

"The Second Best Thing About Payday"

# The NIH Record

## Hiring Workers With Disabilities

### Marriott Teaches NIH How To Keep Its Workforce Able

By Rich McManus

Many of us think of NIH as one big company in which communication channels are well-defined and policy is matter of fact. The truth, however, is that NIH is more like the United Nations than United Airlines. Not only isn't there one corporate voice, but also, in many respects, there is no common language.

The issue that makes this obvious is NIH's approach to hiring employees with disabilities. Despite much good will and intentions, NIH has not had a coordinated approach to tapping this emerging segment of the labor market and there is a general feeling that we need to do better.

All that may change soon, however, when directors of all institutes, centers and divisions at NIH meet Thursday, Apr. 5 with executives of Marriott Corporation to learn how that company has pioneered among American businesses in putting willing and talented people with disabilities to work.

So effective has Marriott become in employing this pool of workers that it has established the Marriott Foundation for People with Disabilities to help promote the employment of graduating seniors with disabilities coming from Montgomery County Public Schools.

The foundation has established a pilot program to develop 4-6 month work internships in major companies in Montgomery County. NIH agreed to participate in the program. NHLBI has volunteered to be the lead institute, and on Mar. 12 hired two high school seniors with disabilities for the pilot program.

It has often been up to the good will of individuals at NIH to consider disabled people as potential workers. One of them, Marie Willett of NHLBI, followed up Marriott's offer and prepared job descriptions that the company then matched with qualified interns. She also took the special course Marriott offers to those who will be supervising disabled workers. The two seniors with disabilities joined her this month in NHLBI's Grants Operations Branch, working in its processing section.

Marriott Corporation employs some 6,000 people with disabilities and is recognized as a forward-thinking, progressive company. Through its Marriott Foundation for People with Disabilities, it is offering to mediate the relationship between employer and disabled job seeker.

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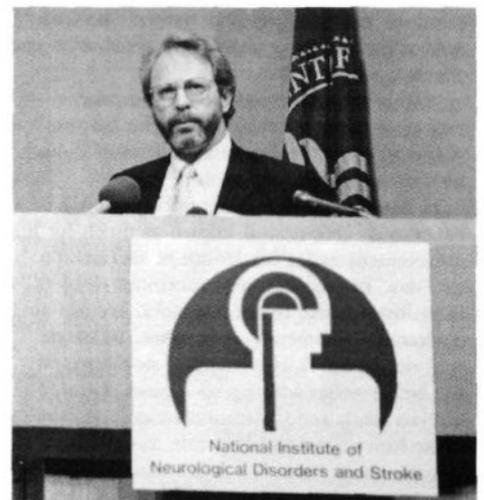
## NINDS Trial Shows Treatment Prevents Stroke in Those With Heart Condition

By Frances Taylor

An aspirin a day or treatment with a blood-thinning drug cuts stroke risk by 80 percent in people with a common heart ailment, according to preliminary results of a clinical trial funded by the National Institute of Neurological Disorders and Stroke.

The study is the largest clinical trial to test stroke prevention in people with atrial fibrillation, an irregular beating of the heart. Without treatment, the more than 1 million Americans with atrial fibrillation have five to six times the normal risk of stroke.

Prompted by the striking results, scientists



NINDS grantee Dr. David Sherman, a neurologist of the University of Texas at San Antonio, reports on stroke risk reduction at a recent press conference.

## Friends and Coworkers Celebrate

### Roskey Jennings Marks 60-Year Anniversary at NIH

By Anne Barber

Working at NIH for 60 years is definitely a milestone in the life of Roskey Jennings. It is also an historical event for NIH. According to Dr. Anthony S. Fauci, director, NIAID, the institute where Jennings has worked for the past 60 years, "Jennings has the longest length of service, not only at NIH, but also at the HHS level."

A celebration was held in Jennings' honor on Mar. 22 in Bldg. 1's Wilson Hall, where many friends and coworkers came by to offer their congratulations. Some people came because they wanted to meet the man making history. Adriene Sellman of NIAID's Laboratory of Parasitic Diseases was one of those persons. "Anyone working for the federal government for 60 years, I wanted to meet. He is history."

Jennings is indeed history. Turning 81 years old this August, he continues to work a full day's schedule, arriving at 3 a.m. each workday. He works in NIAID's Laboratory of



Roskey Jennings (l) receives congratulations from Dr. William F. Raub, acting NIH director, on his 60-year anniversary. Jennings' nearest competitor, in terms of seniority, has 43 years of service.

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halted part of the nationwide trial early to place all 1,244 research patients on daily therapy with aspirin or warfarin, a drug that reduces the blood's tendency to clot. Previously, some of the patients had been taking an inactive pill, or placebo.

Although stroke is the nation's third leading cause of death, said NINDS director Dr. Murray Goldstein, clinical trials have been a "rarity" until recently. "There was a misconception that nothing could be done to prevent or treat stroke," Goldstein explained. "Studies like this trial are proving how wrong that was. They are yielding results that can help patients—either to prevent stroke or to lessen its damage to that precious organ, the brain."

Scientists leading the prevention trial said they expect the results, published in the Mar. 22 issue of the *New England Journal of Medi-*

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## JENNINGS

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Viral Diseases (LVD) where he is responsible for sterilizing glassware used in experiments and provides technical support to the scientists.

Dr. Bernard Moss, chief of LVD, said: "When Jennings began, he signed a contract for 3 months that said not to exceed 90 days. He has far exceeded 90 days. Everyday, he puts in all he can. He usually comes in at 3 a.m. so he can have all the glassware ready for the scientists when they come in. Today, he came in at 1 a.m. so he could get his work done and be able to attend his own party. This illustrates his enthusiasm and what kind of a person he is.

"Not only does he do his own work, but other people's as well," continued Moss. "For example, once during a snowstorm, he took care of the monkeys in Bldg. 5 because no one else was here to do it.

"He is a sincere, dedicated government employee loved by everyone in the lab. He still does his job extremely well, even though he will soon be 81 years old."

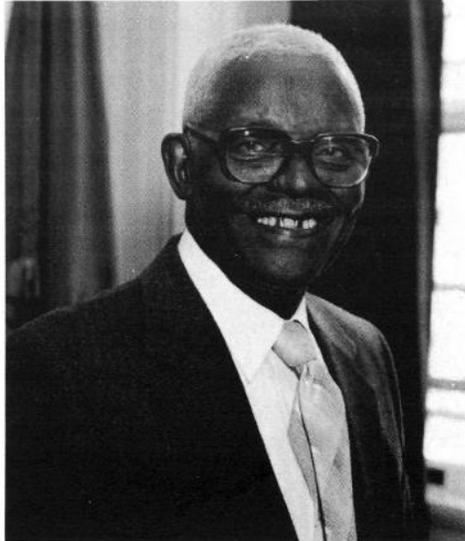
In paying his compliments to Jennings, Fauci said: "He is well-known as much for his achievement as for his length of service. To this day, he has been and continues to be of incredible service to the institute. He has an outstanding history of attendance. Someone told me he has 4,100 hours of sick leave on the books—that adds up to 2 years of pay.

"His work and dedication to assigned duties make him an outstanding role model and an inspiration to NIAID," continued Fauci. "Jennings is a true treasure to our institute with his constant high quality of work. I've heard it said he likes working here. I hope he really likes it here at NIAID because we like him too. In fact, we love him!"

As Jennings was opening the gift presented as a remembrance of his anniversary, Moss teased that it was a large alarm clock. It turned out to be a portable TV set. Jennings was surprised and said, "This is good for an old man. I'm sure I'll be using this for many years."

His many coworkers, past and present, had kind remarks about Jennings. For example, Mike Radonovich, now with NCI, worked with Jennings 10 years ago. "I met him in 1970 and worked with him until 1983. He is a terrific guy, hardworking and comes in early in the morning. He is in terrific shape, very good condition. He can still palm the floor (bending at the waist)."

