

# The NIH Record

## *The Director's Legacy*

### Wyngaarden Steers NIH Away from Reefs of Adversity, Mediocrity

By Rich McManus

*Second of two-part series*

Many of NIH director Dr. James B. Wyngaarden's biggest battles during his 7½-year tenure fell into the category of "trying to prevent adverse things from happening." At the root of many of these struggles is NIH's identity: Is it the crown jewel of federal intellectual enterprise or just another government agency?

"I don't think intramural NIH can prosper if it is treated like any other government bureaucracy," Wyngaarden said. "NIH is the one shining exception to the blatant mediocrity of most federal laboratories.

"We have tried to operate as much like a university as we can," he continued. "You tend not to find as much federal bureaucracy mindset here."

Being different has its disadvantages, he allowed.

"We're not looked upon as team players, and in many ways that perception is correct.



NIH director Dr. James B. Wyngaarden, who will resign this summer, once paraphrased baseball player Yogi Berra in characterizing his position: "Directing NIH is 90 percent damage control and the other half is budget."

For example, we have far better relations with Congress than with the administration. As long as I have been here, there have been only two exceptions to a hold-the-line budget mentality. AIDS is one, and that was imposed by an epidemic. The other is the human genome initiative."

Clearly impatient with the bureaucracy, Wyngaarden said it often seems as though "the chief function of all who hold positions above me in the department is to say no."

Frustrations and all, however, he is happy to have been director.

"I'm very pleased to be here," he said. "I don't regret it for an instant. It has been a very positive experience but it takes its toll. The pressure is relentless and you have to develop a thick hide."

Wyngaarden says he has known for the past year that the job was wearing him down.

"I knew that I wanted a less pressure packed life from day to day," he said. "Seven

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## *Workplace Safe, Streets Deadly*

### NIH Points Workforce Toward AIDS Compassion

Ignorance about HIV, the cause of AIDS, is currently outracing the virus itself as a source of calamity for health officials in the District of Columbia, said Dr. Reed V. Tuckson, city health commissioner, at a recent NIH program on "What to Do When a Coworker Has AIDS."

Just one of a number of sexually transmitted diseases that are "skyrocketing" at the moment in Washington, AIDS is also spreading faster as crack sales boost a sex-for-drugs subculture in the city.

"The crack epidemic is accompanied by a great deal of sexual behavior," said Tuckson, a D.C. native who got his undergraduate degree at Howard University and an M.D. from Georgetown University. "Many, many young women are selling their bodies in the culture of drug abuse.

"Women don't have signs on them saying, 'I'm part of the drug/sex subculture,' (and therefore may have AIDS)" he said. "This virus is everywhere. Many who have it don't know they have it. You don't know. You don't know. You don't know."

And no one knows they don't know better

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## *Back on Track*

### NIH Nursing Growing Strong in Wake of Shortage

By Carla Garnett

The nursing shortage is no longer news. National front-page headlines of 1986 have become local, page-three stories. By now, almost everyone knows of the major decline in the ranks of nursing that affected almost every health care facility nationwide and was caused in part by the public's misconceived image of the profession.

With the recent celebration of National Nursing Week, however, an important story still lingers untold in NIH's book: What is the state of nursing at NIH?

According to Kathryn McKeon, the Clinical Center's acting associate director for nursing, NIH nursing is back on track, going strong.

"We still have some hard-to-recruit areas," she said. "But our advertising and all our recruitment and retention efforts have paid off. Basically we have a high quality staff."

There are numbers to prove her statement. Employee turnover in the nursing department is down 12 percent this spring—from 25 percent a year ago to 13 percent now.

McKeon also sees more applications arriving for staff positions as yet unfilled.

"Where before we'd have maybe one or two people applying for a job here," she explained,

"we now see three or four applicants (per position). We can pick and choose. It's very encouraging."

Simply put, more nurses are applying here and fewer are leaving once they've been hired. Why?

"We know we have something very special to offer the patients at the Clinical Center," said McKeon. "We are a strong team that has a sense of professional esteem."

The importance of professional esteem in nursing cannot be overemphasized. Last year at this time, nurses responding to a national poll distributed as part of the NIH recruitment campaign stressed two areas that could be improved in order to attract and keep more nurses—greater independence in patient care and more opportunity to make decisions.

Through its research mission, NIH necessarily strengthens the role its nurses play on the health care team.

"NIH nurses have respect and autonomy in practice," acknowledged McKeon. "We have a higher level of collaboration with physicians."

In order for the attitude adjustment that is required in successful nurse retention to be

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## AIDS

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than the commissioner, who counts 2,854 AIDS cases in the District, 1,630 of which have resulted in death.

"I am particularly concerned in our area with the sex partners of intravenous drug abusers," he said. "Everyone here at NIH knows you've got to go out of your way to get this virus and that there's almost no way you can get it at work. Unfortunately there are a lot of people who do go out of their way."

Tuckson, who has taken care of Clinical Center patients during rotations here during medical school, said NIH has a special obligation to set high standards both for research on AIDS and treatment of those living with AIDS.

Recounting a public relations disaster that occurred several years ago when D.C. police wore rubber gloves while arresting AIDS protesters—heightening a we-vs.-them mentality—Tuckson said NIH represents "law and order" in the medical world and thus has a unique obligation to be antidiscriminatory and compassionate.

"This is the Mecca of clinical medicine," he said. "NIH has a high standard of conduct to uphold."

Tuckson said that AIDS will define the civilization of the 1980's and 1990's ("and hopefully not the 2000's, if people around here do their jobs") just as surely as civil rights and Vietnam did the 1960's and 1970's.

*"Try to treat (a coworker with AIDS) like you always treat them, no better or worse. You don't become a saint or sinner just because of HIV infection."*

—An NIH outpatient

"All strata of society are challenged by this disease," he said. "Our sense of compassion is at stake. Our response to AIDS will tell future generations who we were as a people."

Among the few heartening sides of the epidemic, he related, is the tremendous volunteer response from the gay and lesbian community in Washington, centered at the Whitman-Walker Clinic downtown.

"They are the best example of people pulling together in a crisis," he said. "For the past 8 years, more than 800 volunteers have created a health care system on virtually no money. They are fantastic people, some of the best who ever walked this planet."

Also giving encouragement is a larger proportion of people living with AIDS who can also remain on their jobs.

"There's a new attitude," Tuckson reported. "People are living with AIDS, not dying of

AIDS. We have to embrace that attitude, facilitate it and be a part of it."

In order to remedy the ignorance surrounding acquisition of AIDS in Washington's poorer neighborhoods, Tuckson addresses youngsters in schools, using the frank language of the streets to get his life-or-death message across.

"This virus doesn't care who it attacks. You as an individual must care." He recommended that new sexual partners use condoms always, until they learn for certain that each is virus-free.

Also speaking on the panel, cosponsored by the Employee Counseling Service, OMS, and the CC's educational services office, were three working people who are living with AIDS and being treated at NIH. All reported positive

*"AIDS is an issue we're all going to face in the next several years. All of us are destined to know someone who has it."*

—Dr. David Henderson

CC

changes in their lives once they disclosed their illness to family and friends.

Giving advice to those who may face a coworker with AIDS, one panelist said, "Try to treat them like you always treat them, no better or worse. If you didn't like them before you found out about their disease, then still don't like them. You don't become a saint or a sinner just because of HIV infection."

