff work because they believe in its programs, not for pecuniary recompense. I first had the opportunity to work some years ago with the present R&W general manager, Randy Schools, in helping to develop facilities and programs for the martial arts and physical fitness. I found him to be the embodiment of commitment, hard work, and compassion for other human beings. These characteristics seem to be prerequisites for working in R&W.

In summary, R&W has brought health and welfare (and education) to the employees of an agency whose very mission has been to achieve these goals for people everywhere. But more than this, R&W has given NIH a heart and soul that have touched the larger community in which we live.
softball, make it possible for me to meet and develop friendships with NIH'ers whom I might otherwise not encounter. I congratulate the staff and leadership of R&W for their enthusiasm and for their success in making life for NIH employees much more enjoyable. They really make the NIH a more harmonious community and contribute substantially to the mission of the NIH.”

Dave Smith, executive director of Special Love/Camp Fantastic, commented: “Special Love and Camp Fantastic have been thronged with the support that we’ve received from the R&W Association since we were founded in 1983. The R&W helped found Camp Fantastic and they continue to play an active role in programming and development for all of Special Love’s programs. The folks there are fantastic!”

Marie Priest of NCI’s Pediatric Branch, which sends many children to the camp, said, “I have worked with the excellent staff at the R&W since 1988 on the Camp Fantastic Barbecue. This annual fundraiser makes it possible for pediatric cancer patients to be able to go to camp. I want to congratulate R&W on their 50th anniversary and extend my sincere thanks for all they do for the NIH employees, the patients and their families.”

“We are a diverse organization,” said R&W President Linda Doty, who was reelected to her leadership post at the June 26 annual meeting, “that is always trying to offer more to employees.” She noted that the fifth of R&W’s gift shops was set to open July 10 at Rockledge Centre. Joining her as elected officials at R&W are Lisa Strauss, second vice president; Ron Hunt, assistant treasurer; and Nina Bobbitt, secretary.

R&W counts more than 4,200 employees as members. More than 1,800 of them participate in some of the 32 R&W-sponsored activities on campus, reported Gary Freeman, chair of the activities committee and first vice-president of R&W.

“If you don’t participate, please get involved,” he urged. “It’s truly worth the effort.”

Schools emphasized the savings employees can realize through membership in R&W; the typical employee saves between $50 and $100 a year on discounts and special deals arranged with local merchants. He also noted that R&W assisted in raising more than $800,000 in the past 2 years for charity.

“R&W means many things to many people,” he said. “For some it’s the convenience of a gift shop in their building. For others it’s an opportunity for regular exercise at our Fitness Center. For still others it’s the opportunity to be a friend to a coworker.

“NIH really is a great place to work,” he concluded. “It’s a place to share yourself and your skills...[a place] to take your potential one step higher.”

**Kindt Named Director of Intramural Research at NIAID**

Dr. Thomas J. Kindt has been appointed director of the Division of Intramural Research (DIR) at the National Institute of Allergy and Infectious Diseases, succeeding Dr. John Gallin. Kindt is currently chief of NIAID’s Laboratory of Immunogenetics (LIG).

“Dr. Kindt has long been recognized for his expertise in the field of immunology, and has made seminal contributions to our understanding of human T-cell leukemia virus-I (HTLV-I),” said Dr. Anthony S. Fauci, NIAID director. “He brings considerable scientific expertise, energy and enthusiasm to his new position. I am confident he will lead the DIR with vigor and vision, as John Gallin did before him.

“I also want to give special thanks to Dr. Frank Neva, chief of the NIAID Laboratory of Parasitic Diseases, for his service as acting director of DIR while we searched for a permanent director,” Fauci added. “We owe Frank enormous gratitude for shouldering this huge responsibility.”

Kindt received his undergraduate degree from Thomas More College in Kentucky in 1963, and his doctoral degree in biochemistry from the University of Illinois in 1967. Prior to joining LIG as chief in 1977, he held academic appointments at Rockefeller University and Cornell University Medical College. He currently serves as an adjunct professor for the departments of microbiology and pediatrics at Georgetown University School of Medicine. He has received numerous awards, including the Assistant Secretary for Health’s Award for Exceptional Achievement, the PHS Superior Service Award, and the Elliot Osserman Award from the Israel Cancer Research Fund. He has served on the editorial boards of many journals and has advised the Howard Hughes Research Scholars Program.

