Special Committee Named To Advise on UCLA Report Of Gene Therapy Experiments

A five-member committee of NIH scientists and administrators was named by NIH Director Dr. Donald S. Fredrickson on Oct. 27 to review a report from the University of California, Los Angeles, concerning widely publicized gene therapy experiments conducted overseas by a UCLA faculty member, Dr. Martin J. Cline.

Will Suggest Needed Actions
The ad hoc committee was asked to consider the report and other information necessary in order to advise whether Dr. Cline's activities constitute a violation of HHS Human Subjects Regulations or the NIH Guidelines for Recombinant DNA Research. The committee was also asked to suggest what actions NIH should take if such violation occurred, or if there had been a clear transgression of the spirit of the regulations or guidelines.

New Perspectives on Sexual Harassment Issue Needed As More Women Enter Job Market

By Patrice R. Moore, Information Intern

Are you aware of the signs of sexual harassment? Exactly what is sexual harassment and who is held responsible for it? These are but a few of the many questions that are now being asked as this issue begins to get wider recognition.

An increasing demand for a remedy to this growing problem is becoming prevalent as more women enter the job market.

Between 1980 and 1990, an estimated 1 million women per year will begin working. Many of them will occupy nontraditional positions, which could create an even greater incidence of sexual harassment.

In September 1979, New Responses, Inc., a women's research and training group, conducted a survey of employees from three federal agencies (National Institutes of Health, Drug Enforcement Administration, and General Services Administration) on the issue of sexual harassment.

Of the 198 respondents, 40 percent said they had been sexually harassed, and six said they had been raped. The majority de-
BoB Histocompatibility Testing Lab at NIH Needs Volunteers
To Donate Whole Blood

The Bureau of Biologics, Food and Drug Administration, continues to need volunteers to donate blood to its Histocompatibility (HLA) Testing Laboratory at NIH, Bldg. 29, Rm. 232.

Results of histocompatibility testing are clinically useful if an individual needs a tissue transplant, a white cell transfusion, or is susceptible to developing spondylitic (arthritis) disease.

Persons from India or those of Chinese origin also are needed to evaluate the inheritance of HLA blood types.

Each individual will be requested to donate 40 to 60 ml (8 to 12 teaspoonsfuls) of whole blood. The blood will be used for tissue typing and serum testing.

HLA typing results will be provided to each volunteer on request, free of charge.

To participate in either program, call Dr. Kamal K. Mittal or Dr. Dennis Wong, 496-4038.

History of Medicine Society
Meets at NLM Nov. 13

The Washington Society for the History of Medicine will meet on Thursday, Nov. 13, at 8 p.m. in the Billings Auditorium, National Library of Medicine.

Ellen Wells, chief of the Special Collections Branch, Smithsonian Institution Libraries, will speak on The Perfect Plague, Rome, 1656—A Study in Disaster.

Dr. Saul Benison, professor of the history of medicine, University of Cincinnati, will discuss Medical Science and International Cooperation; Albert Sabin, Polio, and the Soviets.

Guests are welcome.

NIH CFC Contributions as of October 24

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It is Not Too Late To Give to Combined Federal Campaign

As the graph shows, NIH has reached only 32 percent of its goal during the first half of the campaign. The B/I/D's are listed in order of percent participation. Overall participation so far this year is only 9 percent compared to last year's 37 percent.

Final results of the campaign will be included in the next issue of the Record.

If you have not given and wish to do so, please tell your keyworker. If you do not know your keyworker, contact your coordinator. Names and phone numbers of all coordinators were listed in the last issue of The NIH Record (Oct. 28, 1980). They will be happy to assist you.

Ten participants in the NIH Adult Education Program have passed the high school equivalency exam, also known as the General Education Diploma (GED). RIGHT—Left standing are: Joseph Crider, OA; and Lenora Vauss, OA. Seated are: Miki Goubeau, instructor, and Evelyn Lyons, OA. BELOW—From left are: Patricia Bell, CC; Pat Sadler, instructor; and Alvin White, CC. Others who passed but were not present for pictures: Julie Truesdale, OA; Gladys Lyles, DRS; Geraldine Richardson, NIMH; William Minns, ODA; and Alma B. Lytes, CC. For information on the GED program, call Meadie Osborne, 496-2146.
CC Children With Chicken Pox Need ZIP; Blood From 'Shingles' Donors Sought

The children's supply of ZIP has run out. Some of the youngest Clinical Center patients now undergoing chemotherapy or being treated for leukemia need special plasma from Herpes Zoster or "shingles" are being asked to give some of their blood plasma to enable these children to fight off the potentially fatal effects of the common virus, Varicella Zoster.

Healthy adults who have recently recovered from Herpes Zoster or "shingles" are immunologically defenses.

The primary infection of this virus in normal children is chicken pox. Chicken pox, as most parents know, is a virus that usually hits in late winter and early spring, with most children having the illness before they reach 9 years of age. Normally the virus is quickly defeated by a healthy child's immunological defenses.

The opposite is true for certain Clinical Center children, whose body defenses are weakened through disease or from the strong drugs used in treatment, and who are therefore unable to fight the virus naturally.

Varicella Zoster Plasma (ZIP) and the related drug Zoster Immune Globulin (ZIG) are the essential blood products needed to fight Varicella Zoster infection in these children.

ZIP is obtained from adults who have recently recovered from Herpes Zoster or "shingles." Shingles is felt to be a reactivation of the Varicella Zoster virus in an adult. The plasma from adults who are recovering from this illness often contains a very high concentration of infection—fighting antibody against this virus. That is why this plasma "ZIP" is so helpful in assisting the immunosuppressed child to fight this infection.

Last month, a 3-year-old girl being treated for leukemia was found to have Herpes Zoster lesions on her body indicating that she was infected with the Varicella Zoster virus. In the normal course of play between children, it was found that seven other young immunosuppressed patients on the same ward had been exposed to this highly contagious virus. The children's ages ranged from 14 months to 14 years of age.

