COB Awaits Approval

Plans for New Office Building on Drawing Board

By Anne Barber

To have all NIH employees located on the NIH campus and not have them scattered throughout Bethesda and Silver Spring in rental buildings has long been a wish of the directors of all NIH institutes, according to Dr. Edwin D. Becker, director, Office of Research Services. And for the past 5 years, that is what he has been striving toward—a Consolidated Office Building (COB).

"This would be a definite advantage from the standpoint of the programs whose employees have to shuttle from building to building," said Becker. "It would certainly improve the effectiveness of our employees."

But, he added, the chances of that wish taking place within the next few years are slim.

"Even if we received authority tomorrow to go ahead with our plans," he continued, "it would be 1993 before we could expect occupancy."

But just in case NIH gets the signal to go ahead with the building, Becker and his staff have been working on a program of requirements. Each institute has been involved in expressing its space needs regarding the new building.

"We have done a great deal here already in planning for this new building," says Becker. "Making a larger and more accessible Visitor Information Center (adjacent to the Metro subway stop) is an outgrowth of NIH's centennial year, when we discovered we need a better program for bringing people into NIH to see what we do."

The COB will house the approximately 3,000 employees now occupying off-campus rental buildings. The building will be about 50 percent larger than Bldg. 31 and approximately 10 stories high.

"It definitely will not be higher than the Lister Hill Center, because that is like a landmark," Becker stated.

There are other changes that will have to take place on campus should the building be approved.

"Center Drive would have to be improved and Rockville Pike might have to be widened," said Becker.

He added that NIH is in the process of updating its master plan for the campus; the COB is a key element in the plan. NIH plans to hold discussions with the appropriate agencies of Montgomery County regarding the

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From Double E to Triple A

Students Thrive After NLM Internships


Those who qualify for this assignment will be undergraduate students in electrical engineering—"double e's"—a tough major that is heavy on physics and math. They will be at or near the top of their class and be quick on the uptake. They will be green as parsley at the start of their internships in Dr. George Thomas's Communications Engineering Branch, part of the Lister Hill Center. But when they finish, they will likely be courted ardently by some of the top high-tech companies in the country.

"We offer nothing more than the regular NIH stay-in-school program, only we don't misuse the students," says Thoma, an EE Ph.D. whose unlit, but much chewed upon, cigar leaves him a matchstick length away from violation of the NIH no-smoking policy.

"These kids could make as much money at a fast-food restaurant, but they won't learn anything there," he said. "The brighter students apply here because they want to learn. We don't offer much beyond blood, sweat and tears."

Thoma has been chief for 5 years of a branch that is deeply into research and development. His small staff of fewer than a dozen workers is concentrating on ways to preserve NLM literature in electronic form, then make it easily accessible to those who need it.

"We're building prototype hardware and software systems that will make biomedical information easier to retrieve," he said. Pointing to a workstation dominated by a personal computer, he says, "That's a prototype of what may be seen in your home by the time you're a great-grandfather."

If the branch had its way, all of NLM's vast treasure of medical information would be available at the stroke of a computer key. But that day is coming slowly and painstakingly as researchers, helped by steadfast stay-in-schools, invent new methods of document storage and retrieval.

"I think that, for an engineering student, these areas are very exciting," says Thoma. "What we're doing is unique. Not everybody is doing it.""}

Four years ago he began hiring students from the EE departments of local universities, primarily the University of Maryland. To date, about 20 students have passed through his branch; most have gone on to excellent jobs.

"We can't hold on to them once they get out of here," he admits with equal parts of pride and ruefulness. "They all get good jobs. Three of our graduates have gotten outstanding jobs at Bell Laboratories, at salaries substantially above the average for undergraduates."

One of those students was also offered an all-expenses paid year of graduate study for a

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concept and impact the new building would have on the county.

There are negative factors regarding the proposed building such as additional traffic on campus and the problem of providing adequate parking for additional employees.

"We are under pressure to limit the number of parking spaces and encourage people to use mass transportation," said Becker. "The county worries about the impact of the traffic on Rockville Pike."

Becker met with Sidney Kramer, Montgomery County executive, in March and explained that, while the county does not have approval authority for a building on federal property, it will have a say in NIH's master plan.

According to Becker, when the idea of a COB was first conceived 10 years ago, it was thought that it would be a private building, off-campus, that would house mostly extramural programs. Then 5 years ago, it was decided that the COB would be more sensibly located on campus rather than off. This latter plan was reviewed by the institute directors and Dr. James Wyngaarden, NIH director, who approved the decision.

"We see this Consolidated Office Building saving us money as lease costs continue to rise, along with the maintenance and upkeep costs," Becker concluded. "It will also save the time employees lose traveling to and from rental buildings."

Friendly Visitors Sought

The Friendly Visitors Program of the Mental Health Association of Montgomery County needs volunteers to bring person to person contact to lonely people in private residences and nursing homes.

A recent Montgomery County survey identified isolation as the most crucial problem facing its elderly citizens. The Friendly Visitor Program helps provide relief from the isolation and loneliness experienced by county residents.

Warm, caring volunteers who can make a 1-year commitment and spend a minimum of 4 hours a month visiting in private residences or nursing homes are sought.

Both programs provide orientation and training. For more information or to apply, please call Judy Miller, 949-1255.