Kindt’s recent work has focused on the disease-causing mechanisms of a group of viruses called retroviruses, which carry their genetic material in the form of RNA. Once inside a cell, retroviruses (such as HIV) use an enzyme called reverse transcriptase to convert their RNA into DNA that is then integrated into the host cell DNA.

One such virus under study in the LIG is HTLV-I. HTLV-I is benign in 90 percent of infected individuals, but in the other 10 percent can cause adult T-cell leukemia/lymphoma, a neurologic disease called HAM/TSP, as well as conditions such as cutaneous lymphoma, uveitis and certain musculoskeletal disorders. HTLV-I was first recognized in southern Japan, Africa and the Caribbean, and is becoming increasingly prevalent in the United States.

The reasons why HTLV-I infection leads to such diverse consequences have remained a mystery to researchers despite extensive study of viral isolates from patients. Therefore, Kindt and his colleagues have turned to the rabbit model because the animals are highly susceptible to HTLV-I and, like people with HTLV-I, usually have no overt signs of disease.

The investigators have found that certain HTLV-I-infected T-cell lines can cause disease in rabbits similar to human T-cell leukemia, while other cell lines are associated with asymptomatic infection. Most recently, Kindt and his coworkers have isolated and characterized molecular clones of the virus, and have used them to infect both rabbit cell cultures and rabbits. The LIG group discussed these important new molecular tools in the April 1995 *Journal of Virology*. —Greg Folkers
AFFIRMATIVE ACTION  
(Continued from Page 1)  

Review the 26 individual ICD plans and ensure that they are reasonable, according to the workers available in the job market. "We're going to be looking at the pipeline," Butler said, "and monitoring availability on a semiannual basis."

In the current climate, NIH—as well as all federal agencies—will have to step back and reassess its affirmative action process, she continued. "I believe the NIH pilot does satisfy the current Supreme Court tests for there to be a compelling interest and narrow tailoring of programs," Butler added. "The AAPP is, for the first time, a process that is inclusive of all groups rather than focused on minorities and women."

Prompting this new approach to affirmative action, she acknowledged, is one thing: business necessity. The workforce is changing and NIH's employment policy must keep pace. Where past affirmative action plans have tried to address several other employment opportunity efforts (career development and community outreach, for example) simultaneously, the new AAPP focuses only on the bottom line—hiring and promotion. This concentration of resources, Butler explained, should make NIH's goals for diversity more easily reachable. "If NIH is considered the premier biomedical research and health facility," she concluded, "we also ought to be the premier agency for diversity in the workforce." 

"The AAPP is, for the first time, a process that is inclusive of all groups rather than focused on minorities and women."
At NIH this summer, dinosaurs will come to life, a killer virus will spread, and a man will be fired from his job because he has AIDS.

All this happens in movies that will be part of the second annual “Science in the Cinema” film festival, which opens July 27. The series, sponsored by the Office of Science Education, consists of movies having a scientific or biomedical theme. After each film, a guest speaker with expert knowledge of the film’s subject area will lead a discussion with the audience about the film.

The series opens with Steven Spielberg’s Jurassic Park, the 1993 film based on the novel by Michael Crichton about a theme park filled with dinosaurs brought back to life through DNA technology.

The second film, on Aug. 3, is Philadelphia, the 1993 movie in which Tom Hanks portrays a man fired from his law firm after the partners discover he has AIDS. Hanks won an Oscar for best actor for his role in this film.

On Aug. 10, moviegoers will see Madame Curié, the 1943 biography of the famous scientist starring Greer Garson.

My Left Foot will be screened on Aug. 17. Daniel Day-Lewis won an Academy award for best actor for his portrayal of Christy Brown and his struggle and triumphs with cerebral palsy.

Rain Man, which is about a man’s bittersweet experience developing a relationship with his autistic brother, will be shown on Aug. 24. Dustin Hoffman won a best actor Oscar for this film. (Portraying someone with a tragic disease seems popular with the Motion Picture Academy).