Within the critical 72 hours following this exposure, each of the exposed children was given the appropriate dose of ZIP from the Blood Bank inventory. Eighteen doses of ZIP were required, severely depleting the Blood Bank's supply of this blood product.

As of Oct. 31, the little girl is doing well, and none of the seven other children is showing any signs of the disease. The CC Blood Bank, however, needs to find appropriate donors to replenish their supply of ZIP.

"We are looking for an adult donor, male or female, in good health, who has had a recent problem with shingles and who is recovering," says Dr. Richard J. Davey, chief, Laboratory Services Section, CC Blood Bank. He was assisted in preparing the ZIP for the exposed children by Dr. Abe M. Macher, a CC Clinical Pathology resident and Blood Bank technologist Kathy Ellis. Dr. Davey now has the task of locating new donors to replenish the Blood Bank's depleted supply of ZIP.

Recruiting for blood donors who have recently recovered from shingles is very difficult because there are not many adults who are subject to the disease, said Dr. Davey. "We want donors with a high concentration or titer of the antibody," he noted, because the plasma from these donors makes the most potent and effective ZIP.

"We can make arrangements to accommodate a donor at any time during normal Blood Bank hours or on Saturday," says Dr. Davey. ZIP is a yellow fluid that is taken from the blood of a donor during a process called plasmapheresis. "We give back the red blood cells directly to the donor." The procedure takes less than an hour, and is similar to a normal blood donation.

"We want people at NIH to check with their family and friends, for those who are recovering from shingles," says Dr. Davey, who is hoping for a good response, so that the Blood Bank can go on supplying ZIP to the Clinical Center's youngest patients.

If you know of such a potential donor of ZIP, call the Clinical Center Blood Bank, 496-4506.

Carroll Harbaugh Wins AALAS Durbin Award

Carroll R. Harbaugh, a biological laboratory technician at the National Institute of Mental Health, was the winner of the Durbin Award given by the American Association for Laboratory Animal Science.

Mr. Harbaugh was presented with a plaque and a check for $100 at the 10th annual seminar held recently in Hunt Valley, Md.

The award was established in 1970 in honor of Dr. Charles Durbin, first president of the local AALAS branch, to recognize "outstanding animal technicians."

This organization sponsors training courses, workshops, and seminars; promotes exchange of information between persons working in the field of laboratory animal care; promotes improvements in the care and humane use of laboratory animals; recognizes outstanding persons in the field; and provides current information on laboratory animal science.

Training Tips

The following courses, sponsored by the Division of Personnel Management, are given in Bldg. 31:

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To learn more about these and other courses in Office and Communication Skills, contact the Training Assistance Branch, 496-2146.
**SCIENCE WRITERS SEMINAR**

**Major Advances in Understanding Mechanisms Of Sickle Cell Disease Described**

During the last decade there have been major advances in understanding the mechanism by which the deoxygenated form of sickle hemoglobin aggregates (gels or polymerizes) within the red cell and the details of the molecular and atomic structure of these aggregates.

These developments were discussed at a recent NIH science writers seminar on the molecular basis of sickle cell disease by scientists from the National Institute of Arthritis, Metabolism, and Digestive Diseases and the National Heart, Lung, and Blood Institute.

**Hemoglobin Aggregation Discussed**

Dr. William Eaton, chief of the Section on Macromolecular Biophysics, NIAMDD, spoke about the molecular basis of hemoglobin aggregation.

Sickle cell disease, an inherited chronic blood disorder found chiefly among blacks, is characterized by an abnormal hemoglobin (hemoglobin S or sickle hemoglobin). Hemoglobin, the major protein of red blood cells, transports oxygen from the lungs to the tissues.

Normally, the red blood cells are flexible and easily squeeze through the narrow capillaries, both when they are carrying oxygen (oxygennated) and when they have discharged the oxygen (deoxygenated). But in sickle cell disease, the hemoglobin is very unusual.

There is a single base change in the gene that codes for two of the four hemoglobin subunits. Two negatively charged amino acids (glutamate) on the surface of the molecule are replaced by 2 neutral amino acids (valine).

This structural change causes hemoglobin S to aggregate upon deoxygenation and form long helical polymers. (Polymers are giant molecules formed from smaller molecules of the same substance.)

Previous research has found that the time course of the polymer formation is very unusual. Before polymers appear, there is a pronounced delay which is extremely sensitive to surrounding physiological conditions, such as the hemoglobin concentration or the fraction of hemoglobin molecules with oxygen bound to them. The delay time may be longer or shorter than the time required for a red cell to squeeze through the narrow capillaries.

If the delay time is shorter, then the increased rigidity of the red cell caused by the presence of the stiff polymers may result in the cell becoming deformed (sickled) and stuck in the capillary. This produces a log jam effect, and blocks the passage of further cells. The oxygen deprivation caused by this blockage of the microcirculation produces the widespread tissue damage found in sickle cell disease.

If the delay time is longer than the time required for the red cell to traverse the capillary, then the cell can escape to the large venous vessels before polymerization has begun.

The problem of inhibiting the polymerization of hemoglobin S in patients with sickle cell disease, therefore, is one of finding a way to increase the delay time.

**Chemicals Increase Delay Time**

Three chemical strategies for increasing the delay time are currently being studied. These are: blocking the sites on the molecular surface which form the bonds that hold the polymers together; diluting the hemoglobin; and third, modifying the hemoglobin molecule so as to increase its affinity for oxygen.

Quantitative analyses of all three strategies by Dr. Eaton's laboratory suggest that each approach is capable of producing a major therapeutic effect in patients. Co-investigators in Dr. Eaton's laboratory are Drs. James Hofrichter and Helen R. Sunshine.

Dr. Alan Schechter, chief of NIAMDD's Section on Macromolecular Biology, discussed the chemical approaches to the treatment of sickle cell disease.