Gene Cowgill, who works for the audiovisual section in Bldg. 31, first met Jennings in 1963 in Bldg. 5. "I've known him for 27 years," he says. "A remarkable person. Even though I left Bldg. 5 more than 17 years



Roskey Jennings

ago, he hasn't changed a bit. A great guy."

Ira Robinson, who works for NIAID in Bldg. 7, has known Jennings for 30 years. "He is about the greatest man I've ever known. He's like a father to me. In fact, I treat him like one. I met him in 1961 and from that day on, we have been the best of friends."

Aretina Perry, who works in the same laboratory as Jennings but in purchasing, said, "I usually see him in transit, but he speaks to everyone—a nice gentleman."

Pat Stewart, administrative officer for Bldg. 4, says, "I see him everyday. A kind, caring person. Always in a good mood. Always says hello. Very personable. Bldg. 4 wouldn't be the same without him."

A former coworker, Clyde Tapp, has known Jennings for 22½ years. "Although I've been downtown for the past 7 years," he says, "I just had to come back and see him. We never had an argument and he always offered to go get lunches for everybody. You don't forget anybody like that who is so considerate of other people."

Betty V. Day, his niece, says: "This is his family here. All he talks about is his life here at NIH. He looks forward to his job. His memory and reflexes are better than some young ones I know today. He is happy working at NIH and still continues to drive himself to work."

A friend of the family, Jerry Tyler Sr., came to share in this special occasion: "I've known him for about 12 years and he is one terrific guy." Tyler doesn't work at NIH, but many years ago, while working for a security firm, he looked after NIH. "This is the first time I've been here in 35 years. A lot of changes have taken place since then."

It seems that every morning at around 7:30 in Bldg. 1's cafeteria, members of a

breakfast club get together before starting the day. "For some it is breakfast, for Jennings it is lunch," says Dr. William F. Raub, NIH's acting director, who sometimes joins the group.

Regular group members include Storm Whaley, Helen Stafford, Pat Romans, Al Gam, Pat Carmichael, Ira Robinson and Gerri Carter. Says Robinson: "For years, we've been doing this. It's a nice way to start the day. We push several tables together. It is a lively table with lots of laughter."

Members of the breakfast group formed a quartet and sang songs for Jennings that were popular on the day he started working at NIH, Mar. 25, 1930. The songs were: *Embraceable You*, *Beyond the Blue Horizon* and *I Got Rhythm*.

Raub had this to say about Jennings: "He exemplifies the ultimate government employee. He is a compliment to NIH with his dedication and hard work. He has always kept his eye on the ball as to what is important. If the rest of us did half as well, this place would be terrific."

As for Jennings, he says, "I'm not leaving NIH unless they make me. And I thank God for all my friends." □

## The NIH Record

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## Deputy Director Bick Leaves NIH for Private Post

Dr. Katherine L. Bick, NIH deputy director for extramural research, is leaving the NIH after serving in various capacities during the past 14 years. She will be joining the Florence, Italy-based Studio Multicentrico Italiano Sulla Demenza, as its United States representative.

Bick joined the National Institute of Neurological and Communicative Disorders and Stroke as a health scientist administrator in the neurological disorders program in 1976. Her administrative abilities in developing and managing programs in the area of neurological disorders brought to her greater responsibilities, culminating in the position of deputy director of that institute from 1983 to 1987.

In 1987, Bick became NIH deputy director for extramural research. During that time, she has guided the expanding role of the Office of Extramural Research in developing unified NIH-wide extramural policies and procedures and has implemented new initiatives for enhancing participation of applicants and institutions in NIH extramural programs. At the same time, she has maintained her scientific activities as an internationally recognized leader in the neurosciences, particularly research initiatives related to Alzheimer's disease.

Bick has been a most effective leader of extramural programs since assuming her position in the Office of the Director. Although she has been in this office for only 3 years, they have been very active years.

Under her leadership, the OER has been reorganized to include the Office for Protection from Research Risks; the congressionally mandated expedited review of AIDS applications/proposals has been effectively implemented; she has supervised the implementation of the Florida Demonstration Project, which has been expanded to the Federal Demonstration Project, intended to simplify and streamline administrative procedures to enhance research productivity.

With Bick's guidance, the stipends for National Research Service Awards have been increased to more realistic levels as an effort to improve recruitment and retention of promising young investigators. She has played a major role in initiating efforts to attract minorities to research, a prime example of which is the minority supplements to research grants. A number of other new programs are under development and are reaching all educational levels down to high schools.

Bick has initiated efforts to assist another underrepresented minority, the disabled, to enter the research arena. She was most active



Dr. Katherine L. Bick

in the establishment of procedures for expediting the investigation and resolution of cases of scientific misconduct, which evolved into the Office of Scientific Integrity and the Office of Scientific Integrity Review. She has also provided the substantial groundwork for the department's efforts to address conflict of interest issues.

Bick's unique managerial abilities have enabled her to accomplish these and numerous other initiatives in a prompt and efficient manner. Her considerable talents and radiant smile will be sorely missed at the NIH.

Among Bick's many honors are the Meritorious Executive Rank Award, Senior Executive Service (1989), the PHS Superior Service Award (1986), Senior Executive Service Bonus Award for Performance (1984, 1985 and 1986), the NINCDs Special Achievement Award (1981 and 1983) and the NIH Director's Award (1977).—Ann Padgett □

## Hear What's Said With Infrared

A seldom-used but convenient service is available to hearing-impaired visitors and employees who attend meetings in the Clinical Center's Masur Auditorium or Bldg. 1's Wilson Hall: Both conference rooms are equipped with an infrared system, which floods the seating areas with invisible, harmless light rays that transmit sound. Listeners use headsets obtained from the audiovisual unit to receive the sound. Certain personal hearing aids with the "T" (telephone) switch may also pick up the transmission. To arrange to use this service, call the audiovisual support unit, 496-5702. □

## Extramural Grants Workshop Planned

A workshop on extramural programs and grant support, designed to help postdoctoral fellows understand the research grant process, will be held in Lister Hill Auditorium, Bldg. 38A, on Friday, May 25, from 8:30 a.m. to 5 p.m.

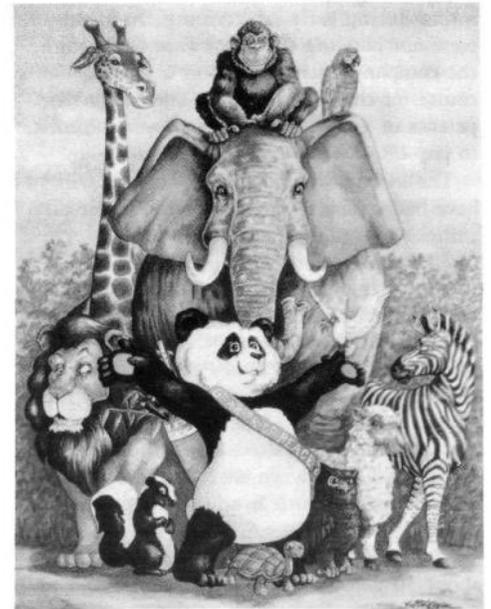
The workshop, sponsored by the National Institute of General Medical Sciences, is intended for intramural postdoctoral fellows, staff fellows, clinical associates and research associates who will be leaving NIH during the next year. Others will be considered for participation if space allows.

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

Small group discussions for answering individual questions will be led by experienced staff people from several institutes and the Division of Research Grants.

Application forms are available from intramural laboratory and branch chiefs. Applications must be returned by Apr. 20 and should be sent to Extramural Workshop, Westwood Bldg., Rm. 904.

For additional details, call Dr. Marion Zatz, 496-0334, or Dr. Yvonne Maddox, 496-7001. □



An official mascot of Earth Day 1990 (Apr. 22) is "Pye Panda, Bear-er of Peace." Pye will visit NIH on the morning of Apr. 18, from 9 to 11, stopping to see children in the Clinical Center and paw-sing for photo opportunities. Bring a camera that day and hail this ambassador of world peace.