Said another of the workers, "You just want to feel normal."

According to Dr. David Henderson, associate director for quality assurance and hospital epidemiology at the CC, "AIDS is an issue we're all going to face in the next several years. All of us are destined to know someone who has it. It's best that we face the problem head-on. Education is the best policy."

A videotape dramatizing the workplace response to a coworker with AIDS was shown; it emphasized the importance of looking past what may have caused the disease and concentrating on the dignity and rights of the person with AIDS.—Rich McManus □

## Demonstration of NeXT Machine

The Biomedical Research Macintosh User's Group (BRMUG) will host a demonstration of the NeXT machine on Tuesday, June 27 at 3:30 p.m. in Lipsett Amphitheater, Bldg. 10. The NeXT machine is a new computer created by Steven Jobs, one of the founders of Apple computer. For more information, contact BRMUG, 496-2282. □



*Dr. Attallah Kappas (l), professor and physician-in-chief at Rockefeller University Hospital in New York City, received the first annual Award for Excellence in Clinical Research from the DRR General Clinical Research Centers (GCRC) Program for his work in developing tin-protoporphyrin and a derivative, tin-mesoporphyrin, as a safe and effective potential treatment for severe jaundice in newborns. Dr. Katherine Bick, NIH deputy director for extramural research, presented the \$5,000 cash prize at the recent annual meeting of the American Society for Clinical Investigation. The award was made available to the GCRC program by an anonymous donor to reward outstanding clinical research at a DRR-supported GCRC.*

## The NIH Record

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**NIH Record Office**  
Bldg. 31, Room 2B-03  
Phone 496-2125

**Editor**  
Richard McManus

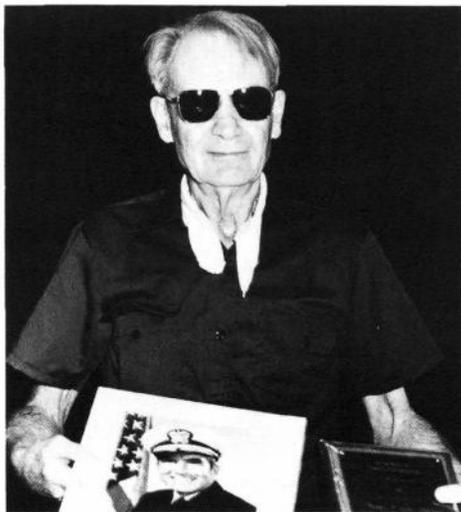
**Assistant Editor**  
Anne Barber

**Staff Writer**  
Carla Garnett

**Editorial Assistant**  
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John Paul Jones, 26-year NIH veteran mail clerk, holds the plaque he received recently from the Clinical Center department of transfusion medicine for donating the 100 pints of blood that earned him a place in the Blood Bank Hall of Fame. Jones, an avid collector of memorabilia, also received as a surprise an autographed photo of retired Navy Admiral Elmo Zumwalt Jr.



The Clinical Center's department of transfusion medicine recently thanked the many persons who donate blood at NIH during its annual Blood Donor Appreciation Day. Donors received plaques for 30 and 35 years of outstanding service. The 35-year honorees are (from l) Milton Whittington, Lowell Coates and Marion Grabowski.



Thirty-year blood donors (from l) Vivian McFarland, Allan Graham and Phillip Nelson were among those honored at Blood Donor Appreciation Day sponsored recently by the Clinical Center's department of transfusion medicine.

## Savings Bond Fever Spreads Across Campus

Well, it's that time of year again—when Savings Bond fever is about to become widespread. NIH'ers most affected report itchy fingers and a nagging feeling that they should be doing something smart with their money.

Uncertain investments of one kind or another have been found to aggravate the situation. But with Savings Bonds, there is no risk. Investment is backed by the U.S. Government. Other symptoms of the fever include laughter and joy, particularly when people are told they don't need large sums of money to begin their Savings Bond fund.

"I bought Savings Bonds for years," said Donna Baker of NLM. "I started with the minimum and increased the allotment with each raise. Then, when our daughter was born, we realized the hospital insurance wouldn't cover us 100 percent. We used Savings Bonds to supplement the remaining expenses." Bonds paid off on more than one happy occasion in Baker's life. "Twenty years later, Savings Bonds paid for our daughter's wedding" she said.

A person setting aside \$7.50 every 2 weeks will, in 12 years, have a fund of \$3,366.38 (assuming an annual interest rate of 6 percent—current minimum rate—though the rate could be higher). Setting aside \$100 every 2 weeks will result in a 12-year savings of \$45,052. Increasing the allotment may seem painful, but it's a guarantee that money will be saved, not spent.

Savings bond fever can develop at any age, and the precise mechanism by which we get

sensitized is still not known. But there are certain long-term treatments—such as saving for a child's education (or even our own!), retirement, or a very special vacation—that nearly always relieve headache.

Savings bond fever—catch it!—Carol Cronin

This season's Savings Bonds coordinators are:

Margot Boland	OD	1/331
Dorothy Costinett	NIDR	31/2C19
Beatrice McKinley	NIAID	31/7A19
Rene Smither	NINDS	31/8A46
Christine Pennella	DCRT	12A/3027
Dr. Marilyn Gaston	NHLBI	FED/508
Sharon Nieberding	FIC	38A/604
Patricia Bailey	DRG	WW/436
Donna Baker	NLM	38A/B1N17
Churchman Napper	NEI	31/6A17
Robert Willcoxon	NIGMS	WW/9A09
Joel Hedetniemi	NICHD	31/2A03
Joyce May	NIDDK	WW/655
Ludlow McKay	NIDDK	WW/606
Doris Isles	NIEHS	
Ada Hungerford	DRR	WW/8A04
Dr. Laura James	NCNR	31/5B09
Judy Crockett	NIA	31/2C06
Dr. Jan Antoine	NCI	EPN/800
James Stoneman	NCI	EPN/800
Marsha Hennings	NIAMS	31/4C27
Warren Moyer	CC	10/2C144
June Thornton	DRS	12A/4058
Linda King	DCPC	31/10A50
Dr. C. Michael Kerwin	DEA	WW/805
Catherine Finn	DCE	EPN/539
Mary Stinson	DCBD	31/3A06



Coordinators of the Savings Bonds drive currently under way at NIH pose with a big bond, symbol of how savings can grow.

## NURSING

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effective, other hospital staff as well as nurses must recognize the capability of the nursing profession.

"It is imperative to feel as though you're making an important contribution," stated McKeon. "We are an important part of the team and we want concrete demonstration of that."

Concrete demonstration recently came in the form of a poster session held in the Visitor Information Center that offered nurses the chance to show and share their research achievements.

McKeon explained: "The poster session allows us to capitalize on the professional work we don't or can't ordinarily share because of our specialties and schedules."

The session allowed interaction among not only NIH'ers but also nurses and prospective nurses from around the country who visited NIH during nursing week.

According to McKeon, the activities planned to recognize National Nursing Week also provide chances to recruit.

"Our major initiatives continue to be recruitment and expansion of hard-to-recruit areas such as AIDS, oncology and critical care," she said.