Dr. Schechter discussed new methods which use nuclear magnetic resonance spectroscopy to study the aggregation process within the sickle red blood cell and the relationship of cellular changes to the delay time.

(See SICKLE CELL, Page 10)

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**Student Government Council Election Assembly Held**

Professor Heneghan addresses the student government council on the significance of liberal arts and the humanities at the Career Education Center assembly.

The Student Government Council of the NIH Career Education Center and the University of the District of Columbia, held an assembly in the Masur Auditorium on Oct. 24.

The following students were elected to 2-year terms on the council: Beverly Barber, Valerie Booser, Johnny Carter, Augustina Crump, Maggie Johnson, Lenora Jones, May Lew, Helen Snowbaker, Laverne Williams, Patricia Young as delegates, and Nancy Dunlap, Virginia Hitz, Jennifer Smith, Donna Willett and Alice Sandler as alternates.

**Need To Learn About Life**

The program also included an address by Prof. Michael Heneghan, Northern Virginia Community College and UDC, who stressed "the need for learning about life as well as perfecting skills as one pursues a college education."

Among other dignitaries present were: Richard O. Jackson, project officer, Randolph Scott, associate dean for Continuing Education at UDC, and George Slate, NIH, who announced that students should register for the spring semester during the first registration period, Dec. 17-18, to insure a place in the class or classes of their choice.

A certificate of appreciation was presented to Veronica Thomas and Betty Dabler for distinguished service as chairpersons of the Student Government Council for this past year by Dr. Elaine Shalowitz, SGC faculty advisor.

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**Career Development Workshop**

A workshop on Self-Assessment and Career Options is being offered on Dec. 5. Complete a Form DHEW 350, and forward it through appropriate channels to Bldg. 31, Rm. B2C-39.

The workshop is free of charge and open to all NIH employees at the GS-6 or below levels, but is limited to 20 participants.

Nomination deadline for the workshop is Nov. 17. For more information, call Dr. Ursula Lohmann, 496-6211.

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On the left are normal red blood cells (erythrocytes). Abnormal, sickle-shaped red blood cells are seen on the right. These not only give the disease its name, but are also responsible for its crippling and lethal effects. In a sickle cell crisis, a patient undergoes severe pain, fever, and anemia, which can last a week or more, and eventually results in progressive, permanent damage to various body tissues and organs.
Peg Badger's Unique Ability To Solve Problems
At Clinical Center Will Be Missed

Peg Badger, a Clinical Center administrative officer for 22 years who recently retired, came to NIH in 1949.

After obtaining a B.A. degree in sociology, Peg embarked on her career wanting to work anyplace but NIH. Her father was Associate Director of NIH at the time, and she wanted to be on her own.

An NHLBI Director persuaded her, however, that she had a contribution to make so she began her career at NIH working at a Boston field office in a position equivalent to the rank of a GS-2 clerk.

She gradually worked her way up to the AO position at a time when women in that position were a rarity. She said, “It was a struggling era when women had to work harder than men to make their way, but I didn’t encounter any male resentment for invading their terrain.”

Her administrative responsibilities included the Environmental Sanitation Control Department, and the Nutrition, Blood Bank, and Clinical Pathology Departments. She also had complete charge of the Medical Information System.

Over 150 friends attended her retirement party on Sept. 4 at the NNMC Commissioned Officers Club.

CC Director, Dr. Mortimer Lipsett and NIH Director Dr. Donald Fredrickson spoke informally, describing Peg’s sometimes unorthodox methods for getting equipment needed when they were laboratory scientists.

“Peg’s major contribution to the management of the CC was her unique ability to solve day-to-day problems before they became big issues,” according to Howard Kettl, CC executive officer.

She was able to do this because of her close personal relationships with literally the entire hospital family and also her invaluable contacts with the rest of NIH.”

Peg was undoubtedly the best “resource” person the CC had, and her knowledge of regulations (and how to get around them) was unsurpassed, Mr. Kettl said.

As a farewell present, Peg was given a round-trip ticket to Hawaii. An avid golfer and skier, no doubt she will be just as busy in retirement as she was in the CC.

Several NIH'ers To Participate In Conference Offering Help To Keep R&D on Track

Several NIH'ers are participating in a conference on How to Successfully Keep Research and Development on Track to be held from 1 p.m., Dec. 10, to noon, Dec. 12, at the Sheraton International Conference Center in Reston, Va.

The conference is sponsored by The American University’s Center for Technology and Administration.

Leading workshops will be Dr. Louis M. Carrese, director of program planning and analysis, National Cancer Institute; Dr. William I. Gay, director, Extramural Activities Program, National Institute of Allergy and Infectious Diseases; and Dr. Murray Eden, chief, Biomedical Engineering and Instrumentation Branch, Division of Research Services.

The American Chemical Society and the Institute of Electrical and Electronics Engineers, Inc., are two of the major associations participating in the conference.

For further information, contact Robert Szakonyi or Lowell H. Hattery, (202) 686-2513 or 686-3658, or the Center for Technology and Administration, The American University, Washington, D.C. 20016.

Dr. Robert K. Oldham Joins NCI as Program Director

Dr. Robert K. Oldham joined the National Cancer Institute Oct. 20 as program director for biological response modifiers in the Division of Cancer Treatment.

The program will serve as a focus for ongoing and new grant and contract activities. In broad terms, the newly established biological response modifiers program will include basic, preclinical, and phase I and II clinical studies of synthetic or purified immunotherapeutic agents.

Dr. Oldham first came to NCI as a clinical associate in 1970. In the Laboratory of Immunodiagnosis, he developed a new assay for measuring the cytotoxic action of lymphocytes against cancer cells taken from the same person or laboratory animal.

He observed that some lymphocytes capable of killing cancer cells were also present in people and animals without cancer. Dr. Oldham was one of the first to describe the behavior of these cells, called natural killer cells, in a cytotoxicity assay.