Chris Solomon (r) accepts the prize money she won recently in the R&W's Annual Membership Drive drawing. As 1st place winner, Solomon received a money tree worth $250. Kelly Goka of R&W presented the prize.
Deep Freeze Can Check Eye Disease

By Claudia Feldman

Briefly freezing a portion of the eye's surface can protect many premature infants against blindness from retinopathy of prematurity (ROP), a disease that causes visual loss in 2,600 infants in the United States annually. In a National Eye Institute-supported multicenter clinical trial, cryotherapy (freeze treatment) reduced the risk of severe visual loss by one-half in 172 babies with advanced ROP. The findings were announced in the April issue of the Archives of Ophthalmology and the May issue of Pediatrics.

ROP, formerly called retrolental fibroplasia, is a potentially blinding disorder of very low birth weight infants. It affects the developing blood vessels of the retina, the light-sensing tissue at the back of the eye, causing them to grow and branch excessively leading to bleeding, scarring, or retinal detachment.

Cryotherapy applied to the sclera (white of the eye) near the front freezes the area of the eye without blood vessels and stops the abnormal blood vessels from growing so excessively. It creates a ring of scar tissue and slows or stops the growth of these vessels, halting the progression of ROP. Retinal scarring from cryotherapy may cause some loss of the infant's peripheral (side) vision, but does not affect the central part of the retina (the macula), responsible for vision that will be needed for reading, writing, and other everyday tasks.

Study investigators examined 3,862 premature infants whose low birth weight put them at risk for ROP. In many of these infants, mild to moderate ROP developed and spontaneously subsided, leaving them without distortion of the critical central part of the retina. However, 172 infants developed severe ROP and, after the informed consent of their parents was obtained, were entered into the cryotherapy study.

All the premature infants enrolled in the study were at least 28 days old, weighed less than 2.76 pounds at birth, and had no other major eye or systemic abnormalities, and had ROP that had reached a threshold level of severity ("Stage 3 with 'plus' disease" according to the International Classification of Retinopathy of Prematurity) in at least one eye.

Infants who had developed the threshold level of disease in only one eye were randomly assigned to receive either cryotherapy in that eye or no eye treatment. If the second eye of the untreated babies developed threshold level ROP, then that eye was treated. For babies with threshold level ROP in both eyes at the time they entered the study, one eye was randomly assigned to cryotherapy, and in the other eye the disease process was monitored to determine its natural course. Therefore, all infants with two eyes eligible for treatment had the opportunity to receive cryotherapy in one eye.

Medical evaluation of all the babies in the study will continue and analyses of data on the long-term effects of cryotherapy for ROP will continue to be assessed during the next several years. Both short- and long-term evaluations of the treatment will provide valuable information about the natural course of ROP as well as about the visual prognosis of low birth weight premature infants.

A Brief ROP History

Trans-scleral cryotherapy has been used to treat infants with ROP in the U.S. and other countries since 1972. However, the NEI study of cryotherapy for ROP is the first multicenter randomized controlled clinical trial to evaluate scientifically the possible benefits and risks of this treatment.

The study's findings represent the first significant advance in the treatment of ROP. An ROP epidemic occurred in the 1940's and early 1950's when hospital nurseries began using excessively high levels of oxygen in incubators to save the lives of premature infants. In 1954, scientists with NIH support conducted the first multicenter randomized controlled clinical trial in U.S. history to investigate the risks and benefits of oxygen therapy. The results of that study influenced the way oxygen has been used in the care of premature infants to the present day.

However, as advances in neonatal care in the 1970's and 1980's enabled the survival of very low birth weight babies (those under 3.3 pounds), a second ROP epidemic has developed despite superb technology that keeps oxygen levels to a minimum. About the same number of infants lose their vision from ROP today as were blinded by the disease at the height of the epidemic in the 1940's and 1950's. While the causes of ROP are still not fully understood, cryotherapy now offers an opportunity to improve the visual outcome of many premature infants who develop ROP.—C.F.

In assessing the impact of the study results, Dr. Earl A. Palmer, study chairman and associate professor of ophthalmology and pediatrics, Oregon Health Sciences University School of Medicine, said, "The findings from this study should greatly improve physicians' ability to preserve the sight of small premature infants. To take full advantage of this capability, however, will require a new partnership among neonatologists, ophthalmologists, and hospital neonatal care staff."

Commenting on the significance of the study, Dr. Carl Kupfer, NEI director, said, "The National Eye Institute is pleased to have sponsored this very important study that provides physicians with new information that will help prevent blindness in our youngest children. This is yet another example of the importance of evaluating promising new therapies for progressive blinding eye diseases in a careful manner through well-designed clinical trials."
Savings Bonds Are Good Investment

On “Black Monday,” October 19, 1987, the American stock market lost one-quarter of its value. That is just one of the reasons why many financial advisors recommend that U.S. Savings Bonds should be the linchpin in your investment plans. Bonds offer maximum security, liquidity and a highly competitive interest rate with a guaranteed “floor” of 6 percent.

That is not to say that Savings Bonds are a new idea. Began in the 1930’s as a secure savings instrument in a time of bank failures, they found a permanent place in American culture during the War Bond drives of World War II. After the war, they sold steadily, if unspectacularly, until the late 1970’s when they reached a second peak in popularity just before bank deregulation and the explosion in inflation and interest rates that marked the years surrounding 1980.

The pressures of deregulation and high interest rates led the Treasury Department to revamp Savings Bonds into a thoroughly modern financial product. The result is a security with a unique combination of features and unsurpassed availability.

Since November 1982, Savings Bonds have offered buyers the best of all possible worlds: a security tied to market rates that also boasts a minimum rate. If market rates go up, so does the Savings Bond rate. But if market rates go down, the rate on bonds will only go down to a rate that is guaranteed at the time of purchase, currently 6 percent. Market-based rates and the guarantee are effective when bonds are held at least 5 years, but are retroactive to the original date of purchase.

