

"Still
The Second
Best Thing
About Payday"

The NIH Record

Executive Secretaries: Major Players in Peer Review

By N. Sue Meadows

There are more than 100 health scientist administrators who manage the Division of Research Grants study sections, which are responsible for the first tier of the NIH peer review system. In their dual roles as scientists and administrators, they play a unique and vital part in the extramural activities of NIH and other agencies of the Public Health Service, as well as the NIH grantee community.

When DRG's first director, Dr. C. J. Van Slyke, and Dr. Ernest Allen, who succeeded him, and others laid down the principles upon which the research and training grant programs of the PHS were founded, they thought it a good idea to "place the responsibility for the scientific and technical evaluation of all research grant applications in the hands of groups of nongovernment scientists." Accordingly, a plan to establish study sections was placed before the National Advisory Health Council at its March meeting in 1946, and approved.

With the establishment of the malaria study section shortly thereafter, these pioneers for
(See EXEC SECS, Page 8)



On the way to her current post as U.S. surgeon general, Dr. Antonia C. Novello (l) served as executive secretary of the general medicine B study section at DRG. Dr. Faye Calhoun (r), DRG deputy chief for review, was also an executive secretary for several years before assuming her present position. Three times a year, executive secretaries hold study section meetings, usually for 3 days. At these meetings, top researchers from many of the nation's research organizations volunteer their time and expertise to NIH peer review.

First Cancer Patients Get Gene Therapy

By Florence S. Antoine

A team of NIH scientists led by immunotherapist and surgeon Dr. Steven A. Rosenberg of NCI treated the first cancer patients in a human gene therapy trial Jan. 29.

Two patients received transfusions of special cancer-killing cells removed from their own tumors and armed in the laboratory with a gene capable of producing a potent antitumor toxin, tumor necrosis factor (TNF).

"This trial will be the first to apply gene therapy to cancer, which, in its many forms, affects millions of people," Rosenberg said.

The cancer-killing cells removed from the patient's tumor are tumor-infiltrating lymphocytes, or TILs, that have migrated from other parts of the body to the cancer site. These cells invade the tumor and may have the ability to recognize and destroy tissue from this tumor that has spread to distant parts of the body.

Since 1986, Rosenberg has been treating certain cancers with TILs that have not been altered by gene insertion. About half the patients with advanced melanoma show some improvement after therapy with unaltered TILs.

"We need to improve TIL therapy, and one way may be with the addition of genes that can stimulate the production of antitumor toxins and thus enhance the ability of TILs to

destroy tumor cells," Rosenberg said.

This trial, the first approved study using gene therapy to treat cancer, follows two earlier federally sanctioned trials with this new gene technology.

In a preliminary trial reported in the Aug. 30, 1990, *New England Journal of Medicine*, Rosenberg's team inserted gene-altered cells into patients with advanced melanoma, but the gene had no therapeutic potential. The inserted gene served only as a marker to identify TILs that could later be recovered from the patient's blood or biopsied tissue, thus helping scientists to better understand how these cells work in cancer therapy.

Last September, another NIH group—Drs. R. Michael Blaese and Kenneth W. Culver of NCI and gene therapy pioneer Dr. W. French Anderson of NHLBI—transfused a severely immunodeficient 4-year-old girl with her own white blood cells that had been altered in the laboratory by addition of the human ADA gene. The patient, who is doing very well so far, has ADA deficiency, an extremely rare, inherited disease that can result in death if untreated.

TNF is a protein produced by the body in the course of bacterial infections. Although initially recognized for its cancer-killing activity in mice, TNF also regulates inflam-

(See GENE THERAPY, Page 2)

First Woman Director?

Healy Named To Top NIH Post

By Carla Garnett

If confirmed by the Senate, cardiologist Dr. Bernadine P. Healy, 46, will become NIH's 13th director. She would be the first woman to hold the position of NIH director, a post widely regarded in the nation's scientific community as the president's top biomedical research appointment.

Newspapers reported 4 months ago that DHHS secretary Dr. Louis Sullivan had chosen Healy for the job; President Bush officially announced his intention to nominate her Jan. 9.

"Her nomination is good news indeed, and bodes well for the future of the NIH," said Dr. William Raub, who has served as NIH's acting director since August 1989, when Dr. James Wyngaarden resigned.

Healy, who served as an NHLBI staff fellow here from 1972 to 1974, would return to NIH from Ohio's Cleveland Clinic Foundation, where she has served as chairman of the Research Institute since 1985. Recently, she has served on several NIH advisory groups including the 1988 panel that debated the use of fetal tissue in federal biomedical research.

Dr. Harvey Klein, chief of the Clinical Center's transfusion medicine department and former Healy associate, also praised the proposed director. He was a first-year resident

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HEALY

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with the Osler Medical Service at Johns Hopkins when Healy interned there 1970 to 1971.

Klein said what he remembers most about Healy was her dedication to her patients. "She was extremely conscientious," he said, recalling that Osler interns were required to complete one of the most difficult internships in the country.

"They were supposed to be immediately available, literally all the time," he said. "She was a great favorite among her patients and frequently came in to care for them on her rare time off."

As NIH director, Healy, a 1970 graduate of Harvard Medical School, would join three former classmates already established at NIH—Dr. Michael Gottesman, chief of NCI's Laboratory of Cell Biology; Dr. Herbert Morse, chief of the Laboratory of Immunopathology at NIAID; and Dr. Eric Ottesen, chief of the clinical parasitology section in NIAID's Laboratory of Clinical Investigation.

Gottesman said: "I am delighted that Dr. Healy will be returning to NIH. NIH has done well by our class and we're looking forward to a reunion."

Before directing the Cleveland Clinic Foundation, Healy served as deputy director of the Office of Science and Technology Policy at the White House 1984-1985. From 1977 to 1984 she directed the coronary care unit at Johns Hopkins. A New York City native, Healy graduated from Vassar in 1965. □



Dr. Bernadine P. Healy, currently head of Ohio's Cleveland Clinic Foundation, has been nominated to be NIH's 13th director, a position open since August 1989.

NHLBI Needs Volunteers

The Cardiology Branch, NHLBI, needs normal volunteers between ages 35 and 70 to participate in a study assessing the causative mechanisms of certain cardiovascular diseases. Volunteers must not be taking any medication. The study includes placement of a small needle in the brachial artery and takes approximately 4 hours. Participants will be paid accordingly. For more information, call Dr. Julio Panza, 496-2634. □

Theatre Group Holds Auditions

Auditions will be held Sunday, Mar. 3, and Monday, Mar. 4 at 7 p.m. in Masur Auditorium, Bldg. 10, for the NIH R&W Theatre Group's production of *You Can't Take It With You* by George S. Kaufman and Moss Hart. Performances, directed by Sally Spangler, will be the first three weekends in May for the benefit of the Patient Emergency Fund.

A wide range of ages are needed to portray the cast's characters. Needed are two young women between 20 and 30, three men ages 30-35, three women and four men ages 40-55, four women and one man ages 55-65, and one man in the 65-70 range. Russian accents are welcome. Prepared material will be furnished for the auditions.

For more information call Elliot Werner, (301) 424-4551. □

GENE THERAPY

(Continued from Page 1)

mation and immunity by signaling the body to repair injuries and fight infection. However, if TNF is active in the body for too long or at too high a concentration, it can cause shock and body wasting.

At the tumor site, TNF appears to work by cutting off the developing blood supply in that region. By using TILs to target the tumor and carry the TNF gene directly to the tumor site, the scientists hope to maximize the potential toxicity that could result if TNF were distributed throughout the body.

"This gene therapy approach to cancer is being investigated in the research setting and is in an early stage of development," Rosenberg said. "Ultimately, it may be applied to a wide range of diseases, including cancers other than melanoma." □

NIAAA Seeks Volunteers

The NIAAA seeks male volunteers between the ages of 20 and 60 who are in good health, on no medication and have no personal or family history of alcoholism. Participants will receive remuneration. Call Dr. Tanya Alim, 402-0708, for details. □

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 reprintable 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, 1991.

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The NIH Ski Club recently received a "Special People Award" from Special Love Inc., the group that sponsors Camp Fantastic, for holding a ski weekend at Bryce Mountain for youngsters with cancer. On hand for the award were (from l) Tom Baker, president of Special Love, Ernie Beile, ski club vice president, Bob Bingaman, club president, and Dave Smith, executive director of Special Love.

*NCHGR's First Public Briefing***Human Genome Project Meets Its Market**

By Rich McManus

The National Center for Human Genome Research held a briefing on the human genome project recently for a variety of voluntary health associations representing patients and families with inherited diseases—in short, the consumers of new genetic technologies.

Guests learned that investigations of DNA's double helix wind through every institute and illness at NIH, not just at NCHGR.

"Genome research is not just a separate entity," reported Dr. William Raub, NIH acting director.

The human genome project "is the molecular genetics of man conducted in a cost-saving and very accelerated manner," explained Dr. C. Thomas Caskey, who heads an NCHGR-supported center for genome research at Baylor College of Medicine. "It would take 100 years to accomplish without the project, but with it it should last about 15 years.

"Americans are impatient about progress," he observed. "We like to see technology pushed as fast as possible."

Caskey, who is also president of the American Society of Human Genetics, called the project "an international, peaceful and scientific initiative. We are going to learn about ourselves at a molecular level."

What we learn will be "inseparable nation to nation, people to people, and will encompass many religions, social contexts, and governments. It will provide fuel for biology for the next 20 to 50 years."

The program will give researchers tools to answer two simple questions, he said: How do genes work? How do genes go awry?

"We need to learn how to modify the pathologic pathway," he said.

Mammals, Caskey explained, have genes scattered along their chromosomes, which makes their function hard to understand. "If we know where a particular gene resides, then we can find and isolate it," he said.