In 1972 he joined the Institute of Cancer and Immunogenetics in Villejuif, France, where, together with Dr. George Mathe, he studied leukemia patients in long-term remission after treatment with bacillus Calmette-Guerin immunotherapy and irradiated leukemic cells.

Returning to NCI in 1973, he resumed work in the Laboratory of Immunodiagnosis as a senior investigator. In December 1975, he moved to Vanderbilt University as director of the division of oncology in the department of medicine and associate director of the cancer center.
The results of a feasibility study for the proposed construction of a cogeneration coal plant to serve the energy needs of NIH, the National Naval Medical Center, and the Uniformed Services University of Health Sciences were released at a well-attended public meeting at NIH on Oct. 29. The eventual cost of the plant is estimated to be about $200 million.

Government representatives and local citizen groups, many of whom oppose the building of such a facility in a residential area, came to hear technical experts from Black and Veatch, the Kansas City-based consulting firm who prepared the $300,000 study.

The meeting was moderated by Dr. Max H. Novitsky, project director and staff chief for the Deputy Director of Energy, HHS. He said that the feasibility study "was just one part in a lengthy process" before a final decision would be reached, and that the meeting was being held to learn "the reception of this plan in the community."

Energy experts said that determinations of viable options for replacing the NIH Power Plant are necessary because of the age of the plant.

In addition, the plant would provide for some growth, and a new, more efficient plant could significantly provide for meeting the Presidential directive to reduce energy consumption by 1985 to 20 percent less than it was in 1975.

Currently, NIH obtains steam for heating and other process needs through its four boilers, located in Bldg. 11. Three of these boilers are over 30 years old and in need of replacement. If Congressional approval is given, the project would take from 8 to 10 years to complete. "It would be very optimistic," said Ross Holliday, director, Division of Engineering Services, NIH, "to say that the work would be done by 1988." He noted that even if after final approval was given it would take 2 years for planning and an additional 2½ to 3 years to build the cogeneration plant.

The feasibility study indicated that two sites at NIH or NNMC are under consideration. The NIH site is directly south of where the existing power plant is located, and the study's preliminary plans indicate that the cogeneration plant roof line is not to be any higher than the present facility.

An artist's conception of the building shows two smoke stacks extending to about 225 feet making the top of the stacks the same height as the Clinical Center.

The study also pointed out that there would be certain environmental and economic savings in selecting NIH as the site location, even though it is expected that NNMC will grow considerably in the future. Energy loss would be less if located at NIH because its steam load is larger than NNMC.

A selective rather than total energy system is being recommended. Supplemental electrical power required would be purchased from the Potomac Electric Power Company.

The consultants looked at 15 types of cogeneration models before making their recommendation. Their study will soon be reviewed by an ad hoc staff committee of NIH, HHS, and Naval engineering personnel who will determine whether the consultant's recommendations should be followed, and if the project should move forward to the development of a conceptual design.

Citizens' Concerns Expressed

Citizens' concerns were expressed at the meeting as to what effect the 5-day-a-week, 8-hour-a-day truck traffic will have on the community while these trucks make their 35 round trips each day to bring coal in and take the ash away.

The proposed routes contained in the Black and Veatch study indicate that the West Virginia or Virginia coal would probably be brought in along the beltway and either delivered to NIH from Wisconsin Avenue or dropped off at NNMC from Jones Bridge Road by way of Connecticut Avenue.

Currently, at peak load, 75 trucks each week make oil deliveries to NIH.

Environmental Laws Incorporated

Black and Veatch staffers and Government experts said that all Federal, state, and local laws regarding air or noise pollution standards would be incorporated in any final design concept for the cogeneration plant.

Previously, Dr. Novitsky has said, "we would adhere to the (air and noise pollution laws) which are intended to protect the public."

After the ad hoc committee of Government engineering experts review the Black and Veatch feasibility study recommendations, and a decision to go ahead or not is made, the next immediate step would be to examine several design concepts. If the results are favorable an environmental impact assessment will be done.
World Record Rappel Set by NCI Researcher

Everyone has experienced at one time or another certain "highs" and "lows" in life, however, there are few of us who will ever experience living in quite the same way as Dr. Dolph L. Hatfield, a molecular biologist in the National Cancer Institute's Laboratory of Molecular Carcinogenesis. Dr. Hatfield enjoys the challenge of dangling from a rope while rappeling from some of the world's highest peaks or into its deepest pits.

In August, Dr. Hatfield, 43, was one of seven people who rappelled 2,650 feet down the side of El Capitan Mountain in Yosemite National Forest, setting what is considered in rappeling circles a new world's record for performing such a feat with a single rope.

A forest below appears like small plants as Dr. Hatfield descends.

The U.S. National Park Service was interested in the expedition's activities because of its implications for rescue operations on a rugged mountain where climbers often need help.

The rope used for the rappel was 4,500-feet long, weighed 300 pounds, and was seven-sixteenths in diameter with an inner core and outer cover of nylon.

It has a factory-tested strength of 7,000 pounds, and is considered to be the longest climbing rope in the world. The rope is owned by Don Belling and Brad Johnson, both of Atlanta, Ga., the expedition's organizers.

Besides the rope, the expedition had several newly designed rappel racks with "break bars," equipment that regulates the speed of descent by controlling the amount of friction on the rope.

The rope is drawn through and over each of the metal "break bars" that can be either moved up or down the rappel rack to regulate how fast a person drops.

The speed at which a person travels along a rope is important because the immense heat generated by the rope rushing through the break bars during a fast rappel could cause the rope to break, according to Dr. Hatfield.

On two previous expeditions, he traveled to Mexico to test his mountaineering skills on its highest peak and its deepest pit, the deepest in the world.

While there, Dr. Hatfield experienced the heat of the jungle and the effects of sub-zero temperatures at high altitude.