Susan Rudy (r), a clinical nurse with the dental clinic and ENT, discusses procedures for placing dental implants with Martha Maber, head nurse with the heart, lung, and blood nursing service, at a poster session held recently to celebrate National Nursing Week.

"Although our numbers have improved drastically, the expansion of AIDS research will mean a redesign of our resources, a redistributing of what we already have."

Redistribution of resources and other management challenges are not foreign to McKeon, who has held top positions in many areas of nursing.

Before being appointed acting associate director, she was chief of the newly combined Mental Health & Alcohol and Neurology &



Kathryn McKeon

Aging nursing service. She admits that the cyclical nature of the nursing shortage at NIH has provided her many new and demanding crises.

"The issues are different than a year ago," she noted. "New issues keep cropping up. But the challenge is exciting. I get a lot of personal satisfaction from this position."

McKeon, a 10-year NIH veteran, has held her current post since February when the previous associate director for nursing, Janice Feldman, left NIH to become vice-president of nursing at a hospital in New Rochelle, N.Y.

McKeon's current goals include not only attending to the myriad of administration duties incurred as associate director but also returning frequently to visit all CC nursing units.

"Every once in a while," she explained, "I have to renew my perspective. You can lose perspective as an administrator. I cannot afford to become disconnected and isolated from the joys, the sorrows, the pains that come at the bedside. That's where the real quality is—at the bedside."

The emotional upheavals in nursing are the very things that make some areas harder to recruit for than others.

"Some areas are high intensity, emotional work settings," she said. "There is just natural turnover in those areas. People tend to protect themselves, to avoid pain."

NIH nurses, faced with the uncertainties of experimental treatments, sometimes need an additional measure of strength.

"We have a special obligation to caring for

Clinical Center patients," McKeon said. "And when we do, we risk losing a piece of ourselves when a patient dies. We need to take special care of ourselves to maintain that high level of commitment to our patients."

## Lindahl Is Nurse of the Year

Madeleine M. Lindahl, an advanced clinical nurse at the Clinical Center, has been named the 1989 Maryland Hospital Nurse of the Year.

The award, the first sponsored by the Maryland Hospital Association Center for Nursing, was presented recently at a ceremony at the governor's mansion.

Lindahl, who provides care on an inpatient rheumatology ward, was selected from a field of nearly 40 professional nurses nominated by community acute care, special and veterans' hospitals from across the state.

In addition to patient care, Lindahl is deeply involved in research on such disorders as systemic lupus erythematosus, polymyositis, Sjogren's syndrome and rheumatoid arthritis. A former critical care nurse and teacher, she also coordinates staff in-services and patient education.

"I think the major way nursing has enhanced my life is by giving me a strong sense of value and respect for human life," wrote Lindahl, responding to questions on the award's nomination form.

"... being a nurse has given me a sense of self worth because I know I'm helping others by promoting health and eradicating human suffering."

Lindahl attended DePauw University in Indiana before completing her baccalaureate degree in nursing at Georgetown University.

She is involved in a number of clinical, educational and research activities at NIH and is an officer in the PHS Commissioned Corps. In 1988, she was named "Nurse of the Year" at NIH for outstanding practice in a research environment.

## Brown Honored for Nursing

Rachel Brown, head nurse on the Clinical Center's 2 East patient care unit, has received an award from the Maryland Nurses Association (MNA) District 5 for outstanding service to the nursing profession. Brown, a 25-year head nurse, has been a member of the MNA for 35 years.



Dr. Felix de la Cruz was recently appointed chief, Mental Retardation and Developmental Disabilities Branch (MRDDB) in the Center for Research for Mothers and Children, NICHD. He is responsible for the direction of extramural research, research training and contract programs designed to extend knowledge of the etiology, pathogenesis, epidemiology, treatment and prevention of mental retardation. Prior to his recent appointment, de la Cruz served as special assistant for pediatrics, and more recently as acting chief, MRDDB.

### Volunteers Needed

The Laboratory of Neurosciences at NIA is seeking healthy volunteers to participate in a study investigating the effects of aging on brain functions. The lab is interested in men and women over age 18, with a particular need for men over the age of 40. Participants must be drug free during the study, and can receive a stipend of up to \$300 depending on the actual time involved. For more information call 496-4754, Monday through Friday, 9 a.m. to 5 p.m. □

### ONS Honors Cancer Caregivers

NCI coauthors Mary C. Fraser, epidemiology research nurse, and Dr. Margaret A. Tucker, chief of the family studies section, recently received the Adria Excellence in Writing Award for Clinical Practice, an award cosponsored by the Oncology Nursing Society (ONS) and Adria Laboratories. The prize-winning article, "Late Effects of Cancer Therapy: Chemotherapy-Related Malignancies," was published in the April 1989 issue of *Oncology Nursing Forum*.

Another nurse, Joan Piemme, an educator with the cancer nursing service, was also honored by the ONS. She received the Excellence in Cancer Nursing Education Award, which recognized her contributions as an educator to the oncology profession. □

### So Long DECsystem-10

## NIH Awards Scientific Timesharing System Contract to Convex

NIH awarded a 5-year contract to Convex Computer Corp. on May 15 to provide a complete scientific timesharing system, including computer equipment, software, maintenance, documentation and support services. This system will replace the NIH DECsystem-10 computer.

The DECsystem-10 System Staff of the DCRT Computer Center Branch is now preparing for the new Convex computer system, examining many issues, debating the options and making decisions that will lay the groundwork for a scientific computer system worthy of replacing DECsystem-10.

"Getting the contract awarded was the easy part," said Joseph D. Naughton, chief of the Computer Center Branch. "The hard part is getting the system installed, training users and addressing all the issues related to providing reliable general scientific computing services."

The new Convex system will run the Unix operating system. Unix has a broad range of available tools well suited to program development, so it is widely used in university research. In addition, Unix is the subject of several coordinated standardizing efforts. Thus programs that run under Unix are often portable, providing compatibility with Unix systems running on a range of computer hardware.

Convex will provide an initial hardware configuration consisting of a Convex mini-supercomputer with integrated vector processors, 64 megabytes of memory, disks for online file access and magnetic tape drives for long-term file storage. NIH benchmark results indicate that the Convex hardware and software exceed the computational requirements specified in the RFP. The contract also includes provisions to upgrade the initial hardware configuration as the workload increases.

Convex has designed and developed FORTRAN and C programming language compilers that automatically convert programs to make optimal use of the unique vector and parallel processing capabilities of the Convex computer architecture. Convex compilers also make it easy to transport code from other systems. The FORTRAN compiler is compatible with the industry standard FORTRAN 77 and Digital Equipment Corporation's VAX/VMS FORTRAN. These features greatly simplify the task of porting applications to the Convex. Other state-of-the-art software will be provided, including the University of Wisconsin Genetics Computer Group (GCG) sequence analysis software package and PHIGS, the Programmers Hierarchical Interactive Graphics System.

The NIH DECsystem-10 has served the scientific community continuously since 1969, offering users a wide range of applications such as text editing, programming, modeling, intercomputer communications including electronic mail, integrated graphics programs, and protein and DNA sequence analysis. There will be an appropriate transition period to permit the orderly transfer of applications from the DECsystem-10 to the new Convex system. The DECsystem-10 staff will provide guidelines for migrating to the new system, and will help DECsystem-10 users and new users make a smooth transition to the new system.