The film series closes with the recent biomedical thriller, Outbreak, about a mysterious and deadly virus that begins to wreak havoc on the population of the United States.

The films begin at 7 p.m. in Masur Auditorium, Bldg. 10, and are free and open to the public on a first-come, first-served basis. For more information, call the Office of Science Education, 2-2469.

Dr. Wayne L. Greaves, principal investigator at the Howard University AIDS Clinical Trials Unit, will deliver the keynote address at a program for summer students to be held on Friday, July 21 at 11:30 a.m. in Masur Auditorium, Bldg. 10. All NIH’ers are invited to attend.

NIAMS recently recognized the Medical Arts and Photography Branch, NCRR, and the Printing and Reproduction Branch, ORS, with a certificate of appreciation for “dedication, teamwork, and proficiency demonstrated in preparing the brochure Structural Biology at the NIH.” Above, Dr. Michael Lockshin (l), NIAMS acting director, presents certificates to Ron Winterroud (c) of MAPB, and Reginald Russell of PRB. (Missing are Linda Brown, MAPB, and Samuel Whitmore, PRB.)
J. Harrison Ager, NIDDK minority program specialist, retired recently after 42 years of government service, 38 with NIH. By training, he is a research chemist; by vocation, a community activist with a long history of helping others.

“After 17 years in the lab, Joe put aside his own scientific work to open opportunities at NIH to African Americans and other minorities. NIH and the community certainly owe him a debt of gratitude for all his years of hard work,” said NIDDK director Dr. Phillip Gorden.

Ager came to NIH in 1956 as a researcher in the Laboratory of Chemistry in what was then called the National Institute of Arthritis and Metabolic Diseases. His research with the world-renowned Dr. Everette May focused on the chemistry and action of drugs that affect the central nervous system, especially narcotics and their antagonists, benzomorphans and similar agents.

Among his bench accomplishments, he derived and synthesized new organic chemical compounds for improved analgesics and narcotics antagonists. He also tested these derivatives for use as enzyme inhibitors, and as antitumor and anti-inflammatory agents. May and Ager developed pentazocine, the first drug from the benzomorphans to be used clinically. In 1959, Ager was recognized for developing a more efficient synthesis of the potent analgesic phenazocine.

Ager gave up bench work in 1973 to become NIDDK’s first EEO coordinator at the urging of institute director Dr. G. Donald Whedon. “It was very difficult to leave the lab,” Ager remembers.

Initially, he tried to continue his research along with providing EEO support to the institute, but found the demands of the two jobs unmanageable, he says. As EEO coordinator, he developed programs to bring teachers and students into contact with biomedicine. “Some of the students are coming back now, having earned their doctorates,” says Ager with pride. “I’ve had a tremendous opportunity to help minority students gain experience in research laboratories and it’s exciting to see the results. That’s the payback.”

He began by helping faculty and students at minority institutions attend national scientific meetings, which led to the establishment of the NIDDK Minority Travel Award Program in 1985. Twenty college and graduate students attended the American Physiological Society meeting in San Diego that first year.

In 1987, Ager and Dr. Pierre F. Renault, then NIDDK’s deputy director, established a program to bring science teachers from D.C. public high schools to conduct research experiments in NIDDK laboratories. Ager and Renault hoped the teachers’ freshly generated enthusiasm would encourage their students to pursue careers in biomedical research.

Teachers and students also experienced new technology and scientific seminars first hand through the Discovery Center for Cell and Molecular Biology that Ager helped establish at Catholic University. Dr. Alan Schechter, chief of NIDDK’s Laboratory of Chemical Biology, credits Ager’s unique experience as both research scientist and EEO officer with his success in setting up these programs.

Ager has been recognized many times for his outstanding service, receiving the Public Health Service EEO Award (1979), an outstanding service award in human resource management from NIH (1990), and the Career Milestone Recognition from the NIH chapter of Blacks in Government (1993).

He was no less active in the community. As cochair of the Prince George’s County task force that developed the Maryland Plan to Assure Equal Post-Secondary Educational Opportunity in 1980. The National Conference of Christians and Jews recognized him with its Brotherhood Award, and his name and achievements were entered into the Congressional Record by the late Rep. Gladys Noon Spellman (D-Md.).