Using a standard-designed 1,500-foot rope, he and others lowered themselves over the rocky lip of Rotano de Las Golondrinas or Pit of the Swallows, Mexico's second deepest pit which measures 1,098 feet. It is the third deepest in the world.

"It was beautiful," he said, being able to stop midway on his line to photograph the natural beauty of the thousands of excited swallows and green parrots that inhabit the pit.

His next rappel was into the world's deepest pit, Santa del Barro—1,345 feet deep—discovered in 1973. Later, he scaled Orizaba, an 18,861-foot glacier, the third highest peak on the North American continent.

Dr. Hatfield credits his relatively recent interest in long rappels to his association with fellow "spelunkers" or underground caving devotees.

He shares his interests with his three children, Hugh, 18, Sandra, 16, and Michele, 12, who have accompanied him in exploring dark, cavernous underground areas in West Virginia, and on several of his longer rappels.

There are similar attractions in caving and in rappeling, both inside a cave and outdoors, said Dr. Hatfield, "the natural beauty . . . and going where few have gone before."

For the El Capitan expedition, 11 additional ground-support people were needed to operate a ground-level base camp and one on top of the mountain.

Each person going over the side was equipped with a portable radio to allow constant contact with the base camps. Also from the ground, each man going down the rope was tracked visually through a telescope and a running log was kept on each rappeller.

The heavy rope was hauled up the face of the mountain on the end of a long nylon line dropped from above. As the line was pulled up, it was run through an A-frame that had been constructed on top. It was then passed through a series of three pulleys that were hooked to trees, giving the expedition a four-to-one mechanical advantage over their heavy rope.

Midafternoon on the second day, Dr. Hatfield made his final equipment check and walked backwards, running the rope through his hands, as he got to the edge of El Capitan's Wall of the Early Morning Light.

After completing 1,000 feet of his rappel, he found himself dangling like a puppet on a string in a wind tunnel. The afternoon winds had picked up in velocity and were whipping him a hundred feet from side to side dangerously close to jutting rocks.

His descent took 27 minutes. Despite the wind and the burns on his arms from the hot break bars, Dr. Hatfield was able to photograph the natural beauty that surrounds El Capitan, an angle most people will never be able to get.

The rappel point on Yosemite's El Capitan is where Dr. Hatfield began his 2,650-foot descent.

Safely on the ground, Dr. Hatfield waited 1 day before attempting to climb back up El Capitan. He started back up at around 7 p.m., just as the last of the day's sun was setting behind the mountain.

Night "reclimbs" are preferred by rappelers because a climber expends less energy at night than during the heat of the day.

For the next 8 hours, he climbed in total darkness at about a half a foot at a time, until he got back up to the summit of El Capitan at around 3 a.m.

A tired Dr. Hatfield ends his 8-hour climb in total darkness up the Wall of the Early Morning Light.

It was a weary Dr. Hatfield, now with newly acquired blisters on his feet, whose fellow climbers helped to the top.

There seems to be no height or depth that Dr. Hatfield will not try in his desire to execute longer rappels. Already, he and several friends are looking at several sites in North and South America where new rappels might be attempted.

Commenting on his interest in rappelling and caving, he says, "It's a great way to know yourself and know your kids better. It's a way to learn about your own limitations, and for your children to learn about theirs."
Golf League Closes Season With Awards Banquet

The NIH Golf League closed its 1980 season with an awards banquet held recently in Rockville.

A special award in memory of Louise Kristopovitch, a longtime golfer who died this past spring, was given by two fellow nurses at the CC to the Most Improved Player of the Year, Bibi Furberg. Frances Boak and Rita Dettmers received honorable mention.

Ms. Dettmers, who chaired the Awards Committee, presented trophies to the following winners—Low Gross: A Flight, Tom Spencer; B Flight, Dr. Ruth Dunlap; C Flight, Ann Baney; and Low Net: A Flight, Ralph Stork; B Flight, Helen Krebs; C Flight, Cathy Graff.

In addition to awards to winning teams, officer recognition awards were presented to President Nancy Cahill, Secretary Ann Horn, scorer Dr. Mary Sears, and treasurer Jean Russell.

Andy Hoffer and Nancy Wilson received prizes for special achievement. Officers for next year were announced: Dr. Mary Sears, President; Roberta Seward, secretary; Helen Krebs, treasurer; and Jean Russell, scorer.

NIH Photo Competition To Be Held Nov. 25

The annual NIH Photo Competition, sponsored by the Camera Club, will be held Tuesday, Nov. 25, in Wilson Hall, Bldg. 1.

This competition is open to all NIH employees, Camera Club members, and their immediate families, and there is no restriction on subject matter.

Photos will be accepted on competition day at Wilson Hall between 11 a.m. and 7:30 p.m. Judging by three well-known photographers, not connected with NIH, will begin at 7:30 p.m. It will be open to the public.

There are three categories of entries: slides, color prints, and black and white prints. In each category, there is a $30 first prize, $20 second prize, and $10 third prize. All honorable mentions will receive an award ribbon. For club members, points won will count toward Star Awards.

Please follow instructions carefully. Entries not in conformance with the following rules will not be accepted:

- Slides must be mounted in 2x2 mounts and have an orientation mark in the lower left corner where the slide is seen correctly by looking through the slide.
- Prints may not be smaller than 5x7 inches and no larger than 16x20 inches. All prints must be mounted on a matte no larger than 16x20 inches. No prints may be submitted in any kind of frame, including plexiglass mounts.
- An individual may enter as many as four photos in each category for an entry fee of $2 per category entered.
- Prints may be commercially processed.
- Winning photos from previous NIH prize competitions may not be entered.

Results from the survey show that both minority and nonminority women experience conflict the most, and that 45 percent of the female employees surveyed indicated that they had been exposed to sexual harassment.

The task force conducting the survey recommended extensive investigation into this particular type of conflict.