Delivery of the new Convex computer is expected this summer. The DECsystem-10 staff is currently developing plans for installation of the new computer and Unix operating system, user training and documentation, operational concerns, and, of course, migration strategies for current DECsystem-10 users. In addition to DECsystem-10 experience, each staff member has from 9 months to 2 years of practical experience working with Unix.

"We feel confident that the new Convex computer system installation will go smoothly, and that users will quickly find the Convex system a pleasure to work with," said John Dickson, project officer and chief of the laboratory systems unit, CCB, DCRT.

For more information on the new system, see the May 15, 1989 issue of the Computer Center Branch's technical publication *Interface*. Contact the Technical Information Office, 496-5431 to obtain a copy. □



Owen Bobbitt (l) was one of eight NHLBI secretarial/support staff given special recognition awards recently by institute director Dr. Claude Lenfant (r). Also honored were Barbara Peoples, Margaret Young, Roberta Redfern, Barbara Geraci, Delores Gilmore, Lisa Siebert and Carol Kosb.

## DIRECTOR

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and a half years is about the right length of time. I would like to have stayed a little while longer, give or take a few months. President Bush asked me to remain until August 1, which gives the search committee a little longer than if I left July 1 (the date originally reported for his departure)."

The director says his leaving is "a clear sign to NIH that the directorship is political and not immune to turnover."

Looking at NIH's challenges in the future, he sees "a cultural warp affecting science now, some of which, honestly, is self-imposed. The scientific community has been derelict in stressing the need for animals in biomedical research."

Regarding recent charges of fraud and misconduct in science: "There are bona fide examples of misconduct that have hurt the public's confidence in science. Our enterprise rests on integrity; betrayers of the truth have hurt us a great deal."

NIH has recently established an Office of Scientific Integrity that will oversee claims of misconduct and fraud at grantee institutions. Admitted Wyngaarden, "No human enterprise is run by angels."

Two other looming issues—recombinant DNA research and fears associated therewith, and use of fetal tissues recovered from elective abortion—have further politicized the institutes.

"All of these issues make an impression on Congress," Wyngaarden cautioned. "We need to enlist more support from the public. They need persuading about the benefits of medical research to health. The days of the ivory tower and splendid isolation are over."

Wyngaarden acknowledged that the benefits of research, both for people and the economy, are widely recognized.

For example, almost everyone, but especially new science graduates, appreciates the burgeoning market in biotechnology and its related industries.

"The biotechnology industry is almost wholly the offspring of NIH research," he said.

"There are some powerful arguments to be made on our behalf and we have to make them. Every indication now is that biomedical research is flourishing and will continue to flourish in the future."

Asked what advice he would give his successor, Wyngaarden first noted that he would never offer an unsolicited opinion.

"When I first came, I went to Don Fredrickson for advice on occasion. He's a close, personal friend."



Sen. Dale Bumpers of Arkansas (l) got a tour of NIH led by Wyngaarden during a visit on Mar. 13, 1989.

But to whomever next occupies his seat, he says, "Little by little, NIH has moved into a posture of excessive management of science. Our role is to make resources available and let peer review take care of the allocations. I think the pendulum has swung a bit too far in the management direction."

"One torque I have put on the budget every year has been for more funds for research project grants," he said, emphasizing the importance of letting the minds at work at the bench dictate where science goes.

Asked whether his future includes a lab bench, he demurred. "Not realistically. I've been an administrator for so long that I could never catch up."

Science first attracted him during his high school years in East Grand Rapids, Mich.

"I had a general interest in medicine as a high school student," he recalls. "I wasn't one of those kids who dissects cats in the garage, but I did enjoy science."

For a brief time, Wyngaarden's interest in pure chemistry almost excluded a medical career, but he soon learned to join the two. While at the University of Michigan Medical School, from which he graduated first in his class in 1948, he became even more proficient at the two subjects.

"The really critical experience for me was the PHS, though," he said. "Up until then I was doing research part-time, on the side. I learned the discipline of research in the corps."

Particularly important was a 1951 stint in the laboratory of Dr. DeWitt Stetten Jr., at the Public Health Research Institute of the City of New York.

"That was a seminal experience," he said of work that led him further along the road of expertise in the regulation of purine biosynthesis and the genetics of gout.

It is perhaps ironic, in view of the richness of his research training and its near total

reliance on government funds, that Wyngaarden makes research training the focus of his final efforts as director.

"(Research training) has long been regarded as having almost as high a priority as research itself," he said. "The mechanisms for research training have served us well in the past, but new approaches are needed. The 1950's and 1960's are different from the 1970's and 1980's. The level of technical sophistication is much higher now. Past programs are too superficial. It's time to look at the deficiencies of training grant mechanisms."

Modern medicine has come to rely on highly sophisticated clinical trials to evaluate new therapies in the treatment of such illnesses as AIDS.

"We need to ask ourselves, 'What would be the ideal training for those who evaluate these trials?' The answer is more epidemiology, trial design and biostatistics."

Allowing that training has tended to emphasize fundamental biological science in the past, Wyngaarden seeks longer and more substantial training for new M.D.s and Ph.D.s, including before and after their doctorates are awarded. Three NIH panels are currently reviewing both the content and

### Principal Accomplishments

- The NIH overall appropriation was doubled from \$3.57 billion in FY 1981 to \$7.3 billion in FY 1989.
- Led the massive research effort against AIDS from its beginning.
- Initiated the NIH Human Genome Research Program and recruited Dr. James D. Watson as its head.
- Played a key role in shaping the emergence of biotechnology on the national and international scene.
- Wyngaarden acted on the premise that the "true engine of science is found in the ideas of the scientists themselves." He took significant steps to minimize the management of research by others than scientists, and to reduce the procedural burdens on investigations. As a result:
  - The number of research project grants increased from about 16,000 in FY 1982 to 20,500 proposed for FY 1990.
  - The proportion of the budget devoted to research project grants increased from 50.3 percent in FY 1982 to 57.6 percent in the budget proposed for FY 1990.
  - The average length of award of research project grants was increased from 3.3 years in FY 1982 to 4.1 years in FY 1988. The proportion of competing research project grant awards that have a project period for 5 years or more has



Wyngaarden and philanthropist Mary Lasker—two influential contributors to American medicine

mechanisms of research training programs.

"I've had a lot of experience in this area," Wyngaarden said. "I think it's crucial that NIH address these issues, especially since they have gained Congress' attention."

Carefully considered NIH input can head off a tendency in Congress, he said, to "throw a bill at any problem."

One piece of legislation that the director is following closely in his remaining days is the Senior Biomedical Research Service bill, which

would result in higher pay for doctoral-level research scientists at NIH.

"I think that sometime this year a bill will pass raising salaries at NIH," he said. "I think we've got Congress' attention, and I think we'll get something. I just hope it's enough to make a real difference."

While he may not be around to reap a benefit himself, Wyngaarden is not hurting for offers of post-NIH employment.

"I've been approached, since announcing my resignation, about an amazing number of things," he said. "Most have been university and medical school jobs. But some of them are a little bizarre. Someone called about a job in biological warfare but I didn't return the call."

Wyngaarden estimates that he's been contacted by more than two dozen groups interested in his services.