“I look back on it and wonder how I had the energy to do all of it. But I felt so many people helped me along the way, I wanted to pay back to others,” Ager says.

Syd Carter, NIDDK’s acting personnel officer, believes Ager’s legacy to the institute is a commitment to fairness and equity, and increased opportunities for women and minorities. “Joe was a beacon of hope for many of the disadvantaged operating outside of the system. He was always on the front lines for those willing to help themselves.”

Although he’s taken up golf and is building a home in Cary, N.C., Joe Ager is still at it: In May he attended a student forum, “Career Opportunities in the Biomedical Public Health Sciences” in Atlanta.

NIAID Launches Three New AIDS Vaccine Trials

Three new trials of experimental vaccines to prevent HIV infection or AIDS recently began enrolling 144 total needed volunteers, NIAID has announced.

Volunteers are being recruited through NIAID’s AIDS Vaccine Evaluation Group (AVEG), which consists of six clinical units located in St. Louis, Nashville, Seattle, Birmingham, Baltimore and Rochester (N.Y.).

These new trials are among the 23 trials of 16 preventive AIDS vaccines NIAID has sponsored since 1988. “NIAID is committed to advancing the best candidate HIV vaccines into the testing pipeline,” said Dr. Anthony Fauci, NIAID director, “and we appreciate the contribution of the nearly 1,700 non-HIV-infected healthy men and women who have volunteered for these trials so far.”

The new phase I trials, called AVEG 019, 022 and 023, will look for any adverse side effects and evaluate vaccine-induced immune responses. Because none of the vaccines in these trials contain live or killed HIV, they pose no risk of transmitting HIV infection or AIDS.
DRG’s Kraner Retires After 28 Years of Service

Dr. Keith L. Kraner, scientific review administrator of the surgery, anesthesiology, and trauma study section, Referral and Review Branch, has retired from the Division of Research Grants after 28 years active duty in the uniformed services.

Prior to joining NIH, he served in a wide range of clinical research and administrative capacities. A captain in the Commissioned Corps, Kraner began his PHS career in 1976 after serving in the U.S. Air Force and on the faculty at the University of Missouri. He also has been a pathologist in the State Diagnostic Laboratory in Harrisburg, Pa. In 1957, he was called to active duty in the U.S. Air Force, and was assigned first to the Aerospace Medical Research Laboratory at Wright Patterson Air Force Base in Ohio, and then, for 8 years, to the Armed Forces Institute of Pathology on the grounds of Walter Reed Army Medical Center, Washington, D.C.

In 1966, he was appointed professor of veterinary medicine and surgery at the University of Missouri Veterinary Medical College and director of the department of laboratory animal medicine in the College of Medicine. While there, he was instrumental in organizing a postdoctoral program in laboratory animal medicine that became a model around the country. In addition, he served a year as acting vice-president for academic affairs, a job he enjoyed very much.

A native of Indiana, Kraner received his bachelor’s degree with honors in animal science in 1952 and his doctorate in veterinary medicine, cum laude, in 1956 from Ohio State University.

He is a member of many professional societies, and has received several academic and scholastic awards. He is a member of Phi Eta Sigma, Gamma Sigma Delta, Phi Zeta, and the Reserve Officers Training Corps honor society, Scabbard and Blade. In addition, Kraner is a recipient of the Air Force Commendation Medal, the Army Commendation Medal, the PHS Commendation Medal (twice awarded), an outstanding unit award from the U.S. Air Force, and many letters of commendation.

In 1975, Kraner was president of the American Association for Laboratory Animal Science. He served as executive board member, vice-president, and president of the D.C. Veterinary Medical Association and is an alternate to the American Veterinary Medical Association’s national house of delegates.

Over the years, Kraner enjoyed working at NIH. He remarked that he would “miss working with the young investigators and watching the ideas come up and be evaluated by the real experts.” He noted that he “enjoyed the relationship with science as a participant, but more so as an observer than an active investigator.” His job satisfaction derived from knowing at the end of each day, the world was a little better than the day before.

