A ‘Lofty Gripe Session’

Improvements for NIH Future Are Focus of Town Meeting II

By Rich McManus

So that future NIH may be better, present NIH endured a cold, hard look Nov. 25 when NIH director Dr. Bernadine Healy convened her second “town meeting” in 2 months.

Participating in the proceedings were Sen. Barbara Mikulski (D-Md.) and Dr. James Mason, HHS assistant secretary for health, who heard a panel of seven NIH authorities give a frank assessment of areas where the institutes could stand improvement.

Critiques focused on recruitment of junior scientists, retention of senior scientists, infrastructure problems, red tape in procurement and personnel, and ethics laws that were called “unfair and punitive.”

The 1½-hour session was punctuated by witty exchanges, heartfelt pleas, campaign rhetoric, and an underlying sense of purpose as the seven campus leaders made their cases in a series of short synopses.

Healy led off the proceedings, which she moderated, by underscoring her support for town meetings.

“I am committed to continuing them as long as you keep coming,” she told a packed Masur Auditorium and, via television, outposts in other campus buildings and audiences.

‘Sharing the Challenge’

AIDS Fight To Enlist All, Ravage Many

By Rich McManus

The battle against AIDS is likely to ask more of society than it has ever been prepared to offer and will continue to depend on basic research for a solution, said speakers at NIH’s fourth annual observance of World AIDS Day.

Held Dec. 2 in Masur Auditorium, the program had been perhaps unduly anticipated because rumors of a surprise speaker, maybe Magic Johnson, had circulated on campus.

Indeed, video cameras from local TV stations took aim at the podium in anticipation of such an appearance.

But no stars appeared, only ordinary people who are waging an extraordinary struggle against a complex enemy.

NIH director Dr. Bernadine Healy relayed some “sobering statistics” at the outset—more than 418,000 cases of AIDS have been reported to the World Health Organization (WHO) from some 163 nations. In the United States, the Centers for Disease Control report more than 200,000 AIDS cases.

Worldwide, the human immunodeficiency virus (HIV) has infected an estimated 9-11

Hundred Honor Deputy

Fond Farewell Follows Raub to White House

Hundreds of well-wishers crowded Wilson Hall on Nov. 25 to bid farewell to NIH deputy director Dr. William F. Raub, who ended a 25-year NIH career to take a job as special assistant for health affairs in the White House’s Office of Science, Technology and Policy.

He had been acting director of NIH for nearly 2 years while a successor to Dr. James Wyngaarden was sought.

“It’s clear from the number of Bill’s friends both past and present that he is much loved,” said NIH director Dr. Bernadine Healy.

“During his 25 years here, he has been known, admired and liked by an ever-growing circle of NIH’ers. He made friends by being a good friend.”

Healy, who was deputy director of OSTP from 1984 to 1986, called Raub “an ideal addition to OSTP. I believe this move is a plus for Bill and a great advantage for the White House to have his insight. It’s also good for NIH to have a friend in the White House.”

As guests filed into the hall to greet Dr. and Mrs. Raub and partake of a generous buffet

War Wages On

NCI, Advisory Board Mark Anniversary of Cancer Act

By Carla Garrett

A generation ago, the United States was embroiled in several serious and controversial battles, not the least of which were debates over the country’s role in Vietnam and its stance on civil rights for Blacks and women.

On Dec. 23, 1971, President Richard M. Nixon signed the National Cancer Act, which waged war on a cruel and ever-proliferating disease; 20 years later on Nov. 26, NCI and the National Cancer Advisory Board presented “Past Accomplishments, Future Goals,” an anniversary symposium to commemorate the historic occasion.

NIH director Dr. Bernadine Healy put the landmark era in perspective. “America’s priorities were being painfully and painstakingly sorted out in the late sixties and early seventies,” she recalled. “We knew we had to do something about cancer. We had just rocketed human beings into space and everyone was saying things like this: Surely if we can put a man on the moon, then we ought to be able to stamp out cancer.” The time was ripe for action.”

Twenty years have passed and America is
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still fighting within itself. Some of the battles are new—the country's role in Iraq—and some of them are not—civil rights for Blacks and women. However in 1991, as in 1971, there remains one common, formidable enemy whose threat continues to cross all political, economic, environmental, gender and ethnic lines—cancer is now the nation's second leading cause of death and is predicted to be number one by the turn of the century. The war has not been won yet.

"After two decades of intensified battle," said Dr. Paul Calabresi, chair of the National Cancer Advisory Board, in introductory remarks, "considerable progress has been made, but the struggle continues. Thus, at this time, it is more appropriate that we temper our celebrations with cautious optimism by observing the landmark and recommitting our efforts until final victory is achieved."

A day-long symposium featuring six panel discussions covering the most recent cancer information on etiology and prevention, molecular biology, immunology, radiology, protection of the host, and clinical advances, the program drew national scientists from as far away as Texas and Utah and was kicked off with a congratulatory visit by HHS secretary Dr. Louis Sullivan.

"From cell biology to biochemical response modifiers to gene therapy," he said, "the potential for dramatic, revolutionary advances in the way we treat cancer patients is occurring more rapidly than ever before, thanks to biomedical research."

In addition, he said, obtaining and providing public information on such diseases avoidance measures as smoking cessation campaigns and other preventive strategies has been as advantageous in saving lives.

"Simply put," he continued, "in the war against cancer, step one is for the general population to stay away from the war zone... My charge to you today is to continue to fight the good fight with greater intensity than ever before."

"Perhaps the most significant accomplishment of the National Cancer Act has been the expedient transfer of new scientific discoveries from the research laboratory to the clinical setting," noted Calabresi, who is also professor and chair of the department of medicine at Brown University.

The enthusiasm for and revitalization of the cancer research field was fueled by a substantial increase in funding and "a desirable reduction in bureaucratic obstacles," he said. These two "essential initiatives we must never allow to be compromised."

In 1971, there were three comprehensive cancer centers, according to Calabresi. Today, there are 28, which in addition to an infusion of cancer professionals into the