"I've had two invitations from foreign universities that have been very appealing," he said. "I've had one feeler about a position in government (not in DHHS). And many major corporations and biotechnology firms have offered me positions on their boards."

Wherever he goes, Wyngaarden wants a forum for his views on public policy.

"There are many issues that need to be addressed—funding, animals in research, misconduct and fraud, conflict of interest, the fear of products derived from recombinant DNA research both in this country and abroad. These problems constitute a major impediment to biotechnology," he said.

Two major groups have asked him to fill this public policy role—both are based in Washington, though one would involve half-time work in Europe.

"It's essential that we have worldwide harmony on these matters, especially with respect to regulatory issues," he said.

Wyngaarden noted that he has been on leave from Duke University for the length of his directorship and may go back there. Basically, he is seeking a firm base from which to operate.

Wherever he decides to do professionally, Wyngaarden plans to continue hobbies that include skiing, tennis, sailing and art collection.

"If I have a free hour in a city that I'm visiting, I go to a museum," he said. He calls himself an avid tennis player but has been slowed somewhat by rotator cuff surgery on his serving arm.

"The operation (in July 1987) was very successful and I still play, but it hurts some afterward."

Wyngaarden sets aside a week each winter for skiing in Colorado and especially looks forward to joining his five children—"all married and settled"—and their spouses for sailing



Wyngaarden greets a young woman representing Girls Nation at NIH in 1985.

excursions in the Caribbean every other year.

Which may leave NIH with an apt metaphor for his legacy: No matter how rough the sailing got, or how many sharks were in the water, the captain never wavered from what he judged to be the proper course.

He may even have told the water—and the sharks—how to behave a time or two. □

## AAAS Honors Three NIH Scientists

Three NIH scientists were among 83 leading scholars, scientists, public figures and artists recently honored by election to the American Academy of Arts and Sciences.

They are: Dr. Igor B. Dawid, chief of the Laboratory of Molecular Genetics, NICHD; Dr. Mortimer Mishkin, chief of the Laboratory of Neuropsychology, NIMH; and Dr. Thomas A. Waldmann, chief of the Metabolism Branch, NCI.

Others elected to the AAAS included author Joan Didion, physicist Paul Chu, historian Paul Kennedy, Justice Lewis F. Powell, Jr., and playwrights Sam Shepard and David Mamet.

Founded in 1780 by John Adams and other leaders of the American Revolution, the academy is an international society based in Cambridge, Mass. Counted in its membership of more than 3,300 fellows are 148 Nobel laureates and 58 Pulitzer Prize winners. □

## Research Subjects Needed

Earn up to \$260 for learning to discriminate the effects of one drug from another. Minimum time required over a 7-week period. Involves only commonly prescribed drugs, and minimal effort. You must be between ages 18 and 50 and in good health. Call 295-0972 weekdays between 9 a.m. and 12 noon, Uniformed Services University of the Health Sciences. □

## by Dr. James B. Wyngaarden

grown from 19.2 percent in FY 1981 to 48.3 percent in FY 1988.

- Strengthened the NIH intramural research program.
  - The FY 1982 intramural budget was \$455 million and the request for FY 1990 is \$849 million.
  - Initiated planning for Consolidated Office Building.
  - Began construction of Child Health and Neuroscience Facility.
- Was active as an influential spokesman for biomedical research, nationally and internationally, particularly through many various observances of the NIH Centennial during 1986 and 1987.
- Acquired the former convent property within the bounds of the NIH campus as the location for the Mary Woodard Lasker Center for Health Research and Education. The site is now used principally for the Howard Hughes Medical Institute (HHMI)-NIH cooperative training program for medical students to encourage more physicians to enter biomedical research. In 1985 HHMI renovated the convent building and constructed a residence for the HHMI-NIH research scholars.
- Initiated the Physician-Scientist and Dentist-Scientist training programs (5-year combined basic science and clinical development programs).

## NIH Honor Awards Ceremony To Be Held June 21

Outstanding accomplishments of various staff members will be recognized by Dr. James B. Wyngaarden, director, NIH, at the Nineteenth Annual NIH Honor Awards Ceremony to be held on Wednesday, June 21. All employees are invited to attend the ceremony, which begins at 1:30 p.m. in the Masur Auditorium, Clinical Center.

### NIH DIRECTOR'S AWARD

#### Division of Research Grants

Michael E. Rogers  
Health Scientist Administrator  
Biomedical Sciences Review Section

*"For consistent high quality performance and superior contributions dedicated to maintaining the quality of the NIH research grant application peer review system."*

Marcia Farahpour  
Supervisory Grants Technical Assistant  
Referral and Review Branch

*"For sustained high quality performance in meeting the demanding workloads of Project Control, ensuring that all PHS grant applications are processed in a timely manner."*

#### Division of Research Services

Elsie Cerutti  
Supervisory Librarian  
Library Branch

*"For creative and effective leadership in improving and expanding library and information services to the NIH community."*

Betty A. Hebb  
Visual Information Specialist  
Medical Arts and Photography Branch  
*"For artistic excellence in the service of science."*

#### National Cancer Institute

Dr. Stephen I. Katz  
Chief, Dermatology Branch  
Division of Cancer Biology and Diagnosis

*"In recognition of his many important contributions to research in Dermatology and for providing highest quality dermatologic consultation in the Clinical Center."*

Dr. Dilys M. Parry  
Geneticist  
Interinstitute Medical Genetics Program

*"For establishing and maintaining the Interinstitute Medical Genetics Program to facilitate genetics research at NIH and for launching a sustained, multifaceted investigation of the neurofibromatoses."*

Dr. Dinah S. Singer  
Senior Investigator  
Experimental Immunology Branch

*"For extraordinary leadership of the NIH Institutional Biosafety Committee in support of the NIH research mission and the safety and well-being of NIH personnel."*

Sheila E. Taube  
Chief, Cancer Diagnosis Branch  
Division of Cancer Biology and Diagnosis

*"For successfully providing the sustained leadership and scientific direction needed to move the Cancer Diagnosis Branch into the modern era of molecular genetics and molecular immunology."*

Assistance in Implementing the Federal Technology Transfer Act and Establishing the NCI Office of Technology Development

*"For invaluable assistance in implementing the Federal Technology Transfer Act throughout the NIH and for establishing the NCI Office of Technology Development."*

Dr. Barney C. Lepovetsky  
Dorothy Joanne Grant

#### National Eye Institute

Dr. Catherine Henley  
Health Scientist Administrator  
Extramural & Collaborative Program

*"In recognition of exceptional resourcefulness in improving and streamlining the review process at NEI and contributions to the training of extramural staff across NIH."*

#### National Heart, Lung, and Blood Institute

Michael Beaven  
Chief, Cellular Pharmacology Section  
Laboratory of Chemical Pharmacology

*"For his elucidation of mechanisms by which antigens cause the release of histamine from mast cells."*

Lila J. Edwards  
Administrative Officer  
Division of Intramural Research

*"For her many contributions to the improved management of the Administrative Office, Division of Intramural Research, NHLBI."*

Dr. Dorothy B. Gail  
Health Scientist Administrator  
Chief, Structure and Function Branch

*"In recognition of superior leadership in the development of basic, applied, and clinical Federal grant and contract programs in the Structure and Function Branch."*