If that were all Savings Bonds offered, they would be worth buying. But there is much more.

- Savings Bonds cost as little as $25, so they are easily affordable. And thousands of employers allow purchase of bonds in even smaller installments through the payroll savings plan, putting them within reach of anyone, regardless of income.
- Interest is exempt from state or local income taxes, further increasing the yield.
- Savings Bonds are registered securities, so they can be replaced if they are lost, stolen, or destroyed. The Treasury does not charge for replacement.
- Like other Treasury securities, Savings Bonds are backed by the full faith and credit of the United States. There is nothing safer.
- Savings Bonds can be purchased at most commercial banks and many other financial institutions, as well as through payroll savings plans. They can also be redeemed at any time after being held 6 months at most banks and financial institutions. There is no charge for purchase or redemption.

Americans have shown that they know a good deal when they see one. Sales of Savings Bonds during fiscal year 1986 were above $8 billion, the highest since World War II. FY87 sales set another record by reaching $10.3 billion.

Oh yes, there is another reason to buy Savings Bonds—a traditional reason. It’s a way every American can share in the national effort to reduce the cost of the debt and keep America strong and free. That is why Savings Bonds are “the great American investment.”

Public Speaking Course

An 8-week course in public speaking will be offered Tuesday evenings from 5:30 to 7 beginning Tuesday, Apr. 19. The class will meet in Billings Auditorium, National Library of Medicine. There will be a small charge for materials. To register or to obtain further information, call Jasper Cummings, 496-5655.

Bond Coordinators Named

The U.S. Savings Bond Drive officially began at NIH on Apr. 4. Undersecretary Don Newman, and Jack Mahoney, NIH associate director for administration, led the kickoff celebration Apr. 5 in Wilson Hall.

If you have questions regarding Savings Bonds, contact your BID coordinator listed below.

OD  Victor Canino  31/2B/40  x6091
NIA  David Chicchiachi  31/2C/03  x3441
NIAID Beatrice McKinley  31/7A/19  x1521
NIAMS  Martha H.,Vint  31/4G/17  x6091
NCI  Steve Hazen  31/10A/10  x915
NCHD  Sally Stevens  EP-8B/01A  x6001
NIDR  Joyce Purvis  31/2C/19  x6768
NIDDK  Thomas A. Johnson  31/9A/36  x5765
NIEHS  William Johnston  P.O. Box 8629/7592  12874, Rex, Triangle, NC

NEI  Mary Stigg  31/6A9/7  x7425
NGM  Rob Willison  WW/9A/09  x7161
NHLBI  Loretta Layton  WW/7C/012  x7998
NCBC  Byron Mason  10/5N/20  x2292
NLM  Donna Baker  38A/B/417  x6546
NCN  Mary Nuss  31/Conf. 3  x0421
NIDR  Sharon Newbery  38A/3D/417  x6625
CC  Ralph Boyce  10/9C/146  x1958
DCRT  Steve Furlong  12B/2N/20  x6244

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CC Helps Develop AIDS Pneumonia Test

By Elaine Baldwin and Colleen Henrichsen

A fast, sensitive, inexpensive and noninvasive test for diagnosing Pneumocystis carinii pneumonia (PCP), the most common and deadly AIDS-associated infection, has been developed by the Critical Center’s Critical Care Medicine and Clinical Pathology departments.

The test involves examining the induced sputum of AIDS patients by using monoclonal antibodies that are tagged with a fluorescent dye so that they can be viewed under a fluorescent microscope. The study was conducted on patients at the Clinical Center and San Francisco General Hospital (SFGH) and involved scientists from the Clinical Center, NIAID, the University of California at San Francisco (UCSF), and SFGH. Results were reported by Dr. Joseph A. Kovacs, Critical Care Medicine Department, Dr. Vee J. Gill, Clinical Pathology Department and colleagues in a recent issue of The New England Journal of Medicine.

PCP, the leading cause of death in persons with AIDS, affects 70 percent of AIDS patients at some point in their illness. By 1991, 10 years into the AIDS epidemic in the United States, an estimated 100,000 Americans will have been diagnosed with AIDS-related PCP.

"The earlier we can detect PCP, the better the prognosis for effective treatment," Kovacs said. "Presenting symptoms of PCP often resemble less serious respiratory conditions, and it is important to establish the diagnosis and begin therapy promptly."

PCP is most frequently diagnosed by inserting a bronchoscope into the lungs to obtain fluid samples (lavage) or using the instrument to obtain a tissue sample (biopsy). Although these techniques are generally safe and sensitive, they involve some risk and discomfort to the patient, and they are expensive for many hospitals to perform. Occasionally, open lung biopsy is performed, which is more risky and costly.

Sputum tests were first used to diagnose PCP by investigators at UCSF and the University of Miami. They involve inducing patients to cough up sputum by having them inhale a saline mist generated by an ultrasonic nebulizer. However, sputum tests using the traditional staining methods were difficult to interpret for PCP and were successful in diagnosing only about 55 percent of cases.

The Critical Care Medicine Department’s technical staff, under the direction of Cynthia Godwin, developed a successful approach for obtaining sputum from AIDS patients. The new test, developed at the Critical Care Medicine Department and the microbiology service of the Clinical Pathology Department, is an indirect immunofluorescence assay that uses monoclonal antibodies that react specifically with PCP organisms.

In studies conducted at San Francisco General Hospital and the CC, this new method was tested against traditional staining methods and bronchoscopy. At SFGH, the new test identified 92 percent of the patients tested with PCP. This compared to 76 percent and 80 percent of patients tested with two traditional stains. In a study using similar techniques at the CC, 23 of 25 patients with PCP, or 92 percent, were diagnosed by this new staining method.

