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.

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."

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."

Back on Track

NIH Nursing Growing Strong in Wake of Shortage

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.

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
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 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 □

The NIH Record
Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated to nonemployees by subscription only through the Government Printing Office. The content is reprinted without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 1989.

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The NIH Record reserves the right to make corrections, changes, or deletions in column length in conformity with the policies of the paper and HHS.

Demonstration of NeXT Machine

The Biomedical Research Macintosh Users' 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. □
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 left) Milton Whittington, Lowell Coates and Marion Grabowski.

Savings Bond Fever Spreads Across Campus

Well, it's that time of year again—when Savings Bond fever is about to become widespread. NIHers 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 her 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 NIDR 3/31/1
Dorothy Costinett NIAID 3/7/19
Beatrice McKinley NINDS 3/8/46
Rene Smithers DCRT 12/30/27
Christine Pennella NHLBI FED/508
Sharri Neberling FIC 3/6/64
Patricia Bailey DRG WW/436
Donna Baker NLM 3/8/A11
Churchman Napper NEI 3/6/A1
Robert Willcoxon NIGMS WW/9A09
Joel Hedetneimi NICHD 3/2/A03
Joyce May NIHDK WW/655
Ludlow McKay NIHDK WW/606
Doris Isles NIEHS
Ada Hungerford DRR WW/8A04
Dr. Laura James NCRN 3/1/6B09
Judy Crockett NIA 3/1/2C06
Dr. Jan Antoine NICI EPN/800
James Stoneman NICI EPN/800
Marsha Hennings NIAAMS 3/14C27
Warren Moyer CC 10/2C14
June Thornton DRSS 12/4/O58
Linda King DCPC 3/10A30
Dr. C. Michael Kerwin DEA WW/805
Catherine Finn DCE EPN/539
Mary Stinson DCBD 3/13A06

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

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.

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."

McKoon, 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.

McKoon'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.

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 standardization 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 minicomputer 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.
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 delinquent 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 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."

**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.

Depending 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
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.

Whatever 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 excursions in the Caribbean every other year.

Which may leave NIH with an apt metaphor for his legacy: No matter how rough the sailing gets, 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 293-0972 weekdays between 9 a.m. and 12 noon, Uniformed Services University of the Health Sciences.
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.”

Marica Farahpour
Supervisory Grants Technical Assistant
Referral and Review Branch

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

Division of Research Services

Elise Cerutti
Supervisory Librarian
Library Branch

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

Bety 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

“For his creative contribution 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 Institute on Aging

“For creative and effective leadership in implementing the Federal Technology Transfer Act and Establishing the NCI Office of Technology Development.”

National Eye Institute

Dr. Catherine Henley
Health Scientist Administrator
Extramural & Collaborative Program

“In recognition of exceptional responsibilities 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

“For recognition of superior leadership in the development of basic, applied, and clinical Federal grant and contract programs in the Structure and Function Branch.”

National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases

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 of Allergy and Infectious Diseases

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.”

Maryann R. Guerra
Administrative Officer
Office of the Scientific Director

“For major contributions to understanding the pathogenetic interactions between chlamydiae and their animal hosts.”

National Institute of Dental Research

Dr. Cather ine Henley
Health Scientist Administrator
Extramural & Collaborative Program

“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

“National Institutes of Health Office of the Director

“For recognition of exceptional leadership, initiative and judgment in the development and management of the Acquired Immunodeficiency Syndrome Program, NIAID.”

Gary E. Thompson
Grants Management Officer
Grants Management Branch

“In recognition of exceptional leadership, initiative and judgment 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 statistical theory and methods 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."

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. Fedyyna
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."

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OUTSTANDING SERVICE MEDALS

Division of Research Services

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 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 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 bioscience 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. Volk
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."

Division 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 prevention and treatment of infection with the human immunodeficiency virus."

Division of Clinical and Laboratory Immunology and Pathology

Dr. Jeffrey A. Perlman
Medical Officer
Chief, Contraceptive Evaluation Branch

"For exceptional leadership in organizing and directing a program for testing contraceptives for prevention of transmission of human immunodeficiency virus."

National Institute of Child Health and Human Development

Dr. Clifton B. 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 the development of diabetes."

National Institute of Diabetes and Digestive and Kidney Diseases

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 Biology, 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 Orlow 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 Parkland 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:

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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 Tare, 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. Afterwards, 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 NIH, 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, advance 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 “Streetside,” 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 non-animal 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 L.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; non-mammalian 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 modeling 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.

Non-mammalian 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 as 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.

Hypercactive 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, Antoaneta Juel, Alison Workman, Anne Burkhard, Jerry Moore and Bill Pitlick. Presenting a plaque to the winners is John Franke, assistant secretary for administration of the Department of Agriculture.