John C. McGrath  
Chief, Communication & Marketing Section  
Office of Prevention, Education, and Control

*"For sustained and meritorious service in health communications and marketing to increase public understanding of heart, lung, and blood disease."*

#### National Institute on Aging

Dr. Marvin R. Kalt  
Chief, Scientific Review Office  
Office of Extramural Affairs

*"In recognition of exceptional capabilities and leadership in the administration of extramural research and substantial contributions to the NIH and scientific community."*

#### National Institute of Allergy and Infectious Diseases

Dr. Harlan D. Caldwell  
Microbiologist  
Laboratory of Microbial Structure and Function

*"For major contributions to understanding the pathogenetic interactions between chlamydiae and their animal hosts."*

Maryann R. Guerra  
Administrative Officer  
Office of the Scientific Director

*"In recognition of contributions made to improving the administrative management of the NIH and the NIAID."*

Dr. John Y. Killen, Jr.  
Medical Officer  
Acquired Immunodeficiency Syndrome Program

*"In recognition of exceptional leadership, initiative and judgement in the development and management of the Acquired Immunodeficiency Syndrome Program, NIAID."*

Dr. Harry L. Malech  
Medical Officer  
Bacterial Disease Section

*"For contributions in understanding the biology of phagocytic cells, and defining factors and determining the role of oxidative burst of neutrophils in chronic granulomatous disease."*

Gary E. Thompson  
Grants Management Officer  
Grants Management Branch

*"In recognition of exceptional leadership, initiative and judgement in the fiscal and administrative management of the NIAID portfolio of grants and cooperative agreements."*

## National Institute of Child Health and Human Development

George W. Gaines  
Program Analyst

Office of Planning and Evaluation

*"For providing exceptionally valuable staff support on complex public policy issues of a sensitive nature."*

Dr. James L. Mills  
Research Medical Officer  
Epidemiology Branch

*"For distinguished leadership of the Diabetes-in-Early-Pregnancy Study and of other studies of congenital malformations."*

## National Institute of Diabetes and Digestive and Kidney Diseases

Dr. Edwin D. Becker  
Chief, Nuclear Magnetic Resonance Section  
Laboratory of Chemical Physics

*"For establishing an outstanding nuclear magnetic resonance facility and for making research service systems responsive to the scientific mission of intramural NIH."*

Carol C. Feld  
Associate Director  
Program Planning and Evaluation

*"For superior and sustained leadership that has resulted in a comprehensive program for planning and evaluation in NIDDK."*

Dr. Robert Katz  
Deputy Chief  
Endocrinology and Metabolic Diseases Programs

*"In recognition of exceptional contributions to public health by facilitation of research in inherited metabolic diseases."*

Dr. Edward Steers, Jr.  
Deputy Director  
Division of Intramural Research

*"For leadership in devising and implementing management systems in the Division of Intramural Research, NIDDK."*

## National Institute of Dental Research

Dr. H. George Hausch  
Chief  
Scientific Review Branch

*"In recognition of sustained superior leadership of the NIDR's Scientific Review Branch."*

## National Institute of Environmental Health Sciences

Dr. Marshall W. Anderson  
Research Chemist  
Division of Biometry and Risk Assessment

*"For outstanding contributions to the understanding of oncogene activation in animal model systems and its potential implications for human risk assessment."*

Allan C. Benton  
Chief  
Contracts and Procurement Management Branch

*"In recognition of innovative leadership in providing responsive contracting and procurement services for NIEHS and for contributions supportive of equal employment opportunity for institute employees."*

Dr. Thomas A. Kunkel  
Research Geneticist  
Laboratory of Molecular Genetics

*"For studies of DNA polymerases enabling deep insights into mechanisms of mutagenesis and its prevention."*

## National Institute of Neurological Disorders and Stroke

Dr. W. Watson Alberts  
Deputy Director  
Division of Fundamental Neurosciences

*"For originality, insight, and imagination in problem solving and for unparalleled service to the neuroscience community."*

Dr. James M. Dambrosia  
Supervisory Mathematical Statistician  
Mathematical Statistics Section

*"For sustained excellence in the innovative application of statistics to the design and analysis of research studies in neurology, and to medicine in general."*

Edward M. Donohue  
Deputy Director  
Division of Extramural Activities

*"For his leadership and superior skills in providing administrative management services to NINDS extramural programs."*

## Office of the Director

John K. Hollingsworth  
Maintenance Mechanic General Foreman  
Shops Branch

*"For talented leadership that has enabled the craftsmen and women of the Shops Branch to provide exceptional service to NIH."*

Dr. Louis R. Sibal  
Extramural Programs Procedures Officer  
Office of Extramural Programs

*"For sustained excellent performance on policy development and implementation benefiting the entire NIH extramural community and program."*

Dr. Richard G. Wyatt  
Special Assistant for Intramural Affairs  
Office of Intramural Affairs

*"For outstanding service as Chairman of the NIH Oversight Committee on AAALAC Accreditation and in executing under great pressure the work of the Office of Intramural Affairs."*

Extraordinary Skill in Managing the Human Fetal Tissue Transplantation Research Panel

*"For extraordinary skill, sensitivity and commitment in managing the Human Fetal Tissue Transplantation Research Panel and overseeing the development and distribution of its report."*

Mary C. Demory  
Kurt Habel  
Barbara Harrison  
Dr. Suzanne Medgyesi-Mitschang

Special Efforts in Arranging and Conducting the Tours for Visitors to the NIH.

*"For superior performance in arranging and conducting the tours for visitors to the NIH and coordinating a wide variety of special projects and programs."*

William J. Fedyna  
Susan H. Gerhold  
Mary W. Brandenburg  
Dinah M. Bertran  
Carol R. Cronin  
Marguerite Leonard  
Sharon Sanders

## Howard Hughes Medical Institute

Dr. George F. Cahill, Jr.  
Vice President for Scientific Training and Development

*"For his part in developing the Howard Hughes/National Institutes of Health Medical Student Research Scholars Program and his special efforts which have made the program such a great success."*

**(Continued on Page 10)**

(Continued from Page 9)

## OUTSTANDING SERVICE MEDALS

### Division of Computer Research and Technology

Oliver B. Morton  
Head, Programmer Assistance and Liaison Unit  
Computer Center Branch

*"For outstanding sustained technical leadership, systems project management, critical problem resolution, and development of an improved consulting environment."*

### Division of Research Grants

Dr. Donald H. Luecke  
Deputy Director  
Division of Research Grants

*"For outstanding contributions to the extramural research and research training programs of the National Institutes of Health."*

### Division of Research Services

Dr. Stephen B. Leighton  
Senior Mechanical Engineer  
Biomedical Engineering and Instrumentation Branch

*"For outstanding perseverance and technical creativity while inventing and managing the development of a new histology technique for biomedical research."*

### National Cancer Institute

Dr. Donald G. Fox  
Chief, Research Facilities Branch  
Division of Cancer Prevention and Control

*"For sustained superlative leadership in the organization, administration, and direction of the Research Facilities Branch of the National Cancer Institute."*

Paul J. Vilks  
Senior Pharmacist  
Investigational Drug Branch

*"For sustained outstanding performance in the establishment, management, and modification of Clinical Research Support services contracts for the National Cancer Program."*