"This is the most sensitive stain we have tested," said Kovacs. "It is a practical, economical diagnostic technique that can be easily adapted by most microbiology laboratories.”

The federal government has applied for a patent and is in the process of licensing the monoclonal antibodies against PCP. Diagnostic kits using the monoclonal antibodies are currently being developed and should be commercially available to laboratories in the near future, according to Kovacs.

"Staining of induced sputum is clearly a safe, noninvasive method for rapidly diagnosing PCP in patients with AIDS," Kovacs said. "It is a significant advance in our efforts to respond quickly with appropriate therapy for this major killer," he concluded.

In addition to Kovacs and Gill, authors of the report included Drs. Henry Masur, Frederick P. Ogibene, Joseph E. Parrillo, James H. Shulhamer, H. Clifford Lane, W. Keith Hadley, Valerie Ng, Griford Leung, and Gloria Evans.

Infertility Study Needs Women

The Developmental Endocrinology Branch, National Institute of Child Health and Human Development, is recruiting women with repeated first trimester miscarriages as well as infertile women with luteal phase defects or corpus luteum insufficiency for research studies. Candidates must be 18 to 50 years old. Studies last for one menstrual cycle and require frequent blood drawing and one outpatient endometrial biopsy. Compensation is available. For further information, please call 496-4244.

Extramural Grants Workshop

A workshop on extramural programs and grant support, designed to help postdoctoral fellows understand the research grant process, will be held in Lister Hill Auditorium, Bldg. 38A, on Friday, May 27, from 8:30 a.m. to 5 p.m.

The workshop, sponsored by the National Institute of General Medical Sciences, is intended for intramural postdoctoral fellows, staff fellows, clinical associates, and research associates who will be leaving NIH during the next year. Others will be considered for participation if space allows.

The program will cover the types of federal and nonfederal support available to new investigators, the NIH review process, the fine points of preparing a grant application, and appropriate persons to contact with problems or questions.

Small group discussions for answering individual questions will be led by experienced staff people from several institutes.

Application forms are available from intramural laboratory and branch chiefs. Applications must be returned by Apr. 29, and should be sent to Extramural Workshop, Rm. 905, Westwood Bldg.

For additional details, call Dr. Yvonne Maddox, 496-7001, or Dr. Janet Newburgh, 496-7181.
NLM INTERNS FACE BRIGHT FUTURE
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master's degree at Stanford University, plus half of his salary at Bell.

"The government can't compete with that kind of deal," Thoma notes.

To recruit top students, Thoma sends innocuous looking 3x5 file cards announcing internships to several area universities, where they appear with a wefer of other notices on EE department bulletin boards. He also has university contacts who recommend students to him.

"That doesn't work so well, though, because the dean wants to keep the best students in their own laboratories," Thoma explained.

The best recruitment tool of all may be the success of past stay-in-schools. That is what attracted Beth Taylor to NLM.

"I heard about NIH from a student who worked here before me," said the junior EE major from Maryland. "He has had several very good job offers and has his pick of places to work. He said the emphasis was not only on what the student can do for the Lister Hill Center, but also on what Lister Hill can do for the student."

"I'm very happy with this internship."

—Marc Felsen

Like all of Thoma's recruits, Taylor went through a brisk orientation when she arrived at NLM on Jan. 4; she read the articles recently published by the branch, then learned a skill needed by a staff engineer.

"We incorporate them very quickly into the work," said Thoma. "Within 2 or 3 days they are on a task. It's not usually done well, but they stick with it, make mistakes and learn."

Interns never get what Thoma calls "life or death" assignments at first, just "the ones that can afford to be screwed up. Students can get discouraged very easily. They've got to see that they can recover and then move on. After 3 months here they can design fairly sophisticated hardware and software modules and integrate the two."

One of the happy results of this process for Thoma is that he can write glowing recommendations to companies interested in his alumni, "and I don't even have to exaggerate."

It was the success of one of these alumni that drew Marc Felsen to NLM last February. Like Beth Taylor he is a junior EE major at Maryland and, like Taylor, credits one of Thoma's proteges with interesting him in NIH.

"A friend of mine who used to work here and is now at Bell Labs told me about the job," said Felsen, a full-time student who spends his Mondays and Wednesdays at Lister Hill. "I'm doing stuff (at NLM) I'd never get to do at school."

Felsen's major project is creating a LAN—local area network. The heart of the network is a computer containing many disks of information that can be accessed by other terminals located elsewhere.

"I've written the software routines for the project, and it's working very well as far as we can tell," he said. He is also helping write a paper on LAN for publication in a technical journal.

Another of Felsen's projects is designing a circuit board that will increase the speed at which a computer can retrieve information from storage on optical disks. "Right now, the process is just too slow," he lamented.

Felsen plans to remain at NIH until he graduates from college, after which he may attend graduate school.

"I'm very happy with this internship," he said. "I don't know of any better place to be."

"Everybody is very helpful and patient. You feel free to ask questions."

Taylor's main project is writing a computer program on "automatic image bordering"—a way for an electronic camera to capture just the text of a medical book, not the margins. She also wants to become proficient in several computer languages, such as Assembly and C.

"I'd also like to get a hardware project," she said. "I've read a lot about it but I've never put one together myself."

Like her classes at Maryland frequently stress theory, Taylor's internship stresses laboratory work.

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Asked how she became interested in EE, Taylor gives much the same answer as Thoma. Both enjoyed and were gifted at physics and math. Says Thoma, "In electrical engineering, you don't have to stop at a theory or equation—you can see something develop right before your eyes." Taylor saw an added, practical benefit in gaining a degree in EE—excellent job prospects.