## MARRIOTT

(Continued from Page 1)

"Marriott is making it very easy to make a match," said Dr. Ronald G. Geller, director of the Division of Extramural Affairs, NHLBI, and chair of the subcommittee on recruitment and employment of the NIH committee for employees with disabilities (CED).

The company establishes "supported employer" internships for some of the 800 special education students who graduate from Montgomery County Public Schools each year.

The game goes this way: the employer identifies positions available for internship periods of 4-6 months and decides what skills are needed for the posts. Marriott, with the help of the county and a company called Transcen Inc., does its own inventory of students' skills, matching job requirements provided by the company to intern abilities. Going a step further, Marriott assigns an "employer representative" who helps identify internship possibilities and coordinates evaluation of the candidates. The employing office gets to interview all applicants and makes the final decision on hiring.

"No one is forced to take someone they don't want," assured Geller.

Marriott also offers to train supervisors and prospective coworkers about what to expect, and will even send a counselor along with the intern during early job training. As if this were not bending over backward far enough, the company offers to support a training course for the student intern and his or her parents or guardians. The employer commits to pay the intern a salary.

The interns will be ages 18-21 and will have had a job experience already. Their disabilities will range from mild learning problems to severely disabled.

NIH acting director Dr. William Raub has invited Richard Marriott to introduce this program to ICD directors at NIH. Companies across Montgomery County are also getting on the bandwagon. The reasons are simple: the labor market is shrinking dramatically (due mainly to declining birth rates throughout the 1970s) at a time when there are many willing and able people with handicaps who are jobless.

The last United States Census showed that about 10 percent of the population is considered disabled. Two-thirds of the estimated 12 million employable adults with disabilities would like to hold jobs but can't find them, according to a recent Harris poll.

A 1987 Harris poll also found that nearly 90 percent of workers with disabilities received "good" or "excellent" performance

ratings from their managers. According to a Marriott report, "Managers also felt that employees with disabilities did their jobs as well as—or better than—other employees in similar jobs, and that these workers were no harder to supervise than other employees."

In 1981, the "DuPont Survey of Employment of the Handicapped" found that employees with disabilities were ranked by their supervisors higher on safety issues than their nondisabled peers.

For these and many other reasons, employers are looking to handicapped workers as never before. It may be a sign of the times that, in a recent speech, President Bush said, "I'm going to do whatever it takes to make sure the disabled are included in the mainstream . . . They're not going to be left out anymore."

Geller said that the internship program will sensitize employers to the availability of qualified people with disabilities as potential employees. The long-term objective of the Marriott Foundation, however, is to help people with disabilities find permanent employment.

Before the Marriott program, the CED had discussed a similar "matching" program for disabled adults with the Centers for the Handicapped and the Association of Retarded Citizens of Montgomery County. NIH has no specific recruitment program for individuals with disabilities.

"There has been a shift in the view of classical employment," said Geller. "By the year 2000, minorities, women and disabled people will be a major new part of the labor force. There will be more job sharing and job restructuring as a result of this new reality."

Another major shift will be away from the concept of hiring disabled people only for stereotypical jobs.

"The concept of identifying a job to be filled by a disabled person is becoming unacceptable," Geller explained. "The new approach is to look first at the job elements and then consider individuals from a pool of people with disabilities who were not previously considered."

"The Marriott program is the first step in heightening awareness about this other pool of potential workers out there," Geller observed.

He urged all to consider the benefits of a Marriott-style program at NIH. "People could find that it meets their needs in a way they never perceived." □

## USUHS Seeks Male Volunteers

The Department of Medical Psychology, USUHS, is seeking healthy males, ages 18 to 40, with at least 12 years of education for a study of human thought processes.

Volunteers will be paid \$20 for a 90-minute session. For further information, contact Yavin Shaham, 365-8726 or 295-3263. □



NIH has a lot of shoes to fill! Job seekers are welcome at the NIH Job Fair on May 5 from 10 a.m. until 4 p.m. A large tent will be constructed near the Medical Center Metro station for the event. Nursing, administrative, clerical, library, professional and trade positions will be available, some on a "direct hire" basis. Applicants should bring their resume or SF-171. For information call 496-0471.

## Promising Osteoporosis Treatment Found Ineffective

By Constance Raab

Sodium fluoride, once thought to be an answer for treating the bone weakening disease osteoporosis, does not effectively reduce vertebral (spinal) fractures and can have significant side effects, according to two randomized, controlled clinical trials funded by NIAMS. Sodium fluoride is known to increase bone density in the spine, and hopes have been high that it would therefore reduce spinal fractures.

The clinical trials were led by Dr. B. Lawrence Riggs of the Mayo Clinic and Mayo Foundation and Dr. Michael Kleerekoper of the Henry Ford Hospital, Detroit. Both long-term studies compared the effectiveness of sodium fluoride to placebo in reducing fractures of the spinal vertebrae in postmenopausal women with osteoporosis.

"These negative results for an agent that is in widespread use for osteoporosis worldwide demonstrate the great importance of carrying out carefully controlled clinical trials," says Dr. Lawrence E. Shulman, NIAMS director.

At least 24 million women in the United States are estimated to have osteoporosis, according to the National Osteoporosis Foundation. It is a major cause of bone fractures in postmenopausal women and older persons in general.

Current measures for the disease—estrogen replacement therapy and calcitonin—work by preventing further loss of bone, thus keeping the bones from getting weaker. Sodium fluoride has the capacity to increase bone mass in the spine. However, some studies have suggested that the new bone formed is structurally abnormal and less strong than bone formed normally. In addition, side effects occur. For these reasons, the agent has not been approved by the Food and Drug Administration for treating osteoporosis.

NIAMS staff initiated the clinical trials in the early 1980s to examine the issues of efficacy and safety of sodium fluoride in the treatment of osteoporosis. The trials studied women who were past the menopause and who had experienced one or more vertebral fractures due to osteoporosis. At both the Mayo Clinic and the Henry Ford Hospital, women were randomly assigned to one of two groups to receive either sodium fluoride, 75 mg/day (roughly 30 times the amount of fluoride in a normal day's consumption of fluoridated water) or the equivalent amount of placebo. All patients received 1,500 mg/day of calcium to provide adequate intake of this mineral, essential to bone formation.

The Mayo Clinic investigators enrolled 202 women, 135 of whom completed the full 4

years of study. The Henry Ford Hospital study involved 84 women and had a median followup of 2½ years. All women were evaluated at the beginning and at 6-month intervals for the length of the trials. None of the patients or the study personnel were told which individual patients were in the placebo or the treatment group.

The Mayo Clinic investigators found a 35 percent increase in spinal bone density in the fluoride-treated group compared to the placebo group. Both the Mayo and the Henry Ford investigators did not, however, find a significant decrease in spinal fractures in the women on fluoride compared to those on placebo. This suggests that the newly formed bone was not as strong as normal bone. In addition, the Mayo Clinic researchers found more nonvertebral fractures in the fluoride-treated group. This difference was statistically significant for incomplete (stress) fractures. Moreover, the studies found fluoride to be associated with significant other side effects such as gastrointestinal symptoms and leg pain.

"The inescapable conclusion... is that sodium fluoride in the dosage used is not an effective or safe treatment for postmenopausal osteoporosis," says Dr. Robert Lindsay of the Helen Hayes Hospital, West Haverstraw, N.Y., in an editorial accompanying the Mayo Clinic paper.

All three researchers caution, however, that it is too early to close the door on sodium fluoride for treating osteoporosis. Says Kleerekoper, "It would be premature to conclude there is no potential role of sodium fluoride in the treatment of osteoporosis, since there is no other agent that progressively increases bone mass."