Kraner’s future plans include writing a book, restoring a vintage car and farmhouse, and traveling to Ohio to visit with older family members and to help out. One thing he plans not to do is keep a schedule: “I have been meeting a time clock schedule since the age of 5, growing up on a farm in Indiana and never had a real vacation. This time I’ll work at my leisure.”

**Training Classes**

- Database Technology Seminar: 7/21
- Windows for Workgroups Overview: 7/24
- The Temperature and Hydration Dependence of Protein Dynamics in Computer Simulations: 7/24
- COORPLAS: Generating 3D Coordinates from Plastic Models: 7/24
- Creating Movies from Ray Trace Graphics: 7/24
- Mathematical Modeling: 7/25
- Electronic Forms on PUBLISH: 7/25
- Creating Formatted Reports Using QMF: 7/25
- BRMUG - SPSS Statistical Software: 7/25
- Overview of the SAS System for Windows: 7/26
- Using PARACHUTE for Network Access: 7/26
- Protein Secondary Structure Prediction Methods: 7/26
- QMF for Application Developers: 7/27
- JMP for the Macintosh: 7/27
- Data Desk for the Macintosh: 7/28
- Tools and Technology for Client/Server: 7/28
- Access at NIH: 7/31
- Advanced SQL: 8/1, 8/2
- Introduction to Networks: 8/3
- Using the Internet for Sequence Analysis: 8/3
- LAN Concepts: 8/3
- Creating and Loading DB2 Tables Workshop: 8/3
- Getting Started with Windows: 8/3
- CURIE - PC Network Group: 8/8
- PC Topic Session: 8/10

All classes are on the NIH campus and are given without charge.

NLM’s Buschmeyer Mourned

NLM staff were saddened to learn of the death on Apr. 22 of Fred Buschmeyer, assistant chief of the Library’s Audiovisual Program Development Branch.

Buschmeyer had been with NLM since 1970, when he joined the library’s Atlanta-based National Medical Audiovisual Center as assistant director for operations. In 1971, he became NMAC deputy director, moving with a number of NMAC staff members to Bethesda when the center relocated here in 1972. In 1980, after NMAC merged organizationally with several existing NLM components, he was named assistant chief of Lister Hill’s AV Program Development Branch, a position he held until his death.

Buschmeyer had had a distinguished career in the Navy during World War II, and his internment was at Arlington National Cemetery on June 9. Following his military service, he came to Washington, D.C., where in 1949, he earned a B.A. in theater from George Washington University. After graduation, he started working in television, first in Washington, D.C., and later in Los Angeles, Little Rock, Buffalo, and St. Louis. In the early 1960’s, back in D.C., he was production manager at NBC-TV. In 1963, he became chief of TV production for the U.S. Information Agency, where he worked until 1970.

In addition to his knowledge and experience in audiovisual program development, he was a published poet whose witty poems were the highlight of many staff retirement parties. His effervescent personality, warmth, and humor will be missed by all who worked with him.

Paid Volunteers Needed

Paid normal volunteers are needed to participate in research studies sponsored by the division of clinical pharmacology at USUHS. Potential volunteers should be 18-45, healthy, and currently taking no medications. Up to $600 will be provided for participation. Call the research nurse, (301) 295-3071.
Listen Up, Ladies

Benefits of Physical Fitness Underlined in Series

By Ellyn J. Pollack

The bottom line is, “It’s good for you.”

That’s what Dr. Thomas Malone, former NIH deputy director, told those attending the recent Women’s Health Seminar on “Physical Fitness.” He shared a personal experience with the audience, recalling a time in his life when he gained weight and suffered a possible heart attack. He realized his lifestyle needed revamping, so he joined his son’s judo class, lost weight, and began competing in judo.

“I am an example of continued exercise over time,” the now-fit doctor said. Malone was also instrumental in establishing the Fitness Center and aerobics classes at NIH. In fact, he is the namesake of the Thomas E. Malone Judo and Taekwondo Center in Bldg. 31. Exercise is important throughout a person’s life. But one’s maximum aerobic capacity declines with age at about 1 percent per year, according to Dr. William Evans, director of the Noll Physiological Research Center at Pennsylvania State University.