### National Heart, Lung, and Blood Institute

Dr. Eugene R. Passamani  
Director, Division of Heart and Vascular Diseases

*"For exceptional service in providing outstanding scientific leadership in the development and management of cardiovascular research programs."*

### National Institute of Allergy and Infectious Diseases

Dr. Theodore E. Nash  
Medical Director  
Senior Investigator  
Laboratory of Parasitic Diseases

*"For sustained original research of the highest quality in the characterization of Giardia and giardiasis."*

Dr. Henry C. Lane  
Medical Director  
Senior Investigator

Laboratory of Immunoregulation  
*"For outstanding research on the treatment and prevention of infection with the human immunodeficiency virus."*

### National Institute of Child Health and Human Development

Dr. Jeffrey A. Perlman  
Medical Officer  
Chief, Contraceptive Evaluation Branch  
Center for Population Research

*"For exceptional leadership in organizing and directing a program for testing measures to prevent the transmission of human immunodeficiency virus."*

### National Institute of Diabetes and Digestive and Kidney Diseases

Dr. Clifton Bogardus  
Chief, Clinical Diabetes and Nutrition Section  
Phoenix Epidemiology and Clinical Research Branch

*"For pioneering innovative techniques to investigate insulin resistance; in demonstrating that abnormal glucose storage at the cellular level plays a primary role in pathogenesis of NIDDM."*

### National Institute of Neurological Disorders and Stroke

Dr. William H. Theodore  
Chief, Cerebral Blood Flow and Metabolism Unit  
Medical Neurology Branch

*"For outstanding contributions to research in the pathophysiology, pharmacology and treatment of seizure disorders using experimental techniques, especially positron emission tomography."*

Dr. Richard C. Henneberry  
Chief, Molecular Neurobiology Section  
Laboratory of Molecular Biology

*"For his sustained excellence in leadership and performance of research involving the neurotoxicity of excitatory amino acids and their role in neurodegenerative disorders."*

Frank J. Nice  
Assistant Chief, Clinical Neurosciences Program

*"For outstanding and continuous contributions by assisting in the establishment of the Medical Neurology Branch and for assistance in managing the Branch and related operations during a period of administrative change and transition."*

## Notkins Wins NYU's Berson Award

Dr. Abner L. Notkins, director of NIDR's intramural research program, received the Solomon A. Berson Medical Alumni Achievement Award from New York University School of Medicine recently.

A 1958 graduate of the school, Notkins won the Berson award in basic science. Two other Berson awards were given in clinical and health science.

Notkins, who is also director of NIDR's Laboratory of Oral Medicine, is one of eight NIH scientists to have received the Berson award, which has been given since 1954. Last year, Dr. Sheldon G. Cohen of NIAID received the award; other honorees include the late Dr. Jack Orloff and former NIH director Dr. James A. Shannon. □

## PHS Honors Bertran

Dinah M. Bertran, a member of the special projects staff at the Visitor Information Center, is one of six PHS employees in a group that received an Equal Opportunity Achievement Award at the recent PHS awards ceremony.

Coordinators for their respective agencies of the Parklawn Adopt-A-School Program, the workers were honored "for demonstrating outstanding leadership in support of the PHS Adopt-A-School Program with the Takoma Park Intermediate School." Bertran has been NIH's liaison with the school for the past 6 years. □

## Credit Card Bruisers Sought

The National Institute of Mental Health is recruiting adult compulsive shoppers with a pattern of excessive spending/buying, for a research program involving drug treatment. Please call Dr. James Durkin, 496-3175, and leave name and telephone number. □

## TRAINING TIPS

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

### Courses and Programs Dates

<i>Management and Supervisory</i> 496-6371	
Attitudes: How They Affect Productivity	7/11
Creative Basics for Changing Workplaces	7/12
Working With Personal Differences: MBTI	
Applications for Professional Development	7/19
<i>Office Operations Training</i> 496-6211	
Introduction to Working at NIH for New Support Staff	7/17
Basic Time and Attendance	7/6
Reducing Stress: Rebuilding Energy	7/12
Delegated Acquisition	7/24
Travel Orders & Vouchers	7/24

### Training and Development Services 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 a.m.–7:00 p.m.
Friday	8:30 a.m.–4:30 p.m.
Saturday	9:00 a.m.–1:00 p.m.

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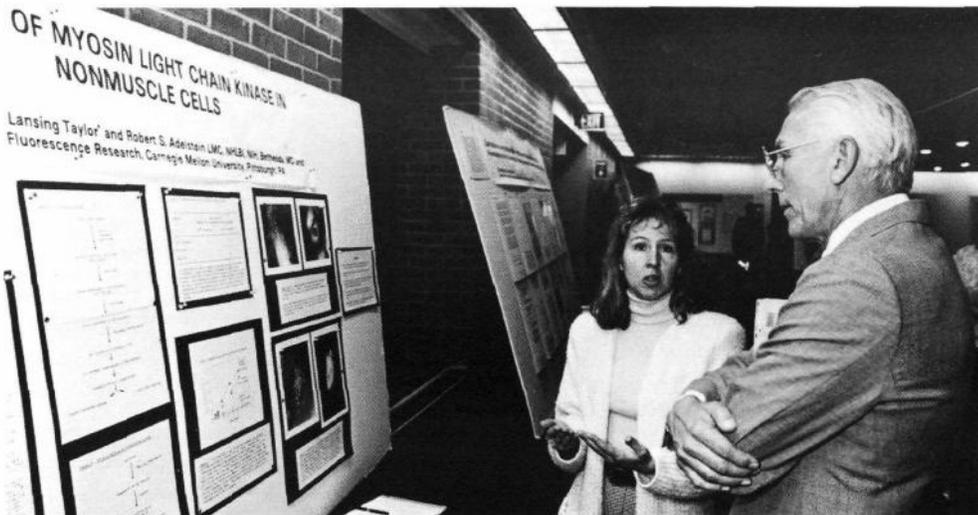
### VAX Computers Access Internet

The DCRT Computer Center Branch has installed new software that enables certain NIH VAX computers to communicate with computers on the Internet. The Internet is a nationwide network comprised of computers at many research institutions, all of which communicate with each other using a common family of protocols referred to as TCP/IP.

The new DECnet-Internet Gateway software provides an easy method for VAX computers to exchange electronic mail with colleagues on the Internet, BITNET (including the NIH IBM System/370 and DECsystem-10), and other networks. Remote logins, file access, and file transfer with Internet hosts are also supported.

Approximately 30 computers on the NIH campus currently can use the DECnet-Internet Gateway. To use the gateway, a computer must be able to communicate using Digital Equipment Corp.'s DECnet protocols.

VAX system managers who want access to Internet through the gateway should contact Ramon Tate, 492-2962, to discuss the necessary technical and administrative requirements. For additional information see the May 15, 1989 issue of the Computer Center Branch's technical publication *Interface*. □



*This year's Pharmacology Research Associate (PRAT) Program seminar featured a lecture on the interactions of the drug cyclosporin and a cell protein called cyclophilin given by the protein's discoverer, Dr. Robert E. Handschumacher of Yale University. Afterward, the audience viewed posters assembled by current PRAT postdoctoral fellows. Here, Handschumacher discusses the role of myosin light chain kinase in nonmuscle cells with PRAT fellow Dr. Trudy Cornwell, who is working in the NHLBI Laboratory of Molecular Cardiology. The PRAT program is sponsored by NIGMS.*

### Getting the AIDS Story Out

The war to conquer AIDS isn't being fought just in medical laboratories. Another battle line consists of NIH information offices, responsible for disseminating accurate reports while calming public anxieties.