Basic studies of the mechanism of action of fluoride on bone cells, as well as additional clinical studies of fluoride alone or in combination with another agent may demonstrate the way to use fluoride effectively. Says Riggs, however, "Advocates of other fluoride regimens should document efficacy by randomized controlled trials evaluating fracture rate." Until such time, says Lindsay, "It is difficult to recommend the continued use of fluoride in clinical practice."

"The best approach to osteoporosis is a preventive one," says NIAMS' Shulman. "If girls and young women can learn the good habits of adequate daily calcium and physical activity to build up their bone mass early in life, the prevalence of osteoporosis may decline." □

## DeBakey To Give 1990 Leiter Lecture

The 1990 Joseph Leiter Lecture will be presented by Dr. Michael E. DeBakey, chancellor of Baylor College of Medicine in Houston, on Apr. 20 from 3 to 4 p.m. in NLM's Lister Hill Center Auditorium. DeBakey's lecture is titled, "The National Library of Medicine: Evolution of a Premier Information Center."

DeBakey is an internationally known surgeon and was chairman of the 1965 President's Commission on Heart Disease,



The photo above, which also appeared on the cover of NLM's Outreach Panel report Improving Health Professionals' Access to Information, shows panel chairman Dr. Michael E. DeBakey (c) at work.

Cancer and Stroke. One of the commission's recommendations was that NLM be authorized and adequately funded to strengthen the medical library system in the nation. The Medical Library Assistance Act resulted from these recommendations. DeBakey, an articulate spokesman for improved medical information services, more recently headed an NLM Board of Regents planning panel on outreach.

The Joseph Leiter Lectureship was established in 1983 to honor Dr. Joseph Leiter, who for 18 years was associate director of NLM's Library Operations Division. Leiter retired in 1983 after a federal service career of 50 years.

The lectures are intended to stimulate intellectual dialogue on subjects related to biomedical communications. Speakers are selected by a joint NLM/Medical Library Association (MLA) committee. Annual presentations are held alternately at NLM and at MLA annual meetings. □

## Volunteers Needed for Study

The Laboratory of Neurosciences at the National Institute on Aging is conducting a study of depression in adults age 45 and older. The study does not involve drug treatment. Individuals who are depressed and want to participate in this study may contact NIA at 496-4754 for more information, Monday through Friday, 9 a.m. to 5 p.m. □

## Gerber Wins GEICO Public Service Award

Dr. Naomi Lynn Gerber, chief of the Clinical Center's department of rehabilitation medicine, recently won the Government Employees Insurance Company's 1989 Public Service Award in the field of physical rehabilitation. GEICO presents five public service awards annually to federal employees who have made important contributions in various fields—substance abuse prevention and treatment, fire prevention and safety, traffic safety and accident prevention, and physical rehabilitation.

Gerber and her colleagues developed a comprehensive management program for infants and children with osteogenesis imperfecta (brittle bone disease). The team devised a bracing technique that permits the children to walk whose brittle bones would otherwise fracture. The brace developed by Gerber allows the children to participate in mainstream education and, at the same time,



Dr. Lynn Gerber (l), chief of the department of rehabilitation medicine, CC, receives the 1989 GEICO Public Service Award from Dr. Audrey Manley, DHHS deputy assistant secretary for health, at a ceremony held Mar. 5. Along with the plaque, Gerber received an award of \$2,500.

improve the strength and durability of their bones and muscles, reversing the progress of the disease.

Gerber serves as medical advisor to the Osteogenesis Imperfecta Foundation and has developed an advocacy group for patients with this disease to help promote mainstreaming of handicapped children into public schools. This includes educating school officials about what services are needed for the safety and development of such children. Her efforts have enabled children to enter the normal school programs with minimal costs to the public school system.

Interested also in the treatment of arthritis, Gerber developed a program at NIH to provide comprehensive rehabilitative treatment to arthritis patients. Along with staff, she has written a training manual on managing

arthritis patients. She provides counseling and presents workshops to medical and other health care personnel interested in the latest advances in rehabilitation. As president of the Council on Rehabilitation Rheumatology of the American Rheumatism Association, Gerber is developing a handbook for physicians in the specialty of rheumatology to expose them to the principles and practices of rehabilitation as they apply to arthritis patients.

Gerber is also conducting research in the area of biomechanics—the study of how bones and joints work. She is seeking to determine why some types of braces are effective and some are not. "We're trying to take rehabilitation out of the Dark Ages and into the era of technology," she says. □

## 13th Anniversary NIH Relay Set For May 16, Bldg. 1

The NIH Health's Angels running club has scheduled the 13th running of the Institutes Challenge Relay for May 16.

The Allen Lewis NIH Memorial Trophy will be inscribed with the winning teams from all six divisions: open and master (runners over 40), all male, all female and mixed (members must include at least two females). As usual, ribbons will be awarded to all runners. A post-race party is planned that afternoon at the FAES Center.

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

Entry forms and specific instructions will be available at the R&W Activities Desk located in Bldg. 31, Rm. B1W30 beginning Monday, Apr. 16. Completed forms and payment in the form of a check to the R&W must be returned to the Activities Desk by Friday, May 11.

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

## Madrigal Singers Seek Members

The NIH R&W Madrigal Singers have a few choice openings for choristers of all voices who enjoy singing with comparatively few voices on a part. The music, both sacred and secular, is drawn from all periods of music history, but mainly from the Renaissance. The Singers meet on Sunday evenings from 7 to 9. For further information, call Richard Shrager, 496-1122. □

## NICHD's Haseltine Elected To AAAS Board of Directors

Dr. Florence P. Haseltine, director of the Center for Population Research in the National Institute of Child Health and Human Development, has been elected to the board of directors of the American Association for the Advancement of Science.

As director of the Center for Population Research, Haseltine develops and carries out policies and programs in the areas of reproductive biology, contraceptive development and evaluation and the demographic and behavioral sciences.

Haseltine came to NICHD from Yale University School of Medicine. She is a board certified obstetrician and gynecologist and is an expert in reproductive endocrinology. She



Dr. Florence Haseltine

holds a doctorate degree in biophysics from the Massachusetts Institute of Technology and a medical degree from the Albert Einstein College of Medicine and has received graduate training in organization and management and in nuclear magnetic resonance spectroscopy.

In her platform statement prior to the AAAS election, Haseltine pointed out that her varied educational and scientific background parallels the interdisciplinary interests of AAAS and its journal *Science*.

Haseltine's 4-year term began February 1990. □

## Research Subjects Needed

Earn up to \$260 for learning to discriminate the effects of one drug from another. Minimum time is required over a 7-week period and only commonly prescribed drugs and minimal effort are involved. Candidates 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. □

From Fellow to Branch Chief**Dr. Lawrence Prograis Returns to NIAID, Heads Asthma, Allergy Effort**

By Ann C. London

We all have dreams and aspirations. Many young physicians who go through the Medical Staff Fellowship Program at NIH dream of pursuing a career here. Recently, one of them was given the opportunity to fulfill this dream. Dr. Lawrence J. Prograis Jr., former NIAID medical staff fellow, was recently appointed chief of the Asthma and Allergy Branch in the Division of Allergy, Immunology, and Transplantation (DAIT).

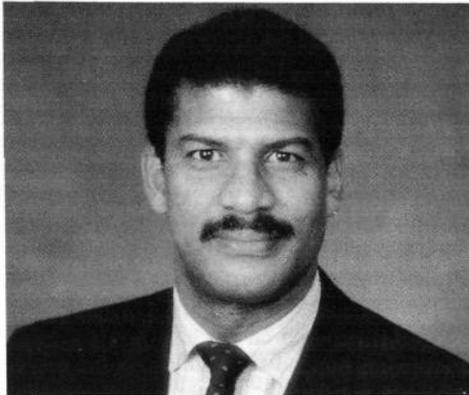
According to Dr. Robert A. Goldstein, director of DAIT, Prograis is "uniquely qualified to understand the complex issues of heading a major extramural program in asthma and allergy. The creative skills he developed as a scientist/clinical investigator will benefit him in his role as a research administrator."