"EE students have a lot of perseverance and determination," she said. "We study all the time and often feel lost in class. But the most important thing is not giving up, even if classes are confusing."

"That's an attitude that employers such as Thoma appreciate. And one that guarantees that Taylor, like Felsen, will soon be a 'stay-in-job' rather than a stay-in-school."

—Rich McManus □
Chemistry Society to Honor Three NIGMS Grantees

Drs. Robert H. Abeles, John W. Kozarich, and Peter Walter, all grantees of the National Institute of General Medical Sciences, will be honored in June by the American Chemical Society for their work in biological chemistry. Abeles, a professor of biochemistry at Brandeis University and an NIGMS grantee for the past 24 years, will be the 1988 recipient of the Repligen Medal. Abeles investigates the precise modes of action of enzymes, molecules that speed chemical reactions in all living organisms. He has also designed molecules that strongly inhibit enzymes and other anti-enzymes that cause enzymes to inactivate themselves.

Kozarich will receive the Pfizer Award in Enzyme Chemistry, an honor given annually to a scientist under the age of 40 for outstanding work in this field. His studies focus on the chemistry of drug and enzyme action. In addition to discovering a previously unknown mechanism of enzyme binding, Kozarich has also contributed greatly to the understanding of how DNA is broken down by certain drugs, including a commonly used antitumor drug. Kozarich has been a professor of chemistry and biochemistry at the University of Maryland since 1984.

Walter is this year's winner of the Eli Lilly Award in Biological Chemistry. The award is presented to a scientist under the age of 38 for research in biological chemistry of unusual merit and for independence of thought. As a graduate student, Walter discovered a complex of six proteins that bring a cell organelle called a ribosome to the endoplasmic reticulum, which is where many proteins secreted by the cell are manufactured. Walter, now an associate professor of biochemistry at the University of California, San Francisco, has made significant progress in describing additional molecular details of the machinery that moves proteins through the cell. In addition to the Lilly award, he has recently won junior laureate honors from the Passano Foundation. —Anne A. Oplinger

NIEHS Adds Four to Council

Four new members have been named to the National Advisory Environmental Health Sciences Council, the 15-member advisory group to the NIEHS. They are:

Dr. Bernard D. Goldstein, professor and chairman of the department of environmental and community medicine at the University of Medicine and Dentistry of the New Jersey-Robert Wood Johnson Medical School.

Dr. Robert E. Handschumacher, professor, department of pharmacology, Yale University School of Medicine, who has served as director of the division of biological sciences and chairman of the department of pharmacology.

Dr. Robert C. Keefer, who heads Robert Keefer Associates, management and investment advisors in San Diego, Calif., and former NIH fellow at Ohio State University College of Medicine.

Dr. Roger O. McClellan, director of the Inhalation Toxicology Research Institute and president of the Lovelace Biomedical and Environmental Research Institute in Albuquerque, N.M.
BITNET Serves Special Interest Groups

By Marc Arlen

NIH has been part of the BITNET network, which links together thousands of computer systems at institutions of higher learning and research centers around the world, since March 1986. The network provides a number of valuable communications features.

One of BITNET's most useful features is the "mailing lists." Not mailing lists in the traditional sense, they bring together, electronically, individuals geographically remote from each other who share common special interests. All of the members of a group are kept abreast of news and developments in their area of special interest.

Of particular interest to many people at NIH are the mailing lists devoted to topics in biology, medicine, chemistry, and other closely related subjects. At present there are several such lists in operation.

The mailing list MEDINF-L is maintained for those persons interested in the field of medical informatics, which brings together the disciplines of conventional medicine and computer science/technology. This list provides current news on how medical informatics is being developed and implemented at medical schools and research centers around the world. It also reports on conferences and seminars being held in the field.

The EPID-L mailing list is maintained at Queen's University in Canada (BITNET node name QUCDN). This mailing list is concerned with topics in the fields of epidemiology and biostatistics.

The most recently formed list is AIDSNEWS, which originates at Rutgers University (RUTVM1). This list covers all news on how medical informatics is being developed and implemented at medical schools and research centers around the world. It also reports on conferences and seminars being held in the field.

The NIH Relay Set for May 18

The NIH Health's Angels running club has scheduled the 11th running of the Institutes Challenge Relay for May 18. The Allen Lewis NIH Memorial Trophy will be inscribed with the winning teams from all three divisions: all male team, all female team, and mixed team (members must include at least two females).

As usual, ribbons will be awarded to all runners. A post-race party is planned that afternoon at the FAES House.

The relay will be held at 12 noon in front of Bldg. 9. The relay team is comprised of 5 runners, each of whom runs a 1/2-mile loop around Bldg. 9. A $5 entry per team will help defray the cost of the race.

Entry forms and specific instructions will be available at the R&W Activities Desk located in Bldg. 31, Rm. 31W30 beginning Monday, Apr. 11. Completed forms and payment in the form of a check to the R&W must be returned to the activities desk by Friday, May 13.

The relay is primarily intended to promote friendly and constructive competition among the NIH community. Participants of all levels of ability are welcome to share in this annual event of spring.

BITNET Manual Available

A comprehensive manual detailing the use of the BITNET telecommunications network is available from the Technical Information Office (TIO) at the NIH Computer Center. The TIO is located in Bldg. 12A, Rm. 1017, and can be reached by telephone, 496-5431.

The manual describes methods of accessing the major features of the BITNET network, and provides information on resources that define additional available features and services.