Reviewing technological progress in recent decades, Caskey described an ever-finer set of lenses through which we view genes, culminating in the latest technology of sequence tandem base-pair repeats, which allow "a precise roadmap—very dense—which can put genes in precise positions on the map."

A tenfold increase in resolving power has been realized in recent years, with prospects for even finer resolution quite likely.

Not just human, but also mouse, yeast and *E. coli* genomes are coming under scrutiny as scientists try to perceive principles of organization of chromosomes and location of genes. Whereas human DNA consists of only about 1

percent coded sequences, DNA from yeast and *E. coli* contains almost 100 percent coded sequences, Caskey said. Comparison studies, increasingly easy to carry out, should yield more information about how genes function.

"There are a large number of diseases that have genetic bases but are not necessarily heritable or linked to one gene," Caskey continued. Such phenomena as aging, diabetes mellitus, coronary artery disease and cancer are the result of many factors, not only genes. Understanding the interaction of the environment and nature will help tell us who we are, said NIH's Raub.

Offering the perspective of an actual gene hunter was Dr. David Housman, a molecular biologist at MIT who for the past 12 years has studied hemoglobin genes, eventually identifying the gene for Wilms' tumor.

"We're more like gene chasers," he modified, before offering a tour of his research "scrapbook" that was designed to answer the question, "How does a researcher pick a chromosome to study?"

"The genome looks like a series of doorways," he said, "behind which is something unknown. The number of doors we have to open will differ with each disease, but the human genome project will give us the tools to open those doors."

Housman said the order of the metaphorical doors is similar across species, from mice to humans. In the 10 years since gene mapping became possible, the easy challenges have fallen first, he said. "The process so far has taught us what the hard parts are that lie ahead."

Dr. Nancy S. Wexler, who chairs the joint NIH-Department of Energy working group on ethical, legal and social issues, claimed a personal stake in genetic research—she comes from a family affected by Huntington's disease.

"We're in a very dangerous period," she said, "when we can detect the defective gene but can't treat the diseases that the bad genes cause."

Finding disease genes will be a long, uphill struggle with many false leads, she cautioned, but urged the program to go forward nonetheless.

"Just knowing a disease gene—like the sickle cell gene, which we know back and forth—isn't going to lead to a panacea in the next half hour," she said. "Getting the gene isn't the same as getting the cure, but it's well worth our while to look for them."

Adding a further note of caution was Dr. Robert F. Murray Jr. of Howard University,

who also serves on Wexler's working group. "To screen or not to screen, that is the question," he began. A bittersweet review of the history of sickle cell anemia screening in the United States—during which such groups as the Black Panthers and professional baseball players added their dubious authority to the confusion about the disease—led Murray to his conclusion: "There is no end to the absurdities that screening (for genetic diseases) will engender. If you can imagine (a worst case), it will happen. If you don't believe me, just tune in to the Donahue show or Oprah Winfrey."

To prevent, or circumvent, the sort of disasters foreseen by Murray, the NCHGR is spending 3-5 percent of its budget trying to harness the social, rather than medical, power of genetic information through its Ethical, Legal and Social Implications Program.

Headed by Dr. Eric Juengst, the program has three aims: anticipate dilemmas engendered by genetic testing, develop policy options to safeguard society against abuses of genetic information, and educate the public and the profession about what genome research can and cannot offer.

"What is fair when it comes to gathering genetic risk information about other people?" Juengst asked. "How good are protections against genetic discrimination?"

Juengst's program is focusing mainly on insurers and employers, as many are concerned that insurance companies will use genetic screening to refuse coverage to workers.

"Will insurance companies regard pre-symptomatic test diagnosis as a prior existing condition (and thus refuse to offer coverage)?" wondered Caskey. "The truth is, everybody has a (genetic) predisposition to something."

Wexler said the genome project is forcing insurance companies to rethink the way they do business. A two-edged sword, testing can spur the genetically "fit" to drop coverage while prompting those with weaknesses to buy more.

Since the prospect that genetic information might be misused to create "perfect" people is a major concern of consumers of new genetic technologies, NCHGR deputy director Dr. Elke Jordan concluded with an anecdote that was both seasonal and instructive.

A company that offered specially bred Christmas trees with absolutely perfect shape and symmetry, she explained, found, to its consternation, that the public doesn't care much for perfection—imperfect trees with "character" were actually preferred. □

Older Hispanics Targeted

NIA Holds Workshop on Communicating Health Messages

By Carolyn S. Shanoff

A panel of nationally recognized Hispanic physicians, sociologists, social workers and communication specialists has advised the National Institute on Aging that older Hispanics face formidable barriers in access to health care and information on disease prevention.

At a recent 2-day workshop cosponsored by NIA and the Administration on Aging (AoA), the panel also said that most traditional channels of disseminating health information to older people—such as large national health organizations, nutrition sites and newspapers—are largely ineffective for older Hispanics.

The workshop, "Developing Strategies for Disseminating Health Information to the Older Hispanic Population," was the first in a series of events comprising an institute Hispanic initiative, according to Dr. Manuel Miranda, NIA assistant director for interdisciplinary research. The workshop was organized by Miranda; Susan Castillo, NIA program assistant; Dr. Alfred Duncker, acting director, AoA Division of Research and Demonstration; and NIA's public information office.

"The topic is very important to the NIA," said Dr. T. Franklin Williams, NIA director. "Our institute has a broad mandate from Congress to conduct research in the biomedical, social and behavioral aspects of aging and to disseminate knowledge and information widely. The older Hispanic population presents special challenges in terms of language and cultural diversity. Discussions like these help us focus on the cultural and individual variations that exist in our society. In turn, we can modify our communication strategies and move toward improving the quality of health and the quality of life for older Hispanics."

Barriers to Health Care

The nine-member panel cited poverty and underemployment as two of the barriers to health care that older Hispanics face. Poor English skills and cultural differences also limit access to health care, panel members agreed.

"An estimated 90 percent of older Hispanics speak Spanish at home," said one participant, Dr. David Espino, assistant professor and director of the division of geriatrics, University of Texas-San Antonio. "Most also are likely to be poorly educated, marginally literate, unemployed, and poor. And they are likely to define health and illness differently from other older Americans."



Among those attending NIA/AoA's recent workshop on "Developing Strategies for Disseminating Health Information to the Older Hispanic Population," were (seated, from l) Drs. Ivonne Jimenez-Velazquez, T. Franklin Williams and Manuel Miranda. Standing are (from l) Dr. David Espino, Dr. Rina Alcalay, Dr. Alfred Duncker, Sandra Rothman, Ed Mendez and Jane Shure, NIA public information officer.

Another participant, Carmela G. Lacayo, executive director of the *Asociacion Nacional Pro Personas Mayores*, said older Hispanics are "cut off from services because they can't communicate with agency personnel, or they are only familiar with institutions that make an effort to reach out to them. Many distrust government institutions and services because they've experienced discrimination.

"For their part, many government-funded service providers don't know how to conduct effective outreach to Hispanic elderly," she added. "The continuing scarcity of bilingual, culturally appropriate information and bilingual/bicultural service providers is a key reason older Hispanics still face formidable barriers to health care and social services."

Lacayo noted that her organization has translated many of NIA's *Age Pages* into Spanish and that the publications have been useful in communicating certain messages to older Hispanic people. But, she added, printed material is not always appropriate for the audience.

"Many Hispanic elderly have had limited formal education and are functionally illiterate," she said. "For them, written information on health care or social services, often translated literally and written for a reading level of high school or better, is simply useless."

All the panel members recommended using Spanish language radio, television and videos to deliver health information to older Hispanics.

"Television and radio have been used effectively in Latin American countries to disseminate information," said Espino, "and it is expected that these types of media would be effective in accessing the older Hispanic community (in this country)."

He also cited the need to "educate and sensitize" health care professionals who work with older Hispanics. "Orientation of these practitioners to the special needs of the Hispanic elderly community will improve the probability that they will get more involved in the dissemination of any type of health-related information to that community."

Workshop participants also recommended involving the church in all health information dissemination activities.

"Studies show that Hispanics consider the church a focal point for their community involvement," said Lacayo. "Hispanic older persons in particular trust the church. It's one of the few institutions with which they feel comfortable."

According to Ed Mendez, executive director of *Raices*, a community program in Brooklyn, N.Y., that serves older Hispanics, "the 'blessing' of a local religious leader gives a program instant credibility and access to church members."

However, panelist Espino added, "clear follow-up channels must be available to church personnel with relatively effortless, fully developed involvement strategies."

Other information channels suggested by workshop participants include trained senior

peer volunteers, local merchants such as grocers and barbers, and bilingual forums and fiestas, where older people and their families can learn about health promotion and meet with health service representatives.

"The NIA and the AoA must acknowledge that outreach/access initiatives are complex, time consuming and expensive," said Mendez. "Quick and inexpensive public information campaigns will not be effective in promoting access or compliance with health promotion programs. Hispanic clients require ongoing community-based services which are sensitive to their needs, language, life experiences and culture."

Other panel members were Dr. Ivonne Jimenez-Velazquez of the department of medicine of the University of Puerto Rico; Dr. Rumaldo Juarez of the University of Texas-Pan American; Hugo Morales, Radio Bilingue, Fresno, Calif.; and Sandra Rothman of the Social Security Administration, Miami Beach, Fla. Dr. Rina Alcalay of the University of California-Davis served as facilitator.

A second workshop, "Developing a Research Agenda on Aging," will be held Feb. 20-21 at NIH. Participants include experts in geriatrics, preventive medicine and community health, and cross-cultural research.