Prograis has a special interest in asthma and will be responsible for implementing several NIAID initiatives targeted at inner-city children with asthma. In addition to developing these initiatives, he will administer grants for new and continuing allergy and asthma research studies. He is committed to giving as much technical assistance as possible to scientific institutions, particularly those that are new in the grant-funding arena, and to making sure that the funding process moves expeditiously.

Prograis will also serve as a liaison between DAIT and asthma and allergy constituency groups.

A native of New Orleans, Prograis received his medical degree in 1975 from Meharry Medical College in Nashville, Tenn., one of the nation's historically black colleges and universities. After completing his residency, he did a 2-year fellowship in allergy and immunology and 2 years of postdoctoral research in molecular immunology at Scripps Clinic and Research Foundation in La Jolla, Calif. His research focused on understanding the cause for spontaneous swelling episodes in patients with hereditary angioedema (HAE—a rare but serious disorder characterized by episodes of swelling of the hands, feet, face, or airways, and sometimes the intestinal wall).

From 1981 to 1983, Prograis worked with Dr. Michael Frank in NIAID's Laboratory of Clinical Investigation, where he continued his studies of HAE. Along with his colleagues, he developed a new purification procedure for conducting detailed studies of the protein C1-inhibitor. The recurrent swelling in HAE patients is caused by dysfunction or deficiency of this protein. Understanding the nature of C1-inhibitor will help scientists develop more



Dr. Lawrence J. Prograis Jr.

effective therapy for HAE patients.

In 1983, he returned to the department of medicine at Meharry as director of the allergy and immunology division and assistant professor of medicine.

While at Meharry, he was the first to evaluate asthma in African-American patients using pulmonary function standards developed at

Meharry and designed specifically for the minority population. Previous standards used only the majority population as the basis for comparison and often resulted in underdiagnosis or misdiagnosis of asthma in African-American patients.

In 1986, he became associate director of Meharry's DRR-funded General Clinical Research Center. He was also principal investigator on several NIH-funded grants.

As preceptor and mentor, he instructed and guided students in the department of medicine and the school of graduate studies and research. His role as teacher/researcher and his involvement with the NIH Minority Biomedical Research Support Program gave him the opportunity to be a role model and to encourage minority students to enter research.

Prograis is a member of the American Association for the Advancement of Science, the American Federation for Clinical Research, and the National Medical Association and is an associate member of the American Academy of Allergy and Immunology. □

**DCRT Continues Seminar Series on Computers**

The Division of Computer Research and Technology Training Unit continues its series of seminars with "Recurrent Problems in Data Analysis," on Apr. 9, 11 and 13; and "Signal Processing on the Macintosh," on Apr. 11.

"Recurrent Problems in Data Analysis" covers several frequently occurring problem areas in statistical data analysis. Class size is small and students are encouraged to bring in data analysis problems from their own labs or institutes.

"I designed this course to be interactive in nature so that the discussion of one person's problems may help in solving someone else's problem," said Dr. James Malley, Laboratory of Statistical and Mathematical Methodology.

"This course was set up to address the many problems in data analysis that I see over and over again in my daily consulting," continued Malley.

Some of the topics to be addressed are: problems in regression analysis; ANOVA with unbalanced data, that is, analysis of variance of unequal group sizes; multiple comparisons and simultaneous inference; transformations and nonlinear regression; missing data and the treatment of outliers, that is, what to do when data values are missing, suspicious or extreme.

Reference materials outlining problems and solutions will be distributed to all partici-

pants. "We are looking at the underlying science behind their individual problems," concluded Malley.

This seminar will be given from 1 to 4 p.m. in Bldg. 12A, Rm. B51.

"Signal Processing on the Macintosh," allows the researcher to refine and filter data by studying its frequency characteristics and reducing "noise" or errors. Such processing is useful in analyzing human speech and data from EKG and EEG instruments.

"Students will be shown how to enhance certain frequencies, do transforms and otherwise investigate data characteristics," said Dr. Eric Pottala, Laboratory of Applied Studies.

"Signal processing on the Macintosh is as friendly an entry into signal processing as possible for the mathematician or statistician without much computer exposure, who is working with data collection," said Pottala.

This seminar will be given from 9 a.m. to noon, Bldg. 12A, Rm. B47.

Topics remaining in the series include "Remote Optical Sensing in Biological Tissues," by Dr. Ralph Nossal on Apr. 30; and "Software for Solving Transportation, Diffusion and Reaction Problems," by Dr. John E. Fletcher on Apr. 23, 25 and 27. To reserve a space for any of these seminars, contact the Training Unit, 496-2339.—Christine Pennella

**STROKE***(Continued from Page 1)*

cine, to change the way doctors treat patients with atrial fibrillation.

"We think our results will convince most practicing physicians that atrial fibrillation patients should be treated with aspirin or warfarin to prevent stroke," said Dr. Robert Hart of the University of Texas Health Science Center at San Antonio. Hart and three other study leaders reported their findings at a recent NINDS press conference.

"Up until this time," Hart explained, a lack of information meant "most patients with atrial fibrillation have not been treated." Now that this information is available, another study leader predicted, many will benefit. "We look forward—if this therapy is applied universally to patients with atrial fibrillation—to seeing a reduction in the range of 100 to 150 strokes every day," said Dr. Jonathan Halperin, a study investigator and cardiologist at New York's Mt. Sinai Medical Center.

Stroke strikes when a blood vessel in the brain leaks or becomes blocked, depriving brain tissue of vital oxygen and nutrients. In people with atrial fibrillation, abnormal heart contractions allow blood to pool in one of the heart's chambers. Clots that form in the sitting blood can then break off and travel to the brain, triggering a stroke.

Because stroke has multiple causes, Halperin cautioned, the current study's findings do not apply to those at a high risk of stroke for other reasons. He also said that patients should consult their physicians before beginning any therapy because of potential side effects. Aspirin, for example, can aggravate ulcers.

In the study, patients taking one adult aspirin, warfarin, or placebo were followed an average of 14 months. While 1 in 12 volunteers in the placebo group suffered a stroke over a 1-year period, strokes occurred in less than 1 in 50 patients receiving active treatment. Another analysis showed a 49 percent reduction of stroke risk in patients taking aspirin.

One "surprising" result of the study, Hart said, showed that people over 75 did not seem to benefit from aspirin. He said this may be due to changes in how the body digests or responds to the drug as it ages.

The NINDS-supported study will continue another 2 years to determine whether aspirin or warfarin is more effective in preventing stroke. □

**Dr. John C. Eberhart Dies, Was Senior Advisor to Deputy Director**

Dr. John Carol Eberhart, 82, a longtime research administrator in the federal government, died of cancer Mar. 11 at the Clinical Center. He was the senior advisor to the deputy director for intramural research in the Office of the Director, NIH.

Eberhart was born in Lima, Ohio, moved with his family to Eugene, Ore., when he was 11 and took a bachelor of arts degree at the University of Oregon there in 1929. He received a Ph.D. in social psychology at Northwestern University in 1934, and became a member of the psychology faculty there.

During World War II, Eberhart served in the Navy as an air combat intelligence officer in Pearl Harbor and on Guam. He briefed Admiral Nimitz and staff daily on naval air activities in the Pacific theater, and received a bronze star and the admiral's commendation for that work. At the end of the war he resumed a postdoctoral fellowship from the Social Science Research Council (received initially while he was on the Northwestern University faculty) to continue research begun before the war on the subject "Congress as a Social Group."

During this period he became interested in the growing research enterprises in the federal government and resigned from Northwestern to accept a job in the Veterans Administration doing survey research. In 1947 he joined the newly formed National Institute of Mental Health as director of the Division of Extramural Research.