The most prominent signs of the presence of sexual harassment are: personal remarks regarding social life; accidental touchings; coincidentally being alone because of obvious maneuvers; or frequent innuendos or insinuations.

No Disciplinary Guidelines

Presently, there are no concrete guidelines for disciplinary action for sexual harassment. Some types of disciplinary action already taken, however, are oral admonishment, reassignment, demotion, suspension, and separation.

The last three adverse actions must follow applicable law, civil service regulations, and Department procedures.

Both civil and criminal suits have been successful in many cases of sexual harassment. The average settlement takes from 3 to 7 years and usually results in one-third of the original suit.

For further information regarding sexual harassment, call the Federal Women's Program office, 496-2112.
Dr. J. Bailar Retiring; Editor of NCI Journal

Dr. John C. Bailar, III, editor-in-chief of the journal of the National Cancer Institute is retiring in November. The research statistician and medical administrator is widely known for his frank criticism of X-ray mammography in breast cancer screening.

Dr. Bailar joined NCI in 1966 as a field investigator in the Biometry Branch, studying features in groups at high risk for developing certain types of cancer. He played a major role in discovering that high doses of estrogen, then used to treat patients with prostate cancer, greatly increased their risk of death from cardiovascular disease.

He proved that one-fifth of the original dose effectively controlled symptoms and bypassed the dangerous side effects.

Dr. Bailar helped develop NCI’s Third National Cancer Survey, under his direction from 1967 to 1970, in which the annual cancer experience of 21 million persons living in nine different areas of the U.S. were evaluated, during a 3-year period.

From NCI, Dr. Bailar moved on to the Veterans Administration, where he directed a general medical research program. He then returned to NCI in 1972 as deputy associate director, Cancer Control Program.

In 1974 he became editor-in-chief of the Journal of the National Cancer Institute and senior consultant for cooperative studies.

At first Dr. Bailar believed the benefits of routine mammography had been overstated; later he grew concerned over its radiation risks.

In May 1975, attracting national attention, he presented a scientific paper in which he stated the need for an objective body of recognized authorities to inspect the risks of mammography.

In October 1975, Dr. Bailar and three expert outside review committees examined research results in epidemiology, radiation risks, and types of breast conditions detected through an earlier mammography screening program.

In July 1976, they presented their preliminary findings, concluding that for most women under 50, radiation risks from repeated mammograms outweighed possible benefits. In September 1977, panelists participating in a formal NIH consensus development conference concurred.

The following year, Dr. Bailar received a PHS Commendation Medal.

After retirement, Dr. Bailar plans to work half time teaching biostatistics at the Harvard School of Public Health and conducting research related to cancer prevention at the Sidney Farber Cancer Institute in Boston.

The other half of his time will be spent in Washington as a senior scientist in the Office of Toxic Substances, Environmental Protection Agency. He also will be serving on the editorial board of the New England Journal of Medicine.

Burn Care Therapies Reviewed at Conference; Experts Discuss Alternatives

After excising tissue from a badly burned leg, University of Cincinnati surgeons close the wound with an underlayer of expanded autograft covered by expanded allograft.

Burn care experts from around the country met Oct. 9-10 to review advances in research on supportive therapy. The meeting was a followup to a consensus development conference on that subject sponsored by the National Institute of General Medical Sciences 2 years ago.

Drs. John F. Burke, Massachusetts General Hospital, and Bruce MacMillan, Shriners Burn Institute, and other investigators reported that aggressive treatment of major burns by early excision and wound closure has reduced mortality rates by one-third to one-half in patients under 70.

This procedure has markedly shortened hospital stays, and greatly decreased the amount of followup reconstructive surgery needed to correct limb contractures and excessive scarring.

Both Drs. Burke and David Heimbach, University of Washington School of Medicine, emphasized that in patients over 70, they have had no survivors of burns covering more than 40 percent of the body surface.

Clearly, much more information is needed, both investigators agreed, on altered responses to stress in elderly patients.

Drs. MacMillan and J. Wesley Alexander, University of Cincinnati Medical Center, described techniques for wound closure combining an underliner of expanded autograft with an expanded allograft covering.

The technique is “very easy, provides a good take, and eliminates the need for immunosuppression,” Dr. Alexander said.

Dr. Burke reported that he has begun to use “artificial skin” (developed in collaboration with investigators at the Massachusetts Institute of Technology) to cover large, excised burn wounds until enough of the patient’s own skin can be obtained for this purpose.

After surgery, the patient’s own skin can be obtained for that purpose from donor sites.

Dr. Robert Bartlett, University of Michigan Medical Center, noted that work now going on in several laboratories, has demonstrated that epithelial cells can be grown in large sheets in tissue culture.

Within the next decade, he said, this technology may provide an autogenous skin supply for massively burned patients.

Research initiatives with potential to help severely burned patients ward off infection were also discussed and outlined by several investigators.

A constantly recurring theme at the meeting was the need for far more research related to the changes at the cellular and molecular levels that follow burn injury.

Dr. Douglas Wilmore, Peter Bent Brigham Hospital, said, “Important contributions to clinical advances can be expected from the area of cell biology. Maybe in a couple of years we can fill in some of the blanks.”

November 12, 1980

The NIH Record
pathophysiology of the disease. These methods also provide a new way of evaluating potential anti-sickling agents.

Many laboratories are attempting to develop specific drug therapies for treatment of sickle cell disease based on the understanding of these molecular and cellular mechanisms.

The rational approach to drug development began with the suggestion that urea or cyanate salts might be useful because of their specific inhibiting effects on hemoglobin.

Although neither of these agents has turned out to be suitable for therapy by oral or intravenous routes, their study has led to a firm understanding of the chemical requirements for effective therapy, the major side reactions that occur, and ways of evaluating potential therapies.

Until now, it was difficult to find a specific chemical that would link to hemoglobin, but have minimal side reactions with other proteins.