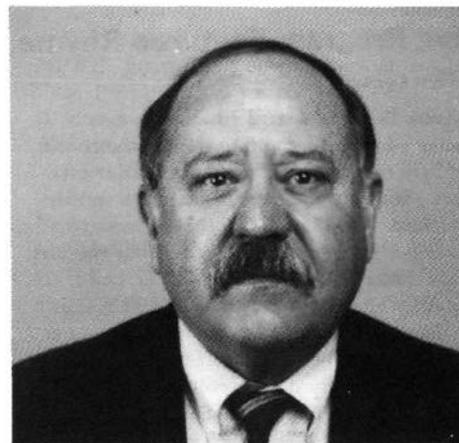
Older Hispanic Population Expected to Surge

"Older Hispanics are the fastest growing group of older Americans," said Dr. Manuel Miranda, NIA assistant director for interdisciplinary research. "They suffer from greater poverty, live in worse conditions, and get less health care than the population as a whole. That's why the NIA/AoA Hispanic Aging initiative and the workshop, 'Developing Strategies for Information Dissemination to the Older Hispanic Population,' are so important.

"Eradicating these problems will take public and private sector initiatives and special sensitivity to the cultural differences between Hispanics and non-Hispanics and among various Hispanic populations," he added.

Miranda said the U.S. Census Bureau projects a 600 percent increase in the number of Hispanics over age 65 by the middle of the 21st century. That's four times the growth rate of the older population overall, he said, and represents an increase from about 906,000 Hispanics to an estimated 5.6 million.

Older Hispanics consist of five major subgroups. According to Miranda, 54.2 percent of older Hispanics are Mexican-Americans, 13.6 percent are Cubans, 8.9 percent are Puerto Ricans, and 6.5 percent are Central



Dr. Manuel R. Miranda

and South Americans. The remaining 16.8 percent are grouped as people of other Hispanic origins.

He added that the major medical problems reported by elderly Hispanics include arthritis, diabetes mellitus, cardiovascular disease, hypertension, cognitive impairments, depression, cerebrovascular disease effects, and impaired vision.

Miranda Named to NCOA Board

Dr. Manuel R. Miranda, assistant director for interdisciplinary research at NIA, has been named to the board of directors of the National Council on the Aging, Inc. (NCOA).

"Dr. Miranda's prominence as a policy maker and educator is nationally recognized, as is his close acquaintance with policy issues including those of special importance to Hispanic and other minority elders," said Daniel Thursz, president of NCOA.

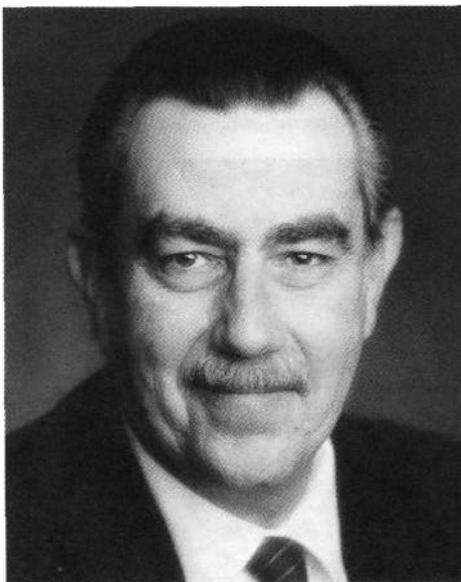
Miranda came to NIA in November 1989 after having served for 2 years as staff director of the U.S. House select committee on aging. Earlier, he had been a faculty member at universities in California and other western states. □

ECS Hosts Guest Lectures

The Employee Counseling Service's Guest Lecture Series for 1991 continues this month with a discussion on the psychology of money and money management Feb. 14 in Bldg. 31, Conf. Rm. 7 from noon to 1 p.m.

A film and discussion on the theme "Making Money Count," will be held Thursday, Feb. 21 in Bldg. 10's Little Theater, also from noon to 1 p.m.

For information call 496-3164. □



Robert T. Dillon, assistant director for policy and evaluation in the Division of Personnel Management, OD, recently received the All Star Team Award from the federal section of the International Personnel Management Association. The association recognized Dillon for his leadership in designing and implementing the new pay programs and his contributions to the NIH efforts to obtain legislative approval of a pay and personnel system for senior scientists. This legislation was recently passed, and is expected to be implemented soon.

Peer Review Updates Available

The Division of Research Grants has recently released two updates in its "DRG Peer Review Trends" series (*DRG Peer Review Trends, Member Characteristics of DRG Study Sections, Institute Review Groups, and Advisory Councils and Boards, 1979-1989*, and *DRG Peer Review Trends, Workload and Actions of DRG Study Sections, 1979-1989*). One volume speaks to the nature, quality and quantity of applications reviewed by DRG; the other volume addresses the characteristics of scientist-peers involved at several levels during the review of applications.

There have been a variety of changes in the review process during the last decade, e.g., the introduction and standardized use of percentile scores assigned by initial review groups to applications. There have also been continuing changes in approval rates and priority scores during this period. These trends, along with many others, are addressed; findings include extensive graphic and tabular support, as well as discussion of their significance.

Individuals interested in receiving copies of these two volumes should contact the statistical analysis unit, statistics, analysis, and evaluation section, Information Systems Branch, Division of Research Grants, 496-7561. □

'Word Stew' Served Here

King Program Features Rhyme and Reason of Ruby Dee

By Carla Garnett

Ruby Dee had a hard time explaining exactly what she'd come to do. Certainly she was here to speak, she said, but just as certainly she was not going to deliver a speech. The words "keynote address" were written beside her name on the program, but the very words made her uneasy. Besides, she said, they were the wrong terms to describe what she does.

"I read, number one," Dee said, smiling. What she actually does is collect words and "make them fly," she said. Sometimes they take off like birds, leaving her empty as a barren pasture.

Well, maybe you had to be there to understand. The scene was set for emotion. Two days after war broke out in the Persian Gulf, the Masur Auditorium was packed for "Together: Our Quest for the Dream," NIH's 1991 Dr. Martin Luther King Jr. Commemorative Program.

Presented by the Division of Equal Opportunity and its 1991 multicultural planning committee, the commemoration's message of peace through nonviolence was hailed first by the Fabulous Flying Fingers, a group of Rockville Elementary School fifth graders who interpret music through sign language.

"Though the rhetoric of government may keep us apart," they sang and signed, "there is no misinterpreting the language of the



Stage and screen actress Ruby Dee, featured guest at NIH's King Commemoration, served the audience "word stew," an amalgam of quips and quotes about love, peace and nonviolence.

heart. Love in any language is straight from the heart and should pull us together, not apart."

Those words, from the mouths and hands of 10-year-olds, set the program's tone.

"The Good Book says, 'And a little child shall lead them,'" said Dr. William Raub, NIH acting director, who called Dee a path-

finder and history maker. Dee is also a stage and screen actress, a prose and poetry writer, and apparently, somewhat of a chef.

Following "Fingers," the guest speaker, too, had love on her mind. Reading what she called her "word stew," Dee shared her "smorgasbord" on love, nonviolence and peace.

"When we lack it, we rattle and bang and make a whole lot of racket," she intoned in a singsong voice. Then, without pause she cheered loudly, "Let's see about love; let's be about love; let's bring about love; we need to sing about love."

Dee said love is "oceans of emotions surrounded by expanses of expenses." Then, quoting a comical adage, she advised "the only cure for love is marriage. Love is a one-way ticket but the train done gone."

As the laughter subsided, Dee defined the state of marriage: "When you sink into his arms and suddenly your arms wind up in his sink. 'Tis better to have loved and lost than to wed and be forever bossed."

By then, Dee's word stew was simmering. At random she wove each subject seamlessly into the next, allowing her stream of consciousness to flow unimpeded. Her voice, at times gleeful and teasing, would suddenly become quiet and pensive as she mingled King's words with those of composers, poets, troubadours and orators.

"The law cannot make a man love me," Dee quoted a King speech, lowering her voice to a stage whisper, "but it can control his desire to lynch me."

The world needs a refresher course on the meaning of nonviolence, Dee said. "The means must be as pure as the ends we seek...There is no color distinction in the army of nonviolence."

According to Dee, the nonviolent army, clad in suits of sincerity, arms itself with faith and uses its conscience as currency. "Western civilization is waiting for the punchline, and missing the point."

Then, calling on women to take action in world events, Dee lightened the mood: "These men, these men, they just ain't doin' it; they've had hundreds of years and are 'bout to ruin it. . . ."

"No matter how great or high the throne, what sits on it is the same as your own."

Finished serving her unique concoction of comical thoughts, Dee struggled to keep her voice level as she described King and others who dreamed.

"He was a rebel, you know, a creative agitator," she said, "a man who let his God shine through." Calling the names of Gandhi, Susan B. Anthony, Frederick Douglass, Mary



NIH acting director Dr. William Raub and Division of Equal Opportunity Director Diane Armstrong (r) greet actress/author Ruby Dee, who spoke at NIH's Martin Luther King commemorative program.



In a timely King tribute, the "Flying Fingers" sang and signed peaceful words: "Love in any language is straight from the heart and should pull us together, not apart."

McLeod Bethune, Booker T. Washington, Abraham Lincoln, Malcolm X and a host of historical figures, Dee compared them with King.

"Like Columbus, they knew the shore was there because they had dreamed it. And they set out to find it," she said. "Dead men and women make convenient heroes. It's so much easier to make a monument than to make a

better world."

This is a new day of struggle, Dee said, noting that the well-used song of inspiration "We Shall Overcome" implies a postponement of action.

"I think we need to replace that song," she said quietly. "The past is gone, don't rue it. Our work is here, let's do it. Is faith asleep? Let's wake it. Today is ours; let's take it." □

DCRT Offers Automated Drawings

An improved version of the PC-based program for drawing DNA and protein sequences is now available from DCRT. The new DNAdraw reduces the time of preparing sequences with shading from over an hour to mere seconds, and is less error prone because alignment matching is done automatically.