“Strength declines with age,” he said. “Much of the loss in muscle strength is due to loss of the amount of muscle. As we grow older, we need fewer calories, and our body composition changes. By age 65-70, about 43 percent of body composition is fat.”

Evans said that aging is associated with a decrease in muscle mass, bone mineral content, basal metabolic rate, and physical activity. Aging also is associated with an increase in body fat, hypertension, type II diabetes, and osteoporosis.

It is only a myth that older people cannot respond to exercise, he emphasized. They can benefit from strength training, resulting in an increase in basal metabolic rate. “As women lose muscle,” he explained, “they lose calcium. Muscles that can prevent a fall that would result in a fracture are affected, not just the bones.” Therefore, he concluded, it is never too late to begin exercising.

There is no doubt that regular physical activity builds physical fitness, and fitness is associated with good health. However, there are many factors that contribute to physical fitness performance, including heredity, maturation, physical activity, and factors such as nutrition and stress.

Dr. Claude Bouchard, professor of exercise physiology at Laval University in Quebec, found a strong familial role in one’s capacity for physical activity. Genes play a significant role in one’s adaptation to exercise training and in obesity, he said.

Genes have a 60-80 percent influence on bone mass, according to Dr. Barbara Drinkwater, research physiologist at Pacific Medical Center in Seattle. Other determinants include drugs, hormones, nutrition, alcohol, physical activity, and smoking. Most of these factors, she pointed out, are lifestyle-related.

“When we talk about physical activity,” she explained, “we are talking about maintaining bone mass. Bone density plateaus for girls at about age 18. One should see this as a window of opportunity to reach maximum bone density potential before a girl reaches age 18. Parents should make sure their children get ample activity in their younger years.”

“Now for the bad news,” she said. “Women are judged by their shape. And the ‘in shape’ look today is scrawny. Athletics are good for women if they do not emphasize low body weight. Most of the sports that require low body weight for women require muscle strength for men,” she emphasized. “It is possible for a woman athlete to eat a calorie diet sufficient for a sedate woman, but because of her high energy level she is at an energy deficit.” As a result, she explained, the woman’s body then depends on reserves and her body weight decreases even further.

Drinkwater warned the audience that there are dangers for those who push too hard. Female athletes often suffer from eating disorders, osteoporosis, and amenorrhea.

If the percent of a woman’s body fat drops too low, she will stop menstruating, and this can be dangerous to her health. “Women who have had regular menstrual cycles and are regular now are likely to have higher bone density,” Drinkwater explained. “Women who have never had regular periods are significantly likely to have lower bone density. Amenorrheal athletes are like postmenopausal women, but in their twenties.”

The Women’s Health Seminar Series is sponsored by the women’s health seminar committee of the Office of Research on Women’s Health. The series presents current research findings by nationally recognized experts. The next seminar will focus on “Hormone Replacement Therapy” at 1:30 p.m. on Sept. 11 in the Natcher Auditorium. Admission is free and open to the public. For more information, call ORWH, 2-1770.

Blood Donors Needed at CC

The NIH Blood Bank needs O positive blood because of an increasing demand for that type at the Clinical Center. “Please help us spread the word,” asks Keith Redmond, donor resources supervisor, “to your colleagues, family, friends, and church groups.”

The NIH Blood Bank is open Mondays, Wednesdays, Thursdays and Fridays, 7:30 a.m.-3:30 p.m. and 7:30 a.m.-12:30 p.m. on Wednesdays. Hours every third Thursday of the month are 7:30 a.m.-6 p.m. Walk-ins are welcome, but appointments are preferred. Call 6-1048.

Savings Bond Raffle Results

NIH’s annual U.S. Savings Bond raffle, held July 6, drew the following winners: James P. O’Shea of ORS, $100 savings bond donated by the NIH Federal Credit Union; Kimberly S. Caraballo of NLM, two Orioles game tickets, and Stephanie M. Perez of DCRT, two Warthogs game tickets, donated by R&W; and Bond Canvasser Gloria Lee of CC, $100 savings bond donated by Crestar bank.