There are also a number of data sets named given in the manual, which lists the names of other research institutions on the BITNET network, the names of other electronic networks accessible through BITNET, and names of mailing lists for special interest groups.

R&W Plans Shopping Spree

R&W is planning a shopping spree on Friday, Apr. 15, to Vanity Fair and Moss Street in Reading, Pa. Cost is $18 (bus only).

The bus will depart from Bldg. 31C at 7:30 a.m. sharp, and will leave for the return trip at approximately 4:30 p.m.

For further information, call 496-4600.
Teaching Keeps New Associate Director Current

"Teaching keeps me on top of things," said the Georgetown University anatomy and cell biology professor and newly appointed associate director for scientific programs in NHLBI's Division of Heart and Vascular Diseases. "Students’ questions and ideas keep me up-to-date."

In 1969, when Dr. David Robinson left his native England, a 20-year career in the United States was the farthest thing from his mind. "I came simply to experience America, planning to stay about a year," he said. "Once I got here, I never wanted to go back."

Robinson’s first position in this country was as assistant research director and head of the cell biology unit at the Red Cross Blood Research Laboratory in Bethesda. A cell biologist by training, he soon accepted a professorship in the subject at Georgetown University, where he also joined the Lombardi Cancer Research Center.

In 1980, the Briton, who now holds a dual citizenship in the U.S. and the U.K., was appointed as senior scientific adviser in the Office of Program Planning and Evaluation at NHLBI. Having been successful in the past at combining research work with teaching as a research officer and tutor in the department of zoology at Oxford University, Robinson elected to continue as an adjunct professor at Georgetown during his time at NIH.

"As much as I love to teach," he said, smiling, "I’m a cell biologist by nature. One approach enhances the other."

Before his latest promotion, he was deputy chief of NHLBI’s Hypertension and Kidney Diseases Branch. In his new position, he will serve as the focus for the division’s cardiovascular research, coordinating new initiatives, implementing programs and evaluating their effectiveness.

The associate director also has plans to streamline the production of the division with computerized databases.

"Eventually, we all will have personal computers in an attempt to increase efficiency," he said. "We can cut down on expensive online time by having everything in-house. It will also cut down on the paperwork, allowing us to free the support staff to perform more meaningful tasks." —Carla Garrett

NCI Garners Ad Awards

The Advertising Club of Metropolitan Washington has named the National Cancer Institute’s “Smoking’s Out” radio campaign as the 1988 ADDY award winner for radio public service advertising. The Office of Cancer Communications and Casey Kasem, host of the weekly American Top 40 radio program, jointly produced the radio campaign last January to warn young people about the dangers of smoking.

A second NCI media campaign, “Cut the Ties,” was a finalist in two ADDY categories: television and overall public service campaign. Launched this past fall, “Cut the Ties” features an animated TV public service announcement (PSA) and two original music radio PSAs with voiceovers by Kasem. Messages address 4 major cancer risk factors—tobacco, diet, alcohol, and sun exposure—and encourage people to take simple steps to reduce their risks of cancer.

Kasem, whose mother died of lung cancer and who once was a chain smoker himself, took a special interest in the “Smoking’s Out” project.

"Of all the celebrities we’ve worked with on health information programs, Casey was the most personally involved," said Bill Morrison, former NCI media advisor who coordinated the campaign. "He spent hours rewriting the messages to suit his special style. Then he painstakingly recorded them at his own expense."

The “Smoking’s Out” PSAs—one 60-second and two 30-second versions—were sent to more than 3,500 radio stations. A random telephone survey of these stations found that an exceptionally high number—about 60 percent—aired the spots. Station program managers cited Kasem’s involvement in the campaign as a big selling factor.

NCI currently is producing a second animation/music campaign, scheduled for release in May, as a followup to “Cut the Ties.” Television and radio messages will continue to stress the good news that cancer can be prevented.
Wyngaarden Chairs AIDS Committee

An AIDS Program Advisory Committee has recently been established to oversee NIH’s broad AIDS research programs. Dr. James B. Wyngaarden, NIH director, will serve as chairman of the 13-member committee.

"The mission of the committee is to ensure that research on AIDS is carried out in the most expeditious and efficient way possible," says Dennis Rodrigues, Office of Science Policy and Legislation, who worked on establishing the committee.

One of the main reasons for creating this committee is because AIDS has grown into one of the largest single disease problems transcending so many institutes at NIH. It has been the fastest growing budget item for NIH for the past few years, practically doubling each year, Rodrigues says.

"Although NIAID and NCI together account for approximately 70 percent of the NIH effort, the remaining 30 percent is spread across the whole spectrum of NIH."

The members, appointed by DEHS Secretary Otis R. Bowen, consist mostly of scientists and physicians, along with two lawyers and members of the public. Many of the members have considerable experience in the AIDS field and were selected through a complex series of negotiations involving NIH, PHS, DHHS, Congress and even the vice president’s office. The committee has been chartered for 2 years but can be extended for longer upon request.

In addition to chairman Wyngaarden, members include: Dr. Baruj Benacerraf, Fabyan professor of comparative pathology and chairman, department of pathology, Harvard Medical School; Dr. Danti Paul Bolognesi, James B. Duke professor, department of surgery, Duke University Medical Center; Dr. Purnell W. Choppin, president, Howard Hughes Medical Institute; Dr. Evan M. Hersh, chief, section of hematology and oncology, University of Arizona; Dr. Martin S. Hirsch, associate physician, department of medicine, Massachusetts General Hospital; Dr. Thomas E. Malone, associate vice chancellor for research, University of Maryland; Robert E. Mitchell, attorney; Dr. Richard K. Root, chairman, department of medicine, University of California; Dr. Michael G. Rossman, professor, department of biological sciences, Purdue University; Dr. Gwendolyn B. Scott, associate professor of pediatrics, University of Miami School of Medicine; Gary R. Smith, professor, school of law, Emory University; Dr. Jose Szapocznik, research professor, department of psychiatry, University of Miami; and Dr. Jay Moskowitz, NIH associate director for program planning and evaluation, who will serve as executive secretary.