The AIDS crisis shows no sign of abating. Instead, it promises to keep the telephones buzzing like hotlines.

On June 21, the NIH Science Writers Guild will host a special hour-long session, "How NIH Information Officers Handle AIDS Issues." Information officers from NIAID, NCI and the OD's Office of AIDS Research will discuss their tactics for coping with the ever-changing and highly sensitive issue of AIDS.

Anyone interested is invited to attend at 11:30 a.m., Bldg. 31, Conf. Rm. 10. For more information, call Bobbi Bennett (496-1766) or Louise Williams (496-5924). □

### Cannoli Sale at Westwood

Due to the overwhelming interest and response at the first Westwood Bldg. cannoli sale, the NIH Lodge of the Order Sons of Italy in America will sponsor another cannoli sale on June 15.

The second offering of these delicious Italian pastries will be held from 11:30 a.m. to 1:30 p.m., or until supplies last, in Rm. 428. Proceeds will be used for lodge activities. Membership in the NIH Lodge is open to all employees and their families and friends. For more information contact Nina Baccanari, 496-0754. □

### Workshop on Ethics in Research

A 2-day workshop on Aug. 16–17 addressing the many ethical issues that should be considered in biomedical and behavioral research is being sponsored by NIH's Office for Protection from Research Risks (OPRR).

The workshop is open to everyone with an interest in research as well as all NIH personnel that are involved in the development of research protocols, the review of research proposals and applications, the awarding of NIH research funds, and the evaluation of research. The workshop will be held at Lister Hill Auditorium, Bldg. 38A.

The workshop will convene on the morning of Aug. 16 with an historic overview of ethics in research. On Aug. 17, the workshop will continue until 2:30 p.m.

Since seating is limited, advanced registration is required. For registration information, contact Darlene Marie Ross, education program coordinator, OPRR, 496-8101. For further information about the program, contact Dr. Charles R. MacKay, director, Division of Program Development and Evaluation, OPRR, or Levi C. Carter, chief, Education Staff, 496-8101. □

### Camp Fantastic Barbecue

June 20 is the date for the annual Camp Fantastic Barbecue at NIH. In its 7th year, the barbecue features delicious food, music from the band "Streetlife," clowns, raffle prizes and plenty of fun! The event is held behind the Clinical Center from 11:30 a.m. to 2 p.m. Tickets are \$5 and can be purchased from any R&W Gift Shop. □

## The More Models, the Merrier, Consensus Panel Decides

Research animals are indispensable for the progress of human and veterinary medicine and the maintenance of human and animal health. But progress in the war against diseases also depends upon a steady flow of insights from research based on a variety and often on a combination of models, a panel of scientists agreed at a recent NIH consensus conference.

The panel urged greater effort by scientists to show the public that animal research is essential, "responding with the truth about animals in research to the misinformation and disinformation that has been so widely distributed." It also recommended that NIH and other biomedical research agencies collaboratively "seek new means and create new programs to encourage theoretical biology, to support new collaborations and new models, and to catalyze their application to the attack upon disease."

The conference, "Modeling in Biomedical Research: An Assessment of Current and Potential Approaches," was sponsored by DRR, DRS and the Office for Medical Applications of Research as part of NIH's continuing evaluation of animal and nonanimal models. The organizing committee's members were Dr. Richard S. Chadwick (DRS), Dr. James D. Willett (DRR), Dr. Louise Ramm (DRR) and Linda Blankenbaker (OMAR). The panel was chaired by Dr. Gordon Sato, director of the W. Alton Jones Cell Center in Lake Placid, N.Y.

The conference panel reviewed 16 presentations on the use of various modeling systems in research on cardiovascular/pulmonary dysfunction and diabetes. Overviews of modeling in these two groups of diseases were presented, respectively, by Dr. Julien I.E. Hoffman, University of California at San Francisco, and Dr. Jesse Roth, NIDDK.

The panel's assessment discussed strengths and limitations of each modeling system: mathematical, computer and physical models; nonmammalian animal models; cell, tissue and organ culture models; and mammalian models.

The role of modeling in studies of cardiovascular/pulmonary dysfunction and diabetes provided the basis for more general conclusions and recommendations on modeling throughout biomedical research.

The panel's main conclusion was that "biomedical research will be most effectively advanced by the continued application of a combination of models—mathematical, computer, physical, cell and tissue culture, and animal—in a complementary and interactive manner, rather than by concentrating on any one or a few kinds of model system."

Modeling systems other than higher animals will not generally provide "alternatives" to mammalian experimentation, the panel said, but will provide "new insights and opportunities, undreamed of earlier, for the alleviation of human suffering caused by disease."

The panel summarized strengths of particular model systems as follows.

**Mathematical, Computer and Physical Models:** Codify facts and help confirm or reject hypotheses about complex systems; reveal contradictions or incompleteness of data and hypotheses; can often allow prediction of system performance under untested or presently untestable conditions; may predict untestable conditions; may predict the values of experimentally inaccessible variables; may suggest the existence of new phenomena.

**Nonmammalian Models:** May be more readily available and less expensive than mammals; their tissues may be more accessible and may lend themselves more easily to microscopic observation, dissection and laboratory handling.

**Culture Models:** Can be maintained in a defined, controlled environment; may retain the differentiated functions that existed in the whole body system; provide a rapid and less expensive means of evaluating physical and chemical agents; have allowed the discovery of information that would not have been possible in complex systems.

**Mammalian Models:** Humans are mammals; mammalian models can often be found in which disease development and response to therapy are similar to those in humans; mammalian models provide standardized and federally mandated methods of testing safety as well of efficiency of new drugs before they are released for human clinical trials; they offer the only reliable testing for complex prostheses or intervention in which the collective response of the whole system is important.

Limitations of each modeling system were also listed in the summary statement.

Copies of the panel's summary statement are available from Susan Wallace, Prospect Associates (468-6555). In addition to the panel's conclusions and recommendations, the statement includes discussion of a number of cases of modeling in cardiovascular/pulmonary dysfunction and diabetes, showing the varying roles of specific model systems. A limited supply of the conference abstract books is also available from Prospect Associates. □

### Hyperactive Boys Recruited

The Child Psychiatry Branch at NIMH is recruiting boys between the ages of 6 and 12 who have attention deficit hyperactivity disorder (ADHD), and are nonresponders to previous use of stimulant medications, or who have ADHD and mental retardation with an IQ of 50 or above, to participate in a treatment-research study involving stimulant medications. Please call Dr. Josephine Elia, 496-1891 or 496-0851. □



The NIH Health's Angels Running Club captured first place in a field of more than 100 teams representing most federal agencies at a run that kicked off National Physical Fitness Month (May). The champions from NIH are (from l) Tom Roach, Annemarie Jutel, Alison Wichman, Anne Burkhardt, Jerry Moore and Bill Pitlick. Presenting a plaque to the winners is John Franke, assistant secretary for administration of the Department of Agriculture.