In 1954 he left government to join the Commonwealth Fund, a private foundation in New York City devoted to supporting research in medicine and medical education. He returned to NIMH in 1961 as director of intramural research, administering the government's own laboratories that conduct basic and clinical research on mental disorders. He thought highly of the entire Intramural Research Program, noting: "It had early leaders with vision, maturity, limited personal ambition, but strong organizational ambition."

During Eberhart's administration, the NIMH program developed into one of the best neuroscience and behavioral research programs devoted to the study of mental illnesses in the world. He retired from that position in 1981, but was immediately reemployed for the position he held until his death. While Eberhart was associated with the Office of the NIH Director, he was instrumental in developing policies and programs that provided research and training opportunities and appropriate mechanisms to ensure the continued excellence of biomedical research.



*Dr. John C. Eberhart*

In recognition of his distinguished contributions to the NIMH, he was awarded the Thomas Salmon Medal from the New York Academy of Medicine in 1978 and a Presidential Meritorious Rank Award in 1980. He particularly enjoyed a long association, since 1962, with the Foundation for Advanced Education in the Sciences as a member of its board of directors; he served as president of the board in 1964-65.

Survivors include his wife of 53 years, Sylvia Rothman Eberhart, of Bethesda; a son, Jonathan, of Washington; a brother, Howard Davis Eberhart, of Santa Barbara, Calif., and Carefree, Ariz.; and a sister, Mary Ellen Henderson, of Eugene, Ore.—Dr. Richard G. Wyatt □

**Workshop on Connective Tissue Ills**

A scientific workshop on "Heritable Disorders of Connective Tissue" will be held Apr. 9 and 10 from 8:30 a.m. to 5 p.m. and Apr. 11 from 8:30 a.m. to noon in Lister Hill Auditorium, Bldg. 38A.

Expert panelists will give presentations on basic and clinical aspects of the diverse inherited connective tissue disorders that disturb the structural integrity of bone, cartilage and skin. The workshop will close with a discussion of initiatives of future research.

The workshop is sponsored by NIAMS, NICHD and the Coalition for Heritable Disorders of Connective Tissue. Registration is free. Contact Dr. Stephen L. Gordon, 496-7326, for more information. □

AIDS a 'Ghetto Disease'?**NIAID To Fund Center To Combat AIDS Among Minorities**

By James Hadley

As the next century approaches, epidemiologic studies reveal that the face of AIDS is changing. Statistics show that AIDS is becoming less and less a disease of white, gay men in the United States. Minorities, primarily African-American and Hispanics, now constitute 45 percent of the 121,000 cases of AIDS reported since the epidemic began in 1981. In fact, some researchers predict that AIDS will become a "ghetto disease" by the year 2000.

To address this urgent problem, the National Institute of Allergy and Infectious Diseases has awarded a grant for \$1,239,621 to the Association of Minority Health Professions Schools (AMHPS) to support an AIDS Consortium Center, comprising seven African-American health professions schools.

The consortium will coordinate intensive prevention and research activities aimed toward reducing the incidence, morbidity and mortality of HIV infection among minorities. The consortium is headed by Dr. Rudolph E. Jackson, professor and acting chairman of the department of pediatrics at the Morehouse School of Medicine in Atlanta.

Each individual school's expertise will be combined to develop a center that will initially address four areas of AIDS research: epidemiology/prevention, drug development, clinical trials, and animal models.

In announcing the award, NIAID director Dr. Anthony S. Fauci said: "The problem of HIV infection and AIDS in certain minority communities is an area of grave concern and it has highlighted the need for NIAID to intensify efforts and develop more effective, targeted strategies to address the needs of both minority patients and minority health professionals. Both the magnitude and urgency of the problem underscore the need for rapid and meaningful action. We believe this grant for the AIDS Consortium Center will enable us to achieve progress, not only by increasing our scientific knowledge, but also by increasing minority participation in the AIDS clinical trials and enhancing minority health professional development."

While African Americans comprise 12 percent of the total U.S. population, more than twice that number—some 27 percent of the AIDS cases—have been diagnosed in that community. Hispanics make up less than 8 percent of the total U.S. population, yet they account for approximately 15 percent of the AIDS cases. Asian and Native American communities are also affected by HIV infection, but not as severely.

Furthermore, women and children of minority groups are markedly overrepresented among persons with AIDS. Of all the cases of AIDS reported to date among adult women, approximately 52 percent are African American, 20 percent are Hispanic and 26 percent are Caucasian. The majority—about 76 percent—of children under the age of 13 who have AIDS are from the minority community. Roughly 52 percent are African American and 23 percent are Hispanic.

There has been considerable difficulty in implementing AIDS education and prevention programs in many minority communities. Evidence suggests that minorities seek medical care later than Caucasians. African Americans and Hispanics with AIDS have more severe, acute opportunistic infections than their Caucasian counterparts. Thus, the estimated mean survival rate for African Americans following an AIDS diagnosis is reported to be approximately 6 to 8 months, as compared with 18 to 24 months for Caucasians.

Other schools involved in the AIDS Consortium Center are Florida A&M in Tallahassee, Drew University in Los Angeles, Xavier University in New Orleans, Meharry Medical College in Nashville, Texas Southern University in Houston and Tuskegee School of Veterinary Medicine in Alabama.

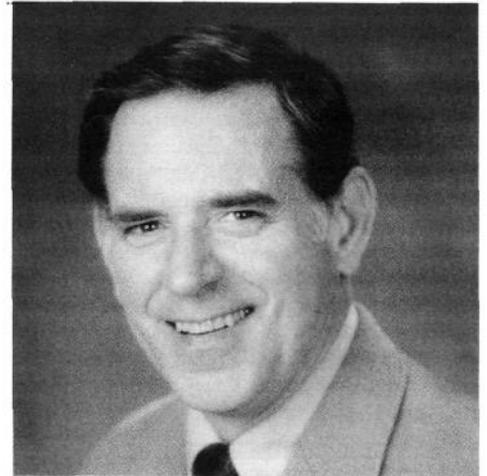
This award was made following an assessment of the AIDS research potential of the consortium conducted under a \$50,000 NIAID grant to AMHPS. □

**Golf League Plans 1990 Season**

The NIH R&W 9-Hole Golf League is preparing for the 1990 season. Now is the time to register for this season's play, which will begin the first week of May and end at Labor Day. This league accommodates all levels of golfers, offering both competitive and non-competitive play. Play is once a week after work at the Falls Road Golf Course.

The league's preseason event will be the Betty Sanders Open, tentatively scheduled for the afternoon of Apr. 10 at the Falls Road Golf Course.

For further information on competitive play, call Larry Butler, 496-0192. For further information on noncompetitive play or for registration forms, call Julia Freeman, 496-7495. Registration forms should be completed and returned by Apr. 13. □



*Dr. James F. Taylor was recently appointed associate director for assurance in the NIH Office of Animal Care and Use (OACU). OACU is responsible for ensuring NIH intramural compliance with all relevant laws and regulations on care and use of laboratory animals. Taylor retired from the U.S. Army Veterinary Corps after 25 years of service specializing in laboratory animal medicine. Shortly after beginning his new duties here, Taylor received a surprise visit from Brig. Gen. Robert E. Via Jr., chief of the Army Veterinary Corps and Brig. Gen. (Ret.) Robert R. Jorgensen, former chief, who presented him with the Legion of Merit for his outstanding services to laboratory animal medicine in the Army.*



*Education secretary Dr. Lauro F. Cavazos (r) recently visited the National Library of Medicine. After viewing a new exhibit of public posters, he and NLM director Dr. Donald A. B. Lindberg discussed new educational technology, online databases and other matters of common concern. Before being appointed by President Bush to his present position, Cavazos was president of Texas Tech University. He has a doctorate in physiology and has taught at several medical schools. The secretary is no stranger to NLM, having served on both the biomedical library review committee and a special committee to review the Integrated Academic Information Management Systems Program.*

## Dr. Richard Henneberry Retires From NINDS

"It was simply a question of serendipity and following my nose," said Dr. Richard C. Henneberry of his neuroscience contributions over 18 years in the NINDS Laboratory of Molecular Biology. Henneberry, who has retired as head of the laboratory's molecular neurobiology section, said the neurology institute provided him the opportunity to grow and the independence he needed. "I benefited from what I think NIH does best, and that is to give young scientists elbow room."