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SKSY1	QLWLIEVLGTP - SFEDFNQIKSKRAKEYI	
DCCM2	QLFRIFRALGTP - NNEWVPEVSSL - QDYK	
IKNY28	QMEVTFRALGTP - TDRDWPEVSSFMYNKE	
XI		
TSRK1	QSLSFKTKVAVAKLFPKSD - SKALDULDR	
UFSY3	KSLPMYPAAPLEKMFPRVN - PKGIDLLOR	
SKSY1	ANLPMRPPLPWETVWSKTDLPNPMIDLLDK	
DCCM2	NTFPKWNPGSLASHVKNLD - ENCLDFLSK	
IKNY28	QIYPPPSRDELKRRFIAAS - EYALDFMCG	

The user specifies only the name of the file containing the alignment; the column where the alignment starts; the matches per column needed for shading; the type of shading; and the program produces sequences similar to the portion shown. For more information about DNAdraw, or to have a sequence drawn, call DCRT's Marvin Shapiro, 496-6037. □

NHLBI Symposium Explores Cystic Fibrosis Research

"Molecular and Cellular Biology of Cystic Fibrosis: Basic Concepts and Strategies for New Therapies" is the subject of the next symposium in the NHLBI series, "Frontiers in Basic Sciences That Relate to Heart, Lung, and Blood Diseases." The meeting will take place Feb. 21-22 in Masur Auditorium, Bldg. 10.

At the symposium, leading researchers and experts in cystic fibrosis will present their views on the state of the science, the problems facing current understanding, and anticipated future developments in cystic fibrosis research. Program topics include the cystic fibrosis gene, normal and cystic fibrosis phenotypes, and new treatment strategies such as correcting the defect by gene transfer, preventing pseudomonas infection, and improving mucous clearance with DNase.

The symposium is the 16th in the NHLBI Frontiers in Basic Sciences series. NHLBI sponsors these symposia to help capitalize on and transfer the progress achieved in basic science disciplines to clinical research programs.

For more information or to obtain a registration form, call Gerri Wolfe, 496-9899. □

Koshland To Give NIH Lecture

Dr. Daniel E. Koshland Jr., a longtime NIDDK grantee and editor of *Science* magazine since 1985, will deliver the NIH Lecture on Wednesday, Feb. 13 at 3 p.m. in Masur Auditorium, Bldg. 10.

A professor of biochemistry and molecular biology at the University of California-Berkeley, Koshland will discuss "Mechanisms of Short-Term and Long-Term Memory."

The NIH Lectures were established in 1953 to recognize outstanding scientific accomplishment and to contribute to the vital interchange of scientific information. The lectureship is awarded by the NIH director on the advice of the scientific directors. Koshland first delivered the Distinguished NIH Lecture in 1982.

Internationally renowned for his studies in protein chemistry and the mechanisms of enzyme action, Koshland received a 1990



Dr. Daniel E. Koshland Jr., professor of biochemistry and molecular biology at the University of California-Berkeley, will present the NIH Lecture Feb. 13 on the topic, "Mechanisms of Short-Term and Long-Term Memory."

Merck award from the American Society of Biochemistry and Molecular Biology, and was recently named an honorary fellow by the American Medical Writers' Association. He is a member of the National Academy of Sciences, the American Academy of Arts and Sciences, and the American Philosophical Society.

A 1941 Berkeley graduate, Koshland earned his Ph.D. from the University of Chicago in 1949 and completed a postdoctoral fellowship at Harvard University in 1951. □

EXEC SECS

(Continued from Page 1)

science soon realized that someone was needed to prepare the applications for review and to manage the study sections. To carry out these responsibilities, the first executive secretary was appointed in November 1946. Others soon followed and by 1953, when DRG received the prestigious Lasker Award for "its brilliant administrative achievement—of immeasurable value to the public health," there were approximately 21 study sections with corresponding executive secretaries. Today, DRG has 81 chartered study sections (99 including subcommittees). Each subcommittee acts independently and has its own executive secretary.

The charge to the study sections in 1946 was twofold: "To provide critical review and advice on research grant applications within the broad field of biomedical sciences, and to assess the research needs in their respective areas in order to stimulate and encourage research where the emphasis is needed."

Then as now, an executive secretary's primary responsibility is to provide for the scientific and technical merit review of grant applications. The position involves interactions with program staff members of the NIH awarding components, study section members, applicant investigators, and other scientists. Therefore, each executive secretary serves as the principal interface or linchpin for peer review to the scientific community.

"Many in the scientific community understand and appreciate the key role that the executive secretary plays in the support of biomedical research. It is an absolutely crucial role," says Dr. Jerome G. Green, DRG director.

Furthermore, says Green, being an executive secretary is one of the best professional positions at NIH. "It offers the scientist an opportunity to remain in direct and close contact with his or her discipline and to be especially aware of the newest developments in research. The position also provides for close contacts with scientists throughout the United States and the world. It's essential that we have quality scientists in these positions."

These managers of peer review are indeed top scientists as well as experienced administrators. They are professionals from the academic research community as well as the NIH intramural staff. Most have significant, independent research experience as established investigators and have held administrative/managerial positions that uniquely qualify them as health scientist administrators.

"It is not uncommon to find an executive secretary who had previously held the professorial rank at a university, nor is it uncommon that an executive secretary will leave DRG for a prestigious position in scien-

tific research or research administration in the private sector," says Dr. Anthony Demsey, DRG associate director for referral and review.

An executive secretary's "grant round" begins when grant applications for research and research training support, some 34,775 in fiscal year 1990, are received and assigned by the DRG referral office. Applications are assigned first to a study section for the initial review and second to one of the NIH funding components or another PHS agency for advisory council review and possible funding. Within the referral process, some executive secretaries serve as referral officers, performing this function 1 to 2 days a week in addition to their other duties.

This high volume of applications means that within a given study section, the executive secretary can have as many as 100 grant applications assigned for review. However, the average is 60 to 75 applications. To gain a perspective on the paper flow, multiply that number by the three "grant rounds" or receipt cycles each year. In addition, there are special receipt dates for some special programs that bring in additional applications and require an executive secretary's attention and planning for review meetings.

After the receipt and assignment of these applications, the executive secretaries play the key role in the review process. They are the direct link between the applicant investigator and the peer review committee, providing for a reliable mode of communication between these two parties. In their role as liaison, they must clarify scientific, administrative and pol-

icy requirements associated with the initial scientific merit review. This liaison role must be performed extraordinarily well and with fairness to the applicant. It has been said that an able executive secretary manages, articulates, decides, organizes, and often innovates.

Dr. Faye Calhoun, who served several years as an executive secretary before becoming DRG deputy chief for review, says that the main objective for the executive secretary is to obtain high quality written reviews and high quality discussions in study section meetings, which result in a clear, well-supported determination of scientific merit of each application assigned to that section.

The review of each favorably recommended application results in a priority score and percentile rank that are used as primary indices by the institutes in assessing the application's funding priority.

After a meeting, the executive secretary conveys these determinations of merit to the NIH component to which the application has been assigned. This is done through the summary statement or "pink sheet," as it is more commonly called. The summary statement includes a critique and an outline of the strengths and weaknesses of the applicant's proposed research. It must reflect the study section members' recommendations, the written reviews and the discussions during the section meeting, and it must be of high quality. The summary statement represents the "jury's verdict" on the merit of the proposed research and is used by the assigned NIH component's advisory council/board in



Some executive secretaries also serve as referral officers in DRG's referral section. Dr. Martin Padarathsingh (1), a referral officer and executive secretary of the pathology B study section, consults with (from 1) Drs. Marcel Pons, Gilbert Meier, Sami Mayyasi and Mohindar Poonian, all executive secretaries of AIDS and related research study sections, concerning the assignment of applications.



Top scientists as well as experienced administrators come to DRG from the academic world and from intramural NIH to become executive secretaries. New ones include (front, from l) Drs. Joe Marwah, Peter C. Preusch, Donald Schneider, Allen Dearry, Andrew Mariani and Scott Osborne. At rear are (from l) Drs. Larry Pinkus, Jerry Critz, Gopal Sharma and John Beisler.

the second tier of the peer review system.

According to Dr. Martin Padarathsingh, a DRG referral officer and executive secretary of the pathology B study section, "An executive secretary should maintain a study section whose members interact well with each other and respond well to policy guidance by the executive secretary. Also, there must be good interaction between the executive secretary and the study section chairperson as well as other members of the section. I think that this can best be achieved by capturing the best pool of scientists for composition of the study section and providing a congenial, scholarly atmosphere for the meeting."

Maintaining a study section also involves recruiting members to serve as peer reviewers. The recruitment of outstanding scientists to serve as study section members is one of the major tasks of the executive secretary. Membership is generally for a 4-year term; however, appointments are made so that a fourth of the members are new appointees each year, providing for continuity and new input.

This responsibility of the executive secretary involves a formal process that can take some 18 months. During this process, the executive secretary considers potential members based on his or her knowledge of the field of research, the needs of the section, and exposure to the scientific literature and to scientific meetings. Names are solicited from the NIH components and the scientific community. An NIH consultant file also provides assistance in identifying potential members.

Individual scientists are assessed as potential reviewers by applying subjective and objective considerations such as the ability to work effectively in a group and good communication skills. However, the overriding consideration must be that they are highly competent, experienced scientists—the best of the available pool of experts within a given area of science at that time.

Calhoun says that assessing the review expertise needs of the study section and

evaluating which scientific areas are developing or declining in emphasis are important considerations before the executive secretary begins to identify potential members.