The committee is scheduled to meet again on July 12 to examine vaccine development and testing.

"We need a skilled group, such as this committee, to help review and manage such a far-flung and complex effort as the NIH AIDS research program," Rodrigues said.

—Anne Barber

FAES Offers Grants

The FAES will award grants of $500, with a possible $500 living allowance, to students conducting research at NIH this summer. High school, undergraduate, graduate and medical students who will work for a minimum of 8 weeks are eligible.

Applications are available in the FAES business office, Bldg. 10, Rm. B1C18. Completed applications, including a description of the research to be performed and a supporting statement from the NIH sponsor, must be received by Apr. 25.

Notifications of the awards will be made to the NIH sponsors by mid-May.
TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

Courses and Programs

Management and Supervisory 496-6371
Pragmatic Problem Solving 4/22
Scientific Writing 4/19
Managing Stress 5/29
The Federal Budget Process 6/1
Time Management 6/6
Speed Reading for Professionals 5/25
Improving Managerial Effectiveness 6/5
The Management Tactics Clinic 6/9

Office Skills 496-6211
Effective Listening & Memory Developing 5/19
Improving Managerial Skills for Secretaries 5/3
Telephone and Receptionist Techniques 5/16

Adult Education 496-6211

Training and Development

Services Program 496-6211

Personal Computer training is available through User Resource Center (URC) self study courses. There is no cost to NIH employees for these hands-on sessions. The URC hours are:

Monday-Thursday 8:30-9:00 p.m.
Friday 8:30-4:30 p.m.
Saturday 9:00-3:00 p.m.

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Bike Club Open House

The NIH Bike Club will begin the season with its annual "Think Spring Fling," at the FAES House (corner of Old Georgetown Rd. and Cedar Lane) on Tuesday, Apr. 19, from 5:30 to 8 p.m.

Movies and videotapes on touring, racing, safety and maintenance will be shown. Cheese buffet and refreshments will be served and door prizes will be included.

All interested persons are welcome. The cost is $2 for nonmembers; members and their families $1. Membership in the bike club will be available at the door for $2.

For further information, contact Cindy Walczak, 496-9750.

Colleagues Mourn Henry Fukui

Dr. Henry Nobuyoshi Fukui, director of the cataract program in the extramural and collaborative programs of the National Eye Institute, died suddenly on Sunday, Mar. 6.

He was born in San Francisco in 1924 and attended public schools there, graduating from Lowell High School. He served in Italy during World War II with the 442nd Japanese-American Infantry Regimental Combat Team, the most decorated military unit in United States history. He received his B.S. degree from Bates College in Lewiston, Me., in 1949; his M.S. from Rutgers University in 1952; and his Ph.D. from the University of Missouri in 1954.

Before coming to NIH, Fukui was a research associate under Dr. David G. Cogan at the Howe Laboratory of Ophthalmology, Harvard Medical School.

Fukui joined the NEI’s Laboratory of Vision Research in 1974 as a senior staff fellow. From 1978 to 1980 he continued his investigation of the biochemical chemistry of cataract as a research chemist in that laboratory. He transferred to the extramural program in 1980.

Since 1982, Fukui managed and directed the institute’s worldwide research grants and individual and institutional fellowship awards for cataract-related research. In addition, he was a valued advisor to NEI senior staff because of his extensive research expertise in the biochemistry of the lens.

In addition to his research and administrative activities, he represented the NIH Asian-American community to the NIH Division of Equal Employment Opportunity.

"All of his friends and colleagues are saddened by this terrible loss. Henry was admired by vision researchers who knew him. He was warm and encouraging toward young researchers and was an advisor to those established in the field as well," said Dr. Jin Kinoshita, scientific director, NEI.

Fukui also received a master’s of divinity degree from the Episcopal Divinity School in Cambridge, Mass., in 1960, and was an ordained priest. He was the interim rector at St. Anne’s Episcopal Church in Damascus, Md., from 1979 through 1981, and continued to provide pastoral services there until his death.

He is survived by his wife, Mas, and two daughters, Kimi Ruth and Kay Christine.

Contributions in his memory can be made to the National Foundation for Eye Research, c/o Dr. V. N. Reddy, Oakland University, Rochester, MN 48065.

STEP Features Cooper

As part of its 25th anniversary year activities, the Staff Training in Extramural Programs (STEP) Committee will present a special afternoon session featuring Dr. Theodore Cooper, chairman of the board and chief executive officer, Upjohn Company, on Thursday, Apr. 14 from 1:30 to 3:30 p.m. in Wilson Hall, Shannon Bldg.

"Getting Along with the Devil: NIH Collaboration with Industry," is the topic for this STEP silver anniversary lecture. The session will focus on the emerging interactions of private industry and NIH.

Cooper has been long involved with NIH’s role in research, first as director of the National Heart Institute, then as DH/EW assistant secretary for health, and later as dean and provost of the Cornell University School of Medicine.

The silver anniversary lecture, a part of this year’s STEP forum series, is open to all NIH professionals and support staff. No preregistration is required. For additional information, contact the STEP program office, 496-1493.