That freedom allowed Henneberry, now a vice president with the Environmental Health Institute in western Massachusetts, to develop a research career culminating in exciting work with neurotransmitters.

His NINDS journey began in 1971; he had just finished 2 years of postdoctoral work. "I was educated scientifically at a very exciting time, when the basis of cell function was being understood. People were beginning to understand how viruses worked in bacteria, and this was extended to mammalian cells," he said.

"The new biology was starting when I was in grad school. I was very impressed by how rapidly knowledge was advancing. When I was an undergrad, they were still saying that maybe DNA is the genetic material. When I went back to grad school after a stint in the Air Force, we were doing molecular biology."

After Henneberry's first year at NIH, he began to investigate problems in mammalian cell biology. "The research just led us into looking at neurotransmitters and receptors back in the mid seventies," he said. Ever since, he has focused on these substances and structures nerve cells use to communicate with each other and with other cells. More recently, he and his research team have examined how

the normal neurotransmitter/receptor process can self-destruct.

"We began culturing neurons in the late seventies. About 5 years ago we became involved with neurotoxicity; specifically, the neurotoxicity of excitatory amino acids," he explained. "These excitatory amino acids are always sitting around in the brain doing good things, and then something goes wrong, which we attribute to 'undescribed adverse conditions.' We don't know what all of them are. But something goes awry, and these neurotransmitters become toxic and kill neurons in the brain."

According to Henneberry, scientists have a fairly clear idea of how nerve cells are killed in cardiac arrest or head injury when there is a loss of oxygen and glucose supply at the same time: nerve-cell energy levels are affected. Henneberry's section has hypothesized that a disturbance to a neuron's energy metabolism can make it possible for neurotransmitters to kill it. Foreign substances, he said, may also be involved.

Fleshing out this theory has made the last 5 years at NINDS the most exciting for him. "I honestly believe that we are working on a problem that is the key to the neurodegenerative disorders like Alzheimer's, Parkinson's and Huntington's diseases," he said.

"Whether our hypothesis holds up or whether it's entirely wrong doesn't matter so much if we have already had an impact on the way people think in a very small and very narrow window. Whether our hypothesis is right or wrong in its details, if it draws attention to this field, something will come out of it. Somebody else may get the right answer."—Norman Oliver □

## STEP Forum on Ethical and Legal Side Of Advances in Human Genetics

The Staff Training in Extramural Programs (STEP) is holding a forum entitled "Ethical and Legal Implications of Advances in Human Genetics" on Apr. 11, from 1:30 to 3:30 p.m., in Wilson Hall, Bldg. 1.

Recent breakthroughs in the science of human genetics now make it possible to test for two long-term, eventually fatal, diseases: Huntington's disease and cystic fibrosis. Each of these diseases affects more than 20,000 individuals in the United States. At present, there are no prospects of a cure for either disease. In the case of Huntington's disease, a dominant gene disorder, carriers develop the disease. In cystic fibrosis, a recessive genetic disorder, couples who both carry the gene have a high risk of having affected children and can pass the gene on to their offspring even if they themselves are free of the disease. There are estimates of the number of cystic fibrosis carriers in the U.S. ranging as high as 12 million.

Tests are available that enable individuals to detect their carrier status, but the information can create serious consequences for the individual. Knowing that one not only can pass on a fatal disease, but, in the case of Huntington's, be destined to die from it, is tragic information. In addition, labeling, discrimination, insurance exclusion and other socioeconomic problems can follow. The panel will explore how genetic testing will impact on individuals and our society by examining genetic testing and its possible applications. How should science and medicine be guided in developing and using these tests? Do we need new laws to protect individuals? What benefits come from these tests?

The panelists, all from Johns Hopkins University, will be Dr. Kimberly Quaid from the Huntington's Disease Center, Dr. Haig H. Kazazian Jr., professor of pediatrics and director, Center for Medical Genetics and Dr. Neil A. Holtzman of the school of medicine, recipient of the first research grant made under the program on Legal, Ethical and Social Implications of Mapping the Human Genome of the National Center for Human Genome Research.

STEP forums do not require advanced registration and explore timely topics of broad interest to the NIH community. As with all STEP forums, there will be an opportunity for discussion and interaction with the faculty. For additional information contact the STEP program office, 496-1493. □



Dr. T. Franklin Williams (c), director of the National Institute on Aging, received the Claude D. Pepper Award for his outstanding contributions to advance the field of aging. The distinguished award, sponsored by the Sandoz Pharmaceuticals Corp., was created to honor the late Rep. Claude D. Pepper (D-Fla.), a leader in the fight for the advancement of legislation in health and social welfare for the elderly and Americans of all ages. Dr. Robert N. Butler (r), of Mt. Sinai School of Medicine in New York, and a member of the Pepper Commission, presented the award to Williams during his recent visit to New York City. William Connelly, director of scientific affairs at Sandoz, joined them for the award presentation.

## TRAINING TIPS

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

<i>Courses and Programs</i>	<i>Dates</i>
<i>Management and Supervisory</i> 496-6371	
Interacting with Difficult Employees	4/17
Time Management	4/17
Presidential Operations Workshop	5/7
Report Writing	6/9
Managing Stress, Maximizing Effectiveness	5/16
Managing Behavior in the Work Environment	6/19
<i>Office Operations Training</i> 496-6211	
Delegated Acquisition	4/9
Basic Time and Attendance	4/5
Domestic Travel	4/23
Foreign Travel	4/10

### *Training and Development Services* 496-6211

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

Monday	8:30 a.m. — 7 p.m.
Tues. Wed. Thurs.	8:30 a.m. — 7 p.m.
Friday	8:30 a.m. — 4:30 p.m.
Saturday	9 a.m. — 1 p.m.

Training Center, DCRT, and other training information is available on WYLBUR. Logon to WYLBUR and type ENTER TRAINING. Note: The NIH Training Center is moving from Bldg. 31 to Executive Plaza South at the end of April. TDSP will remain until the end of the semester.

## Orientation to Extramural NIH

The Office of Health Scientist Administrator Development Programs will be presenting an orientation session entitled "Fundamentals of NIH Extramural Activities" on June 12-13.

This full 2-day course will be held in Bldg. 1, Wilson Hall, starting at 8:30 a.m., with registration at 8 a.m. each day. The course will provide an overview of extramural activities. Individual sessions will cover grants, primarily, but also will include contracts and cooperative agreements.

The number of participants will be limited to approximately 50 people. Priority will be given to program and review staff at all grade levels who are new (6-9 months) to the extramural side of NIH.

Those interested are to submit an HHS-350 form (Training, Nomination and Authorization) through their appropriate ICD channels to the HSA Development Programs Office, Bldg. 31, Rm. 5B32.

To be considered, applications must be received in the HSADP office no later than May 11. Each applicant will be informed of the decision concerning his/her application.

Any questions about this course may be directed to A. Robert Polcari or Roberta Light, 496-1736, or Dr. Paul Velletri, 496-8818. □

## Jean Hudgins, NIAID Budget Analyst, Dies

After a long and difficult struggle with heart disease, Jean M. Hudgins, supervisory budget analyst in NIAID's Financial Management and Information Systems Branch, died recently of a heart attack. When asked for impressions of Hudgins, words of praise flow from her coworkers: "She was a great boss." "Once you met her, you met someone special." "Everyone loved Jean." Steven J. Berkowitz, chief of FMISB, added, "She was a dedicated and extremely loyal employee and is certainly missed by all of us."