One of the scholarly activities of the executive secretary is to arrange for study section-sponsored workshops so that members can assess the status of a specific research area in the field and broaden their perspective as reviewers in that area. These workshops are usually held when a study section meeting takes place and provide a formal setting to note the changes and dynamics or direction of the relevant science.

The executive secretary's other responsibilities may also involve participation with selected consultants on project site visits to an applicant's institution to obtain answers to



Dr. Dharma S. Dhindsa, a DRG referral officer and executive secretary of the reproductive biology study section, reads and assigns some of the 36,714 competing applications that DRG received in FY 1990; 24,314 were reviewed by DRG study sections.

questions raised by reviewers. The many responsibilities of professional executive secretaries make them major players in today's peer review process.

DRG's Green says, "I fully expect that as biomedical and behavioral research continues to mature and expand, the crucial influence of the executive secretary will become even more important. It is, even now, a remarkable blend of contemporary, sophisticated science and modern management and administration. It's both a burden and a joy."

Since its beginnings in 1946, DRG has often been referred to as the "cornerstone of the peer review system." A major contributor to that reputation of excellence has been and continues to be DRG's executive secretaries. □

Two Locales Test High for Radon

A survey of air samples from 846 building areas that are a representative sample of all NIH locations has turned up 2 areas in excess of the Environmental Protection Agency's standards for radon gas.

The two areas, one in Frederick, Md., and the other at NIAID's facility in Hamilton, Mont., exceed the EPA's guideline level of 5 picocuries per liter.

The radiation safety officers at these locations have been notified and long-term followup measurements will be conducted to determine if mitigation is needed.

Radon is a colorless, odorless, tasteless radioactive gas that is produced in nature during the decaying process of uranium. Outdoors, radon is diluted to such low concentrations that it does not pose any health threat. It can, however, accumulate indoors. The level to which this occurs depends on a building's construction and the concentration of radon in the underlying soil. Because of the possibility of radon accumulating indoors, it can pose a potential health risk, particularly to those under age 20 and to smokers. The specific health risk is the development of lung cancer, which occurs only after prolonged exposure.

During the past few years, this inert gas has been the focus of a national monitoring program promoted by EPA. Using an air sample testing method recommended by EPA, the Radiation Safety Branch of the Division of Safety tested NIH work areas for radon levels.

Questions about the results of the NIH radon testing program will be answered by your local radiation safety office. □

Allergic to Latex?

The Laboratory of Allergenic Products, FDA, seeks volunteers who are allergic to latex (rubber) to participate in a study involving blood donation and allergy skin testing. Participants will be paid. Send written requests to Jackie Matthews, Bldg. 29, Rm. 201. □

Children's Inn Burgeons at Half-Year Mark

By Anne Barber

Since July 2, 1990, when the Children's Inn opened, more than 450 patients and their families from 44 states and 8 foreign countries have stayed in this NIH residence. The children have come to the inn through referral from 10 of the 13 NIH institutes.

"In addition to the heartwarming support we've received from the Clinical Center's medical team and the social workers who are the source of referral for our residents, we have been blessed with help from the entire NIH community. From groundskeeping to emergencies involving the police, transportation services, fire, safety and maintenance services—all have taken extra care of the Children's Inn, and we are most grateful," says Andrew Tartler, executive director of the inn.

"All the hard work put into the design and establishment of the inn has paid off. Our family-centered, self-help concept has been fully realized when you look at the excellent use patients and their families have made of this facility."

When the inn first opened, there were four full-time staff members: Tartler; Kate Higgins, resident manager; Pam Keller, director of volunteers; and Zulienne Wolfrey, administrative assistant. Since then, the board has hired two additional staff members: Margo Bradford, day manager, and Jean Buegler, bookkeeper.

Bradford, who shares the managerial load with Higgins, says, "Our intake has steadily increased so that we have had to implement an administrative/medical priority system to decide who to admit. The inn can provide for up to 36 families, but when we are full, we have procedures to determine who stays and who doesn't, based on the child's health. Many nights this month (January), we have been full."

A significant strength of the Children's Inn is its volunteer corps. There are currently 150 volunteers serving the inn. They range, according to Keller, from ages 16 to 70 years, and include working people as well as the retired.

"We have varying degrees of commitment from our volunteers—from people who bake for parties to our weekend volunteer resident managers. We provide staffing 7 days a week, for approximately 1,500 volunteer hours a month."

Except for the contract cleaning service, volunteers do everything that is required to keep house. They replenish kitchen supplies, pick up the playroom, make sure fresh linens are placed in each linen closet, fill bird feeders. They also work at the welcome desk answering phones, accepting and orienting patients and their families, ordering the shut-

tle van, arranging monthly tours of the inn, and taking residents to the grocery store.

Keller was swamped with calls from potential volunteers even before the inn opened. "In fact," she says, "I received so many I had to limit them to one shift a week."

"The only trouble we had was getting people to come and stay over a weekend. Once we advertised the need, we received adequate weekend and holiday volunteer coverage."

Volunteers make grocery trips with residents four times a week and they drive the inn's van during the weekend when the NIH shuttle doesn't provide service to the Clinical Center and the Metro station.

Tartler emphasizes, "The NIH community has responded very generously to our needs for volunteer help."

Keller says she gets many calls from people wanting to do things for the inn. "For example, as early as the summertime, the NIH firemen came to me and offered to do a holiday party for the children in December. We agreed, they did, and it was a big success."

"The dream," says Tartler, "that the Children's Inn would become a national model has become more and more true. We continue to reap the benefits of national recognition because of the type of service we provide here. Some of this may result from having been on the *Today* show twice.

"As we continue to meet the ongoing needs," he says, "our 'wish list' continues to grow."

Tartler mentions the number one priority—automatic doors for the two sets of front doors and the residents' evening access door.

"Also, we would like to develop the exterior of the property to match the beauty of the interior. We would like a special playground, barbeque grills, picnic tables, a gazebo, park benches, plantings, as well as wildlife feeding stations.

"These kids," he says, "spend weeks and months inside institutions, so we would like to provide them with an opportunity to spend some time outside. We are in the planning stages now, and estimate the cost to be around \$118,000."

On Feb. 7, a board change at the inn will take place. The original two boards—operating and fund development—will merge into one board of directors. The new board, consisting of 25 members, is responsible for establishing an endowment fund that will provide the inn with annual operating expenses.

Tartler says NIH contributes laundry service, maintenance, utilities, and shuttle service, in addition to the land it has already given. However, funds for operating costs are required to support the inn, hence the need for an endowment fund.

"Outside generosity to the inn has been most gratifying," Tartler reports. "Several entities have approached us to hold fundraising events and share the proceeds with the inn. Our children and families appreciate the donations and contributions that we receive. People have been very generous in sending us contributions in memory of or in honor of relatives or friends, in honor of kids' teachers, for a birthday or a bat mitzvah.

"And, all of us at the Children's Inn are looking forward to the celebration of our first anniversary," says Tartler proudly. □

NIDR Seeks Patients

The NIDR seeks patients suffering from dry mouth caused by radiation therapy in the head/neck region. Patients must be between ages 18-70 and have no cardiovascular, respiratory, hepatic, or gastrointestinal problems. For more information call Alice Macynski, 496-4371. □



The NIH Ski Club recently cosponsored a skiing trip to Bryce Mountain, Va., with Special Love, Inc., the group that puts on Camp Fantastic each summer. Youngsters with cancer were treated to ski lessons during the weekend outing.

Fogarty Center Expands European, Latin American/Caribbean Programs

By Jim Bryant

Two regional initiatives established last year by the Fogarty International Center to expand collaboration with Latin American, Caribbean, and Central and East European scientists have proved so successful that they are being expanded for fiscal year 1991, FIC director Dr. Philip E. Schambra has announced.

"We are gratified by the interest shown in last year's programs by NIH scientists and their counterparts in these areas of the world," said Schambra in announcing the programs' expansion. The programs are designed to provide flexibility and encourage new affiliations between institutions and scientists.

The Fogarty Center plans to commit \$1.4 million to the two initiatives this year, a major increase over the approximately \$200,000 the first year. These funds will support new activities in addition to long-standing bilateral programs with countries in the two regions.

One of the most important changes will be inclusion of the Soviet Union in the East European initiative.

"We can work now directly with institutions and scientists in the Soviet Republics and do not have to go through the central Ministry of Health in Moscow, as we do in our other programs," said Alexandra Stepanian, program officer for the Soviet Union and East Asia in FIC's International Coordination and Liaison Branch (ICLB).

"These initiatives are designed primarily to foster NIH scientists' new ideas for collaboration with colleagues in these regions," said Dr. Allen Holt, program officer for Central and Eastern Europe in the ICLB.

"We are not focusing on any one country," said Dr. Arlene Fonaroff, program officer for the Americas and the World Health Organization. "The quality of the science of each proposal will determine the award and set the stage for long-term cooperation."

Last year, NIH intramural and extramural staff were eligible for the program. "This year, NIH-supported extramural scientists, when endorsed by their NIH colleagues, also will be eligible for support under the initiatives," Holt said. FIC will rely on ICD scientific program staff to recommend such participation whenever they deem it appropriate.

Four types of cooperative activity will be supported by the FIC through the initiatives: short-term exchange visits by U.S. scientists and scientists from Latin America, the Caribbean, Central and Eastern Europe and the U.S.S.R. to explore or develop new or expanded research cooperation in the biomedical and behavioral fields; fellowships for the conduct of research and research training for scientists from these regions to NIH intramural laboratories and NIH-supported

extramural labs; conferences and workshops to support research cooperation between scientists from the U.S. and countries in these regions; and research support through the purchase and/or shipment of essential equipment, supplies, and technical information materials necessary to maintain continuing research cooperation between U.S. scientists and colleagues from these countries.

In addition to these activities, FIC will also consider ICD proposals for other scientifically meritorious activities involving these regions.