Bike Repair Course Offered

The NIH Bike Club is holding a basic bicycle maintenance course for four consecutive Monday evenings beginning Apr. 25. The course will be taught by Frank Pedersen from 5 to 6:30 p.m. in the lunchroom of Bldg. 22. The hands-on course covers fixing flat tires, adjusting brakes and derailleurs, and bearing lubrication for 10-speeds.

Class size is limited to the first 15 registrants. To register for the course, or if you have questions, contact Cindy Walczak, 496-9750.
Apple Hacks Make Tracks to NIH

In an effort to alleviate morning and evening rush hour traffic on campus, NIH transportation officials have sought approval to hire approximately 15 New York City taxi drivers to operate the campus shuttle buses.

Administrators expect to receive authority to hire with few modifications. Two of the major requirements are the establishment of a speed limit not below 65 mph between the hours of 6:30 and 9:30 a.m. and 3:30 and 6:30 p.m., and the acceptance of using the oncoming traffic lane for mandatory passing.

"We think a driver ought to be able to pass a car in front of him or her after no more than a 2.5 second pause," said NIH trafficologist I. M. Amaniaci. "The use of the oncoming traffic lane is a perfect avenue for passing that has been virtually untapped in the past."

The tentative proposal comes at a time of unrest and dissension among institute employees, many of whom must commute via Metrorail.

It seems to me," said one apoplectic employee, referring to the daily trek to NIH, "that after surviving the crush of elbow-to-gut, knee-to-groin subway passenger traffic, then climbing the mountainous motor-driven staircase at Medical Center, a faithful worker should not have to be subjected to yet another delay in getting to his work area."

Although the new ruling is expected to be approved, questions have been raised about government hiring of drivers from New York City. "We don't understand why NIH has to go 250 miles away to recruit for drivers when there are plenty of qualified 1-270 drivers right here in the area," said one Maryland-native employee.

The sub-committee on recruitment declined comment but vowed to examine the hiring proposal further.

Initial feedback by commuters informed of the new proposal has been extremely favorable according to an early unofficial poll by HI-JAC-U, Helpful Insurgents to Judge Acute Commuter Unrest, a private contractor hired by NIH to address the traffic problems.

"I think it's the perfect solution to an otherwise potentially disastrous situation," remarked an institute employee who begged anonymity. "As it is, there is not nearly enough parking to accommodate staff, and if we can't find a way to get here every day, we may just have to devise a sleep-over campaign right here on the lawns."

The sub-committee on safety and fire hazards could not be reached for comment.

A Privatization Primer

Should NIH ever become a private company rather than a federal agency, a few changes in employee behavior will be necessary. The Record has compiled a list of these changes in the interest of a smoother transition if we go from being public servants to private breadwinners.

Before we get to the particulars, however, has anyone noticed the spate of "How to Sell Yourself!" and "Image and Self Projection" lectures held on campus recently? Our guess is that we'll be as private as pillow talk before the next W-2 form goes into the mail.

Fellows, let's let you have it first: Have you ever seen an IBM representative on this campus who wasn't wearing a white shirt, rep tie and pin-striped suit? Better ask him where he rustles his duds the next time you see him in the hall. Find out who his barber is, too.

The unkempt look was fine while all you cared about was doing quality work; we're talking bottom line now and that applies to your sidebars as well as your salary.

Ladies, ladies, ladies. There are obviously some of you out there who have yet to meet Alcott and Andrews. If there is a single word to wrap up your deficiencies in dress and demeanor these days, it is ice. You're just not cold and unapproachable enough for corporate America. Your uniform for the 1990's is exactly the same as the men's—suits, haircuts and expensive, uncomfortable shoes.

Both sexes had better learn that we're working in the new Bethesda now, and that ain't Germantown or Greenbelt. We're going private, baby, so forget your sackcloth and ashes. Privatization. It means never having to say you're sorry.

Pickens Makes Bid for NIH

The National Institutes of Health has become the object of an unsolicited takeover bid by oil tycoon T. Boone Pickens, who says he can turn the $6 billion-a-year federal agency into a profitable private foundation.

Pickens made his announcement at a Wall Street press conference April 1 amid rumors that NIH was going to be "sold" by the Department of Health and Human Services.

"The NIH is outrageously undervalued and could make much more money for its stockholders under new management," said Pickens, chairman of Mesa Petroleum Co.

Pickens' investment group has offered $45 per share of yet-to-be-issued NIH stock.

News of the offer set off a flurry of activity on Wall Street as other conglomerates became aware of the government's highly unusual agency sale.

According to insiders, Federated Department Stores Inc. is prepared to offer $50 per share for NIH, plus guaranteed parking to employees, no matter when they may arrive at work. Lawyers for Campeau Corp. have also indicated an interest in the world's largest biomedical research facility.

'Walkers' Needed for Study

Men, women and children of all ages are needed to participate in a 'walk' study around the NIH campus.

We need to determine designated paths to follow; a specific distance; which route is best on campus; how fast one should walk; how many people in each group; or perhaps, one person, in meditation.

Intense conversations, humorous ones or just a smile on one's face while walking will be studied.

Pay Hike Ends Nurse Shortage

A nursing shortage at the Clinical Center became a thing of the past Apr. 1 when the hospital instituted a new pay scale modeled on compensation to investment bankers.

Concerned that modest salaries were preventing talented young men and women from entering the field, administrators adopted a base wage of $70,000 per year, sweetened with bonuses based on treatment outcomes. In addition, free on-campus child care has begun for those nurses whose family responsibilities kept them from practicing.

"We took a look at what First Boston and Solomon Brothers were offering new recruits," said a hospital spokesman. "Then we threw in some cost-of-living adjustments because it's so much more expensive to live in Bethesda than either Boston or Manhattan."