Hudgins came to NIAID in 1982. As a budget analyst, she tracked the dollars spent on NIAID research project grants—where the money went, who got it and how much. Over the years, she was given more responsibilities and she eventually monitored all of NIAID's extramural grants budgets. She kept the budget process flowing smoothly in an area fraught with strict guidelines and tight deadlines. According to Berkowitz, "She was extremely meticulous and very well organized." In 1989 she was promoted to supervisory budget analyst.

Hudgins' exceptional abilities won her awards for superior service as well as an EEO Special Achievement Award "for successfully using EEO principles to increase morale, productivity and advancement opportunities in the work environment for minorities and women."

Hudgins was born in Richmond, Va., on May 26, 1930. When she was 10 years old, she and her family moved to Washington, D.C. After graduation from McKinley Tech



Jean M. Hudgins

High School in northeast Washington, she worked for the Bureau of Internal Revenue.

In 1950 she resigned from Internal Revenue to raise her children. Hudgins loved the theater and indulged this passion from 1970 to 1973. First, as an employee of *Performer Magazine*, she helped to set up the theater at Wolf Trap Farm Park. She then spent 2 years at Ford's Theatre as an assistant to the producer and executive director of various performances. Hudgins reentered the federal workforce in 1973 as a clerk-typist for the Alcohol, Drug Abuse, and Mental Health Administration. At ADAMHA, she quickly moved up the career ladder to grants management analyst.

Survivors include her son and daughter, three grandchildren, two brothers and a sister.—Ann London

## David Goldfarb, Fogarty Scholar, Dies at Age 71

Dr. David Goldfarb, a leading Soviet geneticist who became a Fogarty scholar-in-residence at NIH, died of heart failure and diabetes on Feb. 24 at Georgetown University Medical Center in Washington. He was 71.

Goldfarb, a prominent scientist in the Soviet Union, gained worldwide attention as one of many Soviet Jews who had been denied permission to leave the U.S.S.R. After a 7-year battle to emigrate, he finally was granted permission to leave Moscow in October 1986.

Goldfarb became a Fogarty scholar-in-residence in November 1987, and was preparing a history of Soviet biomedical science in the 1940s and 1950s. He was also assessing current trends in Soviet scientific research. In his latest term he had been on the NIH campus since December.

Goldfarb had done pioneering work in genetics in the Soviet Union after the downfall

of Trofim D. Lysenko, the agronomist whose school of scientists under Stalin disputed accepted theories of heredity and forced mainstream geneticists into the background.

In 1978, Goldfarb resigned as head of the laboratory of molecular genetics of bacteria operated by the Soviet Academy of Sciences. He and his wife, Cecilia, sought to join his son, Alex, a microbiologist, who had emigrated in 1975 and had come to the United States, where he is now an assistant professor at Columbia University. Soviet authorities refused their request, claiming that Goldfarb knew state secrets, a charge he denied.

Finally, in October 1986, Dr. Armand Hammer, the U.S. industrialist with decades-long connections to the Kremlin, intervened. The Soviets—now led by Mikhail Gorbachev—relented, and Goldfarb and his wife finally came to the United States in Hammer's private jet.—Jim Bryant

*Inner Cities, Developing Countries Targeted***New Push To Improve Diagnosis of Sexually Transmitted Diseases**

By Laurie K. Doepel

The National Institute of Allergy and Infectious Diseases will play a major role in a new interagency group being formed to expedite development of more efficient STD (sexually transmitted disease) diagnostics. Such tests will be tailored to the needs of resource-poor settings such as American inner cities and developing countries.

Upwardly spiraling rates of many STDs have motivated experts to examine this problem closely and renew efforts to tackle its root causes. One reason STD epidemics have grown is because the cost and technical sophistication of existing STD diagnostic tests preclude their routine use in resource-poor areas, creating a major barrier to the success of STD control efforts.

As now envisioned, the consortium being formed will include representatives from NIAID, the Centers for Disease Control, the World Health Organization, and international donors such as the United States Agency for International Development (USAID), which fund research in developing countries. Industrial and consumer representatives are also expected to be included.

The interagency group's mission will be to identify priorities and define specifications for STD diagnostic tests for resource-poor settings; to expedite research and development of such tests; and to coordinate their distribution to appropriate health care providers. The new diagnostics must be fast, inexpensive and easy to use, requiring minimal equipment and training to administer and stripped-down packaging to reduce costs. The decision to form an interagency group as well as consensus on its first three priorities resulted from a recent workshop, "Development of Sexually Transmitted Disease Diagnostics for Resource-Poor Settings," cosponsored by NIAID and USAID. STD researchers and representatives from funding agencies, health care delivery agencies and industry met at this workshop to discuss the resources for and constraints on developing STD diagnostics for resource-poor settings.

According to Dr. Judith N. Wasserheit, chief of NIAID's Sexually Transmitted Diseases Branch, "This initiative is exciting because it lays the groundwork for a collaborative, focused attack on the problem of STD diagnosis in settings where it is most urgently needed. Clearly the biggest constraint on our ability to curb STDs is no longer biotechnology but rather our ability to creatively develop and distribute rapid, inexpensive tests to

clinics in these areas."

The attendees determined in order of priority three most urgent needs for STD control in such settings:

1. *Rapid, inexpensive and easy-to-use diagnostic tests for chlamydial infection and for gonorrhea in women.* Often asymptomatic and therefore undetected in women, these infections can evolve into pelvic inflammatory disease (PID), an infection of the upper reproductive tract. Life-threatening tubal pregnancy or infertility can result from PID. Experts estimate that U.S. PID health care costs will total \$3.5 billion this year, the most expensive economic consequence of STDs other than AIDS.

2. *Similar diagnostic tests for syphilis and chancroid.* Evidence suggests that STDs that cause genital ulcers such as these bacterial diseases may increase the risk of transmission of human immunodeficiency virus, the cause of AIDS. The current annual incidence of chancroid is fivefold that of 1980 due to multiple outbreaks across the country. The rate of syphilis infection in the U.S. reached a 40-year high in 1988, with 39,244 cases reported. Most of this increase occurred in low-income, inner-city heterosexuals and their children.

3. *Increased use of PAP smears to detect precancerous cervical lesions associated with human papilloma viruses.* Genital warts are caused by

human papilloma viruses, which also are associated with precancerous lesions of the cervix. The recommendation here is not for a new diagnostic test but for improved systems for administering PAP smears. No system now exists to ensure that every woman will get even a single PAP smear during her lifetime. Even if such a system did exist, resource-poor settings often lack individuals trained to obtain and read PAP smear specimens. Cervical cancer kills 5,000 American women each year, and is the most common cancer in women in many developing countries.

STD prevention and control has recently become recognized as a global public health priority. In part, this is because new techniques have facilitated investigations into the extent, transmission and clinical consequences of STDs. In the U.S., it has been found that AIDS and other STDs disproportionately affect minorities, while worldwide, complications of STDs affect women and children most severely.

The emergence of AIDS as a fatal STD has also refocused attention on the need to control all STDs. Still, prevention services for AIDS and other STDs have not yet been fully merged. The interagency group will try to bridge this gap by including AIDS-related organizations as well as those concerned mainly with other STDs. □



Eight students from medical schools around the country recently completed the 1990 medical genetics elective, an annual 4 to 5-week training session offered by the Interinstitute Medical Genetics Program (IMGP). This year's participants include (seated, from l) medical students Tricia Maschner, Michelle St. Romain and Mary Beth Dinulos. Standing are (from l) IMGP clinical coordinator Sandra Scheslinger, former IMGP program director Dr. John J. Mulvihill, medical students Sonja Rasmussen, Stephen Schwartz, David Fox and Mark Mount, IMGP associate director Dr. Dilys Parry, medical student Harold Sighler and new IMGP director Dr. William Gahl, chief of NICHD's Human Genetics Branch.