"The new research support component will help these countries strengthen their base for research," Holt said, "because it can be used to help provide modern equipment, supplies and data bases for scientists whose laboratories may not be up to date" but where excellent research can be pursued.

During FY 1990, under the Latin American and Caribbean initiative, 17 NIH scientists from 9 institutes were supported to visit scientists in 10 countries of the region. In Eastern Europe, 15 NIH scientists from 5 institutes were supported to visit scientists in 3 countries.

There have already been some significant success stories. The *Wall Street Journal* carried a front-page story on Jan. 7 about the contributions of Dr. Eva Mitrova, a researcher at the Bratislava Institute of Preventive Medicine in Bratislava, Slovakia, whose FIC fellowship allowed her to continue her collaboration with the Laboratory of Central Nervous System Studies at NINDS headed by Dr. D. Carleton Gajdusek, a Nobel laureate. With Drs. Paul Brown and Lev Goldfarb, they have initiated epidemiologic and molecular genetic studies of Creutzfeldt-Jakob disease in her native country.

There are numerous other examples of fruitful cooperation under the program:

- 64 East European and Latin American scientists have received advanced training in AIDS epidemiology and research in the U.S.
- A team of scientists from six NIH components visited Barbados, Jamaica, and Trinidad to meet with scientific directors of the Commonwealth Caribbean Medical Research Council and visit research institutions to explore collaboration in such areas as sickle cell disease, diabetes, hypertension, lupus, and nutrition.
- Two scientists from NCI's Environmental Epidemiology Branch visited Costa Rica to initiate collaboration on an epidemiological study of cervical cancer. A third scientist visited Jamaica to study the feasibility of additional research on the genesis of cervical cancer.
- Two scientists from NIAID's Clinical Epidemiology Branch visited five Central and

South American countries to identify sites and collaborators for a project to determine asthma prevalence and its relation to environmental pollution.

During FY 1991, proposals will be reviewed by a committee of FIC and other ICD scientific staff. Receipt dates for proposals are Mar. 1, June 1, and Aug. 1. Support for activities to be undertaken after Oct. 1, 1991, will be subject to the availability of funds in FY 1992. The review process will be completed within 4 weeks.

Questions on the programs can be directed to Holt, Fonaroff or Stepanian, 496-4784. □



Dr. Anthony S. Fauci (r), NIAID director, recently became the 17th recipient of the prestigious "Presidential Award of the New York Academy of Sciences, Supported by A. Cressy Morrison." The award was presented by Dr. Charles A. Sanders (l), president of the New York Academy of Sciences. Fauci was honored by the academy for his "outstanding accomplishments in science and service in the cause of science." The award, presented once a year to an esteemed scientist, is the highest honor bestowed by the academy.

Sailing Lessons Offered

The NIH Sailing Association invites would-be sailors to join and to register for basic training on the club-owned Flying Scots. Training will be held for 6 weeks in April and May, with on-the-water training on the South River south of Annapolis as well as classroom instruction.

Club members who successfully complete basic training are entitled to charter the club boats. Applications for club membership and the training class are available at the R&W activities desk, Bldg. 31, Rm. B1W30. Registration by mail begins Mar. 4 and closes Mar. 15. Enrollment is limited and students are accepted on a first-come, first-served basis. □

Seven NIH'ers Receive Top Management Award

Seven NIH'ers were recently chosen to receive Presidential Rank Awards. These awards recognize the nation's best top managers.

Receiving the Distinguished Presidential Rank Award from President Bush on Jan. 9 were Drs. Igor Dawid and Carl Kupfer. This is the highest civil service award that can be bestowed upon federal executives. Given annually since 1980, the awards include a \$20,000 check.

Dawid, chief of NICHD's Laboratory of Molecular Genetics, received the award "for his pioneering research accomplishments in developmental biology and molecular genetics leading to new approaches to the cure of gene disorders."

Kupfer, director of NEI, received his award "for sustained extraordinary accomplishment in planning, developing, and managing a nationally and internationally acclaimed vision research program."

Receiving the Meritorious Presidential Rank Award, which carries a \$10,000 prize, were Dr. Donald A.B. Lindberg, John D. Mahoney, Dr. Malcolm A. Martin, Stephen A. Ficca, and Dr. Matilda W. Riley.

Lindberg, director of NLM, received his award "for instituting at the National Library of Medicine sophisticated and successful information programs and services responsive to the needs of the nation's health professionals in dealing with biotechnology, AIDS, and other contemporary issues in medicine."

Mahoney, director of NIH's Office of

Administration, received his award "for outstanding leadership and management skill in restructuring NIH station support procurement operations, achieving significant cost savings, and developing unprecedented levels of regulatory compliance while maintaining system responsiveness to research needs."

Martin, chief of NIAID's Laboratory of Molecular Microbiology, received his award "for exceptional leadership and sustained accomplishments in research on the retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS), and for important scientific studies relating to RNA and DNA viral genome structure of biological functions which have advanced the use of recombinant DNA technology."

Ficca, director of NHLBI's Office of Administrative Management, received his award "for outstanding leadership and initiative which have made significant contributions to the improved management of the programs at the National Institutes of Health."

Riley, associate director of NIA's Behavioral and Social Research Program, received her award "for outstanding leadership and significant accomplishments in the establishment of a national and international extramural program of social and behavioral research at the National Institute on Aging."

Overall, 66 federal employees received the Distinguished Presidential Rank Award and 316 received the Meritorious Presidential Rank Award. □

Leszczynski Joins Review Branch

Dr. Dennis Edmund Leszczynski has joined the Division of Research Grants as an executive secretary in the Referral and Review Branch.

Before joining NIH, he was a senior research scientist and executive director with the Harlan E. Moore Heart Research Foundation, a private not-for-profit corporation affiliated with the University of Illinois. He held research grants from the American Heart Association and the U.S. Department of Agriculture. Before his affiliation with the Moore



Dr. Dennis E. Leszczynski

Foundation, he was a research assistant with the University of Illinois, where he received a Ph.D. in nutrition in 1979.

Leszczynski is the author of more than 40 published papers on the chemistry and biochemistry of lipids and steroid hormones. He has been a manuscript reviewer for the *Journal of Biomechanics*, and has served on student research evaluation committees for the Poultry Science Association.

He is also a registered dietitian with the American Dietetics Association. He has been principal investigator on nine grants, and has served as a peer reviewer of fellowship and research grant applications for the American Heart Association. □

R&W Has Ice Capades Tickets

The Ice Capades are back in town! R&W has discount tickets to this popular event at the Capital Centre, this year's show featuring Barbie and the Simpsons. Tickets are available for the performances on Feb. 15, 16, and 17 at discounted prices ranging from \$12 to \$14 (reg. prices \$14.50-16.50). As always, no service charges. Purchase your tickets at any R&W location. For more information, call 496-4600. □



New officers of the NIH Toastmasters Club include (front, from l) Louise McHugh, educational vice president; Gladys Deibler, president; Ellen Williams, sergeant-at-arms. At rear are (from l) Richard Mesalle, area governor; Jasper Cummings, administrative vice president; Don Chappell, club secretary; and David Thomassen, club treasurer. Not shown is Ling Lee, bulletin editor.

Clinical Center Prepares To Assist U.S. Armed Forces

By Karen Riedel

The Clinical Center's department of transfusion medicine (DTM) is poised to assist in the collection of blood for the U.S. Armed Forces in Operation Desert Storm in the Persian Gulf, according to Dr. Harvey Klein, chief of DTM.

The DTM is part of the American Association of Blood Banks (AABB), which has 2,400 members. The AABB and the American Red Cross (ARC) have contracted with the Armed Services Blood Program for each to supply 1,000 units of blood weekly to the military. During the war, the AABB and ARC will each provide 800 units of blood a day.

The DTM is not mandated to supply blood for the military troops.

"We are much too small," says Klein. "The Clinical Center draws about 7,500 units of blood a year, as opposed to larger institutions such as the Red Cross regional blood centers that draw anywhere from 50,000 to 400,000 units in one year."

While DTM does not have orders to provide its blood to the military, it will be ready and available to help collect blood if the American Red Cross and other civilian blood collection facilities are inundated with donors.

"At the initial outbreak of hostilities, the American public is marvelous in donating blood," says Klein. "People line up to give blood, you don't even need to call them. We have drawn blood from community donors in the past when the region faced critical blood shortages."

In this situation, blood collecting facilities can be overwhelmed with donors and are therefore limited in the amount of blood they can collect. If designated blood collecting facilities become swamped, the DTM will assist those facilities.

"If the regional facilities are overwhelmed, we will conduct and store blood for the AABB and ARC," says Klein.

In Operation Desert Storm, the military will supply blood from stockpiles of frozen blood from nearby hospital ships.

"This is the first time in history that the military has formalized a relationship with civilian blood centers to provide a backup blood supply for the U.S. Armed Forces," says Klein. "Generally, the military is self-sufficient. Soldiers are very good donors, especially stateside. But there are approximately 400,000 troops in the desert and you cannot easily draw and process blood out there." Indeed, it is likely that the military will need more blood coming from civilian operations.

According to Klein, DTM supplies 80 percent of its own blood for patient use, primarily from NIH employee volunteers, and receives the rest from the regional Red Cross supplier. Coincidentally, during the past year, the department has been moving toward supplying 100 percent of its own blood. This is important now because the Red Cross requirements to supply Operation Desert Storm will mean a limited supply available for the CC and other hospitals.

"It will have an impact on my staff, but I do not expect it to delay services at all," says Klein, who reminds employees to give blood not only at the initial outbreak of any hostilities but also during the course of military activity.