Recently, a group of workers in Iowa have found such an agent that reacts in the diprophosphoglyceric acid (DPG) binding site of hemoglobin. (DPG is the cofactor which controls oxygen affinity in the red cell and is unique to it.)

The hemoglobin that has reacted with this chemical has a significantly reduced tendency to aggregate. Other functional changes in hemoglobin caused by this chemical reaction are relatively small. These findings have opened up a new class of agents for intensive study.

Another approach to treatment is the use of the computer molecular graphics facility in the Division of Computer Research and Technology to study the surfaces of the sickle hemoglobin molecules at the points of intermolecular contacts in the aggregates.

Using this method, one can design small molecules that should effectively inhibit the hemoglobin S aggregation. A large number of these short peptides have been synthesized and purified in Dr. Schechter's laboratory and have proved to be successful inhibitors of hemoglobin gelation.

Co-investigators in Dr. Schechter's laboratory are Drs. K. L. Luskey, C. T. Noguchi, and V. Pavone, and D. A. Torchia, National Institute of Dental Research.

These new approaches could lead to possible treatment modes in the future.

Although no chemical is now even at the stage appropriate for clinical trials, Dr. Schechter stated that the era of rational approaches to interfering chemically with sickle hemoglobin polymerization is clearly underway.

Dr. Arthur W. Nienhuis, chief of the Clinical Hematology Branch, NHLBI, discussed new approaches to ameliorating the complications of sickle cell anemia by genetic manipulation. These are under active investigation in his laboratory.

The first approach involves production of a type of hemoglobin—normal in structure but usually present only during an earlier developmental period—through a process called switching.

Hemoglobin switching relies on the presence of normal genes for the globin components of hemoglobin in the cells of individuals with sickle cell diseases. These genes are expressed during an early fetal development period, but then switched off around the time of birth.

In the patient with sickle cell anemia, the normal genes for fetal hemoglobin allow the individual to develop normally until after birth. At that time, expression of the adult hemoglobin genes reveals the presence of the sickle mutation as the production of hemoglobin S leads to the clinical symptoms associated with sickle cell anemia.

Research conducted by Dr. Nienhuis' laboratory using recombinant DNA and other techniques have also provided information about modes of regulation in the production of the individual hemoglobins during human development. These studies may provide tools to reactivate fetal hemoglobin production in those individuals affected by sickle cell anemia.

In addition, very recent work has concentrated on the introduction of new genes into animal cells. Co-investigators in Dr. Nienhuis' laboratory are Drs. Jane Barker and Russell Kaufman.

The science writers seminar program is sponsored by the Division of Public Information and the intramural scientists at NIH. For more information about the program, call Bobbi Bennett, seminar coordinator, (301) 496-1766.

Charles Curtis To Be Featured In FAES Concert December 7

The fourth concert of the 1980-81 Chamber Music Series, sponsored by the Foundation for Advanced Education in the Sciences, will present Charles Curtis, cellist, in the fifth Piatigorsky Memorial Concert.

The concert will be held Sunday, Dec. 7, at 4 p.m. in the Masur Auditorium. Admission is by ticket only.
VISITING SCIENTIST
PROGRAM PARTICIPANTS

Reported by Fogarty International Center

10/8—Dr. Keisuke Makino, Japan, Laboratory of Pathophysiology. Sponsor: Dr. Peter Riesz, NCI, Bg. 10, Rm. 1B18.

10/10—Dr. Marinus C. Lamers, Netherlands, Immunology Branch. Sponsor: Dr. Howard B. Dickler, NCI, Bg. 10, Rm. S1B5.

10/14—Dr. Ryo Fukatsu, Japan, Laboratory of Central Nervous System Studies. Sponsor: Dr. Clarence Gibbs, NINRDS, Bg. 36, Rm. 4A17.

10/14—Dr. Antonella Maresca, Italy, Laboratory of Biochemistry. Sponsor: Dr. Theresa Lee, NCI, Bg. 37, Rm. 4A61.

10/14—Dr. Hisao Masukata, Japan, Laboratory of Molecular Biology. Sponsor: Dr. Jun-ichi Tomizawa, NIAAID, Bg. 2, Rm. 304.

10/14—Dr. Se Won Suh, Korea, Laboratory of Molecular Biology. Sponsor: Dr. David R. Davies, NIAAID, Bg. 2, Rm. 316.

10/16—Dr. Mario Mazariogos, Guatemala, Laboratory of Biochemical Genetics. Sponsor: Dr. Arthur R. Hand, NIDR, Bg. 30, Rm. 212.

10/17—Dr. David P. Lovell, United Kingdom, Laboratory of Biochemical Genetics. Sponsor: Dr. F. M. Johnson, NIEHS, Research Triangle Park, N.C.

10/19—Dr. Leela Achankunju, India, Department of Rehabilitative Medicine. Sponsor: Dr. Lynn Gerber, CC, Bg. 10, Rm. 5D37.

10/20—Dr. Alessandro Denaro, Italy, Experimental Therapeutics. Sponsor: Dr. Thomas Chase, NINRDS, Bg. 10, Rm. 3D12.

10/20—Dr. Yan Sheng He, China, Laboratory of Biochemistry. Sponsor: Dr. Martin Rosenberg, NCI, Bg. 37, Rm. 219.

10/20—Dr. Peter Mackenzie, Australia, Developmental Pharmacology Branch. Sponsor: Dr. Ida S. Owens, CC, Bg. 10, Rm. S185.

Elimination of Metro Bus Route To NIH Proposed at Meeting

The Route C2 Metro bus that comes to NIH each morning is one of four bus routes in Montgomery County proposed for elimination by next April. Its elimination was discussed at a Washington Metropolitan Area Transit Authority meeting held on Nov. 10.

The meeting was open to the public, and anyone who did not attend it can write expressing their views on the proposed changes to Delmer Ison, Secretary-Treasurer, WMATA, 600 Fifth St., N.W., Washington, D.C. 20001.