"If you cannot come the first week," says Klein, "we still need you the next month. Blood can be stored for only 42 days in the liquid state." □

Stride Program Has Openings in Bethesda and North Carolina

The NIH Training Center's Stride Program has targeted five positions for job openings during its 1991 recruitment season, which lasts from Feb. 11 to Mar. 11.

The openings are: NINDS administrative assistant/officer; NIEHS administrative assistant/officer (located in North Carolina, with no funds for relocation expenses); Office of the Director, EEO specialist and operating accountant; NHLBI, grants management specialist.

Application packets are available in the Development and Training Operations Branch, DPM, Executive Plaza South, Suite 100, or at one of the information sessions (11 a.m. to noon, except NIEHS) listed below:

Feb. 13 Westwood/428

Feb. 14 Bldg. 10/Lipsett Amphitheater

Feb. 19 Federal/1015

Feb. 21 Bldg. 31/Conf. Rm. 4

Feb. 25 EPS/Classroom 4

Feb. 28 NIEHS Bldg. 18/Conf. Rm. 10-11 a.m.

Mar. 5 NIEHS Conf. Rm. B101 9:30-10:30 a.m.

Mar. 7 38A/Rm. B1N30B

The Stride Program is designed to provide employees with an opportunity for career change and advancement while at the same time helping NIH meet its staffing needs. The program's aim is to provide a combination of on-the-job training, academic courses, and selected short courses to prepare individuals for placement in targeted administrative positions. □

Cultural Workshops Begin

The Division of Equal Opportunity is beginning a workshop series on the various cultures and groups represented at NIH. The first of these workshops will feature Dr. Edwin J. Nichols, a clinical/industrial psychologist working in organizational development and director of Nichols and Associates, an applied behavioral science organization.

His presentation entitled, "The Philosophical Aspects of Cultural Difference," will discuss multi-ethnic and cross-cultural difference from an intergroup and a philosophical



Dr. Edwin J. Nichols

perspective. The presentation will be held on Thursday, Feb. 21, from 11:30 a.m. to 1:30 p.m. in Lipsett Amphitheater, Bldg. 10.

Starting in 1969 until his retirement in 1989, Nichols held various positions at the National Institute of Mental Health including director, Technology Transfer, Division of Education and Service Systems Liaison; chief, Services Systems Technology Branch; chief, the Staff College, and section chief, Special Populations, Psychopharmacologic and Somatic Treatments Branch.

All are invited to attend. For more information or questions, call Toni Pineau, 496-6301. □

Singers Seek Members

The NIH R&W Madrigal Singers have 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 or on Tuesdays from noon to 1 p.m. Rehearsals are usually held on campus or close by. For more information contact Richard Shrager, 496-1122, or Chuck Bacon, 496-4823. □

NICHD Study**Intravenous Immunoglobulin Treatment Benefits Children With HIV**

The NICHD has announced a treatment that reduces the development of serious bacterial infections in children infected with the human immunodeficiency virus (HIV). Bacterial infections in HIV-infected children are increased because of their impaired immune systems; these infections may result in prolonged hospitalization and can be life-threatening.

The treatment, monthly administration of intravenous immunoglobulin (IVIG), also results in fewer hospitalizations for children with symptoms associated with HIV infection.

Immunoglobulin is a solution given intravenously that contains concentrated antibodies against various infections. These antibodies are present in the blood of normal, healthy donors and are collected, concentrated, purified and prepared for infusion into individuals who need them. The IVIG is carefully prepared so it is free of agents that cause diseases such as hepatitis. Previously, IVIG has been used to prevent infections in children with other immune deficiencies.

Between Mar. 1, 1988, and Oct. 31, 1990, NICHD enrolled 372 children between the ages of 2 months and 12 years who had experienced symptoms as a result of HIV infection into a clinical trial designed to test

the effectiveness and safety of IVIG in preventing bacterial infections. The children were drawn from 28 clinical centers in the mainland United States and Puerto Rico.

In IVIG-treated children, treatment was shown to increase significantly the time free from serious bacterial infections, to reduce the number of overall bacterial infections, and to reduce the number of hospitalizations required in symptomatic HIV-infected children with CD4 lymphocyte counts of 200/mm³ or above. In children with CD4 counts below 200, no significant improvement was noted. CD4 lymphocyte measurement is one of the laboratory tests used to monitor the progression of HIV infection.

The clinical trial was scheduled to continue for another year but the results were so compelling that the study's data safety monitoring board, composed of independent, outside experts, recommended on Jan. 10 that the study be terminated. The investigators in the 28 centers participating in the trial have been notified of the demonstrated efficacy and safety of IVIG treatment.

Dr. Anne Willoughby, chief of NICHD's Pediatric, Adolescent and Maternal AIDS Branch and the study's director, says, "IVIG therapy is certainly not a cure for pediatric

AIDS, but the results of this study do suggest that IVIG does have value in the prevention of some serious complications in some HIV infected children."

As of Nov. 30, 2,734 cases of AIDS in children under the age of 13 had been reported to the Centers for Disease Control. However, experts estimate that for every child with AIDS reported to the CDC, two to 10 children may be HIV-infected. Approximately 6,000 HIV-infected women gave birth last year, and about one out of every three babies born to infected mothers will be infected themselves. A disproportionate number of these children are minorities, and many are born to women who are intravenous drug users or sexual partners of intravenous drug users.

There were few side effects noted among the children receiving IVIG; the side effects that were noted were mild, most often a brief rash. The immunoglobulin used in the study was provided free of charge by Cutter Biological, a business unit of Miles Inc., Pharmaceutical Division, Berkeley, Calif. Cutter has agreed to provide immunoglobulin free of charge to all study patients upon the recommendation of the child's physician and consent of the child's parents or guardian. □

Collaborative Intramural Program**NCNR, NIAID Team Up To Study AIDS**

The National Center for Nursing Research has established a Collaborative Intramural Program (CIP) with the National Institute of Allergy and Infectious Diseases to investigate ways to minimize dysfunction and suffering from the physical and psychosocial problems associated with HIV infection. The NCNR clinical research projects are companion studies to those of the NIAID AIDS and HIV-Related Research Intramural Program.

The major study currently in CIP addresses HIV-associated nutritional problems. An NCNR intramural research team headed by Dr. Mary Ropka is documenting the types and extent of nutrition-related changes occurring in different stages of HIV infection, as well as investigating the causes of these changes. The investigators monitor dietary intake, altered digestion or malabsorption, excess nutrient losses, and metabolic changes. The investigators also assess body composition, including height, weight, body fat and lean body mass.

More than 60 subjects currently enrolled in NIAID studies are participating in this

NCNR project, with a total goal of 90. In addition to collecting original data, NCNR scientists use existing data on immune system function for these participants in order to study the relationship between nutritional status and immune function.

Expanding knowledge about the nutritional consequences of HIV infection and its treatments will help provide a basis for developing new ways to control nutrition-related disease symptoms and treatment side effects such as decreased appetite and unintentional weight loss.

NCNR's intramural program provides an opportunity for nurse scientists to collaborate with clinical and basic researchers from other disciplines, as well as with Clinical Center nursing staff. Future plans include providing research training opportunities for nurse scientists in the field of HIV infection.

Other NCNR intramural HIV studies concern such issues as treatment compliance, health-related quality of life, and clinical ethics and decisionmaking. □

Outlet Shopping Spree, Mar. 15

Tired of paying hefty prices for merchandise? Get more for your dollar at Vanity Fair Factory Outlet Complex. This outlet consists of over a million square feet of shops. With more than 40 manufacturers' outlets, Vanity Fair has clothing for all ages, shoes, housewares (including china, crystal and flatware), handcrafts, linens, luggage, tools, small appliances, toys, jewelry, sunglasses, hats, cosmetics and much more. Some of the popular manufacturers with outlets include L.L. Bean, Carters Childrenswear, Evan Picone, The North Face, Oneida, Black & Decker, American Tourister and many more. There is no sales tax on clothing and shoes in Pennsylvania—that's an additional savings off already reduced prices.

Cost for the trip is \$24. The motorcoach will leave from NIH Bldg. 31C on Friday, Mar. 15 at 7 a.m. and return at approximately 7 p.m. Reserve your seat today at any R&W location. For more information, call the R&W Activities Desk, 496-4600. □

TRAINING TIPS

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

Courses and Programs Starting Dates

Management and Supervisory 496-6371	
Congressional Operations Workshop	3/11
Voice for Success	3/18
Report Writing	3/26
Effective Communication (Phase 1)	3/26

Special Courses 496-6211

Basic Employee Relations	3/11
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Personal Computing Training 496-6211

Introduction to Wordperfect (Mac)	3/6
Advanced Wordperfect (Mac)	2/28
Excel—Level 1	3/11
Excel—Level 2	3/21
Excel—Level 3	3/25
Excel—Level 4	2/26
Mac Draw II	2/14
Foxbase—Level 1 (Mac)	2/25
3-Com—Network-Level 2	2/21, 3/19
3-Com Network Manager Level 1	3/27
Introduction to PC Keyboarding	3/6
Introduction to Wordperfect 5.1	2/12, 2/25
Wordperfect 5.1—Advanced Topics	2/20, 3/19
Wordperfect 5.0 to 5.1 Transition	2/21, 3/5
Introduction to dBase 3+	2/26, 3/12
Intermediate dBase 3+	3/4
dBase 3+—Advanced Topics	3/26
Introduction to Lotus 1-2-3, Release 2.2	2/11, 3/18

Office Operations and Administrative

Systems Training 496-6211	
Delegated Acquisition Trng. Program	2/25
Property Management Information System	3/4, 3/5, 3/6, 3/7, 3/8

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:

Mon.-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

NIDDK Honors District of Columbia Science Teachers



NIDDK director Dr. Phillip Gorden (l) shows his award from secondary school science teachers in District of Columbia Public Schools, who were also honored at an awards ceremony held recently at the Mary Woodard Lasker Center on the NIH campus.