WMATA will accept letters on proposed route changes up to 10 days after the meeting, and take correspondence on proposed fare changes up to 5 days after the meeting. Those wishing to speak at future meetings can call 637-1092.

Two Clinical Experts Honored At Nurses’ Meeting

The theme of the Clinical Center Nursing Department’s seventh annual meeting—held Oct. 6 in the Masur Auditorium—was Ambulatory Care and Beyond.

Keynote speakers were Dr. Lowell Levin, professor of public health at Yale University, and Dolores Little, professor at the School of Nursing, University of Washington.

Dr. Levin described the role of nurses, doctors, and other health professionals in preparing the educational needs of patients in ambulatory care research facilities promoting self-care, and Miss Little defined the essence of nursing professional practice.

During the meeting, awards acknowledging special achievements were presented to two clinical nurse experts, Sue Simmons and Joan Vander Molen.

Ms. Simmons, Mental Health Nursing Service, received the Distinguished Nurse Award for “her contributions to the practice of nursing in the CC and in the health care community.”

This award recognizes a professional nurse whose contributions to nursing, in and beyond the CC merit commendation.

Ms. Vander Molen was selected as Nurse of the Year because of “her exemplary nursing practice and her contributions to the care of patients in a research environment.”

This award honors a professional nurse actively engaged in nursing practice at the CC. The recipient’s contribution to the care of patients in a research environment is patient-centered and demonstrates such exemplary practice as to merit recognition from peers and other professional colleagues.

Ms. Vander Molen, who worked at the CC for 12 years, was in the Cancer Nursing Service in addition to being the ambulatory care coordinator. She recently resigned to spend more time with her family.
Dr. René Named Chief Of NIGMS Office Of Review Activities

Dr. Anthony A. René has been named chief of the Office of Review Activities, National Institute of General Medical Sciences.

The office he heads oversees the evaluation, for scientific merit, of applications to NIGMS that seek large grants to support research centers or broad research programs involving a number of interrelated projects.

These applications may fall within four areas: the cellular and molecular basis of disease, genetics, the pharmacological sciences, and physiology and biomedical engineering.

The office also directs similar merit reviews of applications from universities and their medical schools for National Research Service Awards, awards that support training of promising young investigators for biomedical research.

Dr. René, a cell physiologist, has served as executive secretary in the Office of Review Activities since 1979.

He came to NIGMS from the National Heart, Lung, and Blood Institute, where he had held increasingly responsible positions in the Division of Blood Diseases and Resources, finally serving as acting chief of the Blood Resources Branch.

Prior to that, he was a grants associate in the Division of Research Grants (1973-74) and director of the Cell Physiology Program, Armed Forces Radiobiology Research Institute (1965-73).

Dr. René received his B.S. degree from Southern University in 1955, and his M.S. and Ph.D. degrees from Catholic University of America in 1960 and 1962, respectively.

First Two Tropical Disease Research Fellows Awarded to Peruvian and Indian Scientists

The first two International Tropical Disease Research Fellowships awards to non-U.S. citizens for advanced postdoctoral training tropical infectious diseases research in the United States have been awarded recently to researchers from Peru and India by the National Institute of Allergy and Infectious Diseases and the Fogarty International Center.

These fellowships are awarded to citizens of countries where one or more of six WHO-designated diseases are endemic. The fellowships are tenable in U.S. tropical disease research institutions.

This 1-year grant requires recipients to return to their countries after they complete training so that they can share their newly acquired research knowledge.

Drs. Julio C. Soto of Peru and Vishwa M. Katooch of India are this year's award winners.

Dr. Soto will work with Dr. Alexander J. Sulzer of the Center for Disease Control in Atlanta on the seroepidemiology and immunodiagnosis of malarial infections.

An immunologist, Dr. Soto is an assistant professor at the Universidad Peruana Cayetano Heredia in Lima.

While at CDC, Dr. Soto will study techniques of immunofluorescence, indirect hemagglutination, and enzyme-linked immunosorbent assay (ELISA).

He will also receive training in the preparation of antigen from malaria organisms, a process essential for the development of assays for malaria antibody.

Dr. Soto will study changes in antibody levels that may be correlated with the duration of the infection, information important not only for epidemiological studies, but also to evaluate the effectiveness of chemotherapy.

When the assays are standardized, the most effective will be selected to study endemic malaria in Peru. Dr. Sulzer, his sponsor, is experienced in these areas as well as with public health research in Peru.

Dr. Katooch, a microbiologist at the Central Jalta Institute for Leptosy, will work with Dr. Lawrence G. Wayne in the tuberculosis research laboratory of the Veterans Administration Hospital, Long Beach, Calif.

Dr. Katooch will study the biomedical, metabolic, and antigenic characteristics of Mycobacterium leprae the bacteria causing leprosy, and will use the information acquired at the tuberculosis research laboratory on his return to India. His research is particularly relevant to characterizing leprosy in India and throughout the world.

The International Tropical Diseases Research Fellowship Program was established in 1979 by NIAID and PHS with the United Nations Development Program, the World Bank, and World Health Organization's Special Program for Research Training in Tropical Diseases.

Up to six fellowships may be awarded annually and initial emphasis is being placed on malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis, and leprosy. Fellowships are for junior or mid-career professionals who should have a doctoral degree in medicine and/or biomedical sciences.

A major requirement of the award is that each applicant have a commitment from a U.S. sponsor at a training institution.

Those interested in applying for an ITDR fellowship for next year are encouraged to obtain the appropriate forms from WHO.

Applications should be forwarded to the WHO program coordinator for transmittal to the WHO Regional Office by October 1981. Final decisions will be announced December 1981.

On Nov. 20, cigarettes will be put out across the nation for the American Cancer Society's Great American Smokeout. If you are a smoker, pledge a day off from cigarettes. Who knows? You may never light up again.