NIDDK administrators and staff recently presented certificates, 3 graduate credits, kits and other instructional materials to 24 secondary school science teachers from the District of Columbia Public Schools (DCPS) for their successful completion of the course "Introduction to Biotechnology and Recombinant DNA." The course, which consisted of lectures and laboratory work, was conducted at NIH on a succession of Saturdays.

Nearly 70 guests and honorees gathered at the Mary Woodard Lasker Center for the awards program and reception. The class presented awards to Dr. Phillip Gorden, NIDDK director; J. Harrison Ager, NIDDK EEO officer; Dr. Mary H. Johnson, director of the mathematics, science, and technology initiative, DCPS; Dr. Roland Nardone, course director; Dr. Bruce Bethke, course instructor; and Freddie A. Brown, president of FABCO, Inc. (a biotechnology training firm), in appreciation of their support and commitment to the program.

In addition to the remarks by these awardees, Dr. Reuben G. Pierce, who repre-

sented Dr. William H. Brown, interim superintendent, DCPS, and Dr. Michael Gottesman, chairman of special courses, FAES, congratulated the teachers and pledged continued support for them. Both Pierce and Gottesman expressed the hope that more teachers would participate in this course, which is a very important subject in science education today. Attendees were given a tour of the science laboratory where the teachers conducted experiments as part of their course.

The biotechnology program was offered for the first time in March 1990.

Twenty-four senior high school science teachers completed the course in April 1990 and many of them attended this awards program.

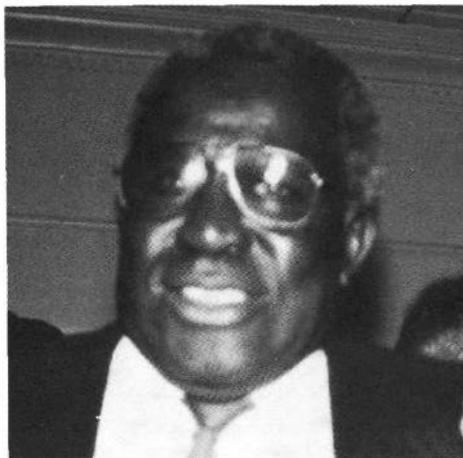
NIDDK plans to offer more biotechnology programs, including introductory and advanced courses, to interested teachers from the D.C. public schools. In addition, followup assistance and opportunities for further study are being planned for teachers who have completed the spring and fall biotechnology courses. □

DCRT Mourns Levi Dargan

Levi Dargan, a computer programmer analyst in the Division of Computer Research and Technology, died Dec. 29, 1990. He had served the division's Computer Center Branch for more than 21 years.

Dargan joined the U.S. Army after attending North Carolina A&T State University. He received the Purple Heart medal for his service during the Korean War.

Dargan began his career at DCRT as a computer operator in 1969, a few years after the division was created. After being promoted to computer programmer in the program support section, he worked closely with NIH accounting systems to set up computer programs that would run throughout the night. Dargan often



Levi Dargan

was on call to solve problems or handle interruptions occurring during the night. Colleagues noted Dargan's reliability: he could always be trusted to do what was necessary to keep the system running.

An active member of the community, Dargan held several positions at Calvary Episcopal Church, including vestryman and member of the Men and Boys of Calvary. He is survived by his wife of 24 years, Dorothea H. Dargan of Washington, D.C., three daughters, two sons-in-law, and three granddaughters.

Friends and relatives attended a memorial service on Jan. 7 at Calvary Episcopal Church. Burial was at Arlington National Cemetery. The family asks that any donations in his memory be made to Calvary Episcopal Church in Washington, D.C.

Editors Loosen Grip on Medical News

Editors at two of the nation's most prestigious medical journals concede that certain medical news is too important to hold for the printed page and may be disseminated by other means prior to actual publication. One channel suggested for early distribution was Medline, NLM's online access to citations in medical literature. Such availability would not jeopardize publication of the article at a later date.

"An approved manuscript could be released online through the National Library of Medicine before actual publication," said Dr. Arnold Relman, the recently retired editor of the *New England Journal of Medicine*.

Dr. George Lundberg, editor of *JAMA*, allowed that there will be times when medical breakthroughs slated to appear in one of the 10 AMA journals may be released prior to publication. Such early dissemination could precede publication by anywhere from 3 to 8 weeks.

The two rival editors provided most of the fireworks at a workshop convened at NIH to discuss dissemination of clinical trial results. Both paid homage to the painstaking care necessary to conduct such trials, and to the necessity of unsparing peer review. But in the end, both agreed that physicians, being the primary users of such information, and patients, being the primary beneficiaries of their enterprise, need to know about new treatments in the swiftest way possible, even if it means that journals will be "scooped."

While such flexibility has rarely been the rule so far, editors and physicians must now decide when a study's results are so important that prepublication release of information is warranted. Dr. William Raub, NIH acting director, has asked a top-level committee of NIH officials to consider when such measures are appropriate.

"For most studies, regular peer review with no details released prior to publication is best," said Relman. "This allows for quality control, limits mistakes, minimizes the hype, exaggeration and bias, and prevents premature and unwarranted conclusions. In the great majority of circumstances, short-circuiting this process is not a good idea.

"Most new clinical information doesn't come with a big bang," he continued. "It's a gradual process. Publication should be slow, deliberate, critical, discerning and conservative—in short, it should be consistent with the way the data were collected.

"Occasionally there is a great rush, when we need a faster but no less reliable way of completing this process," he said. "We will set aside our embargo and the Ingelfinger rule (named after his predecessor as editor-in-chief and limiting NEJM articles to those not previously announced in any other media) when

the news is of urgent importance."

Relman also said NEJM will publish work that has been previewed in a "clinical alert" (put out by NIH information offices to get the word to practitioners) or abstracted on electronic bulletin boards.

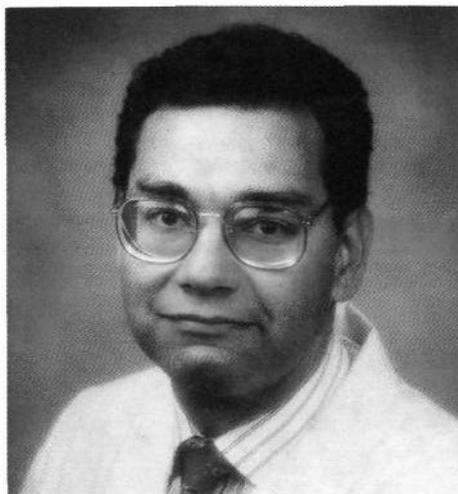
"I don't think there's a basic problem here," said Relman, who was the first of several speakers on the 18-person panel to understate the problem. "The system as it stands is good, but may need some fine tuning."

Echoing his reserve was NLM director Dr. Donald A.B. Lindberg, who views the library as a logical choice for speedy dissemination of research results.

"We're not in the business of producing Holy Writ," he remarked. "We're not claiming that (articles previewed in Medline) are all true. We do try hard, however, to get it accurate, timely, and in a form people can use."

Panelists discussed six examples of trials where results were unusually consequential. In each instance, the parties in the process—researcher, editor, reporter and patient (not to mention funding agency)—have agendas that may not be in consonance with the others.

"There is no NIH policy for dissemination of trial results as yet," said Dr. John Ferguson, who heads NIH's Office of Medical Applications of Research, which cosponsored the meeting. "This is a first step."—Rich McManus □



Dr. Gustavo C. Roman, chief of the NINDS Neuroepidemiology Branch, has been named co-editor of *The Journal of Tropical and Geographical Neurology*, a quarterly, peer-reviewed journal newly created by the research group on tropical neurology of the World Federation of Neurology. Its purpose is to encourage publication by non-English-speaking scientists. Roman, who speaks Spanish, French and English, will review manuscripts.

NIAID's Chanock To Lecture

Dr. Robert M. Chanock, chief of NIAID's Laboratory of Infectious Diseases, was recently named winner of the 1990 ICN International Prize in Virology. Highlighting research that led to the ICN award, Chanock will deliver a lecture titled, "Respiratory Syncytial Virus: 35-Year Status Report on Research Achievements, Opportunities and Frustrations," on Feb. 7, from 2 to 3:30 p.m. in Lister Hill Auditorium, Bldg. 38A. All NIH staff are invited to attend.

Wartime Security Measures Taken

NIH's Division of Security Operations has released a desk-to-desk memo advising employees that additional security measures have gone into effect because of the war in the Persian Gulf.

Although no NIH building is considered a likely target for terrorism, NIH security officials are complying with practical and applicable instructions from the General Services Administration.

"While we are initiating some increased level of security, it is emphasized that the threat of a terrorist attack on the NIH is deemed very low at this time," NIH Security Director Jim Sweat said in a memo dated Jan. 17. "Despite what is believed to be a minimal threat, all employees are directed to carry their NIH-issued ID cards and exhibit them upon the demand of an NIH police officer or contract guard."

Currently, GSA has recommended a "moderate" level of security for NIH's off-campus and main-campus facilities.

A memo from Dr. O. Marie Henry, deputy surgeon general, reminds members of the Commissioned Corps that they may elect not to wear their uniforms while commuting on public transportation. Acknowledging the threat that war brings to men and women in military dress, the memo simply advises discretion when wearing of the uniform is optional. □

Wartime Support Group Meets

A support group for family members of military serving in the Persian Gulf will meet Feb. 11, at noon in the Little Theater, Bldg. 10. The group will be led by Kathleen Moore of the Employee Counseling Service, and Dr. Jeanne Allegra, a psychologist in private practice. This group will meet on a regular basis and the ongoing time will be announced shortly. For more information call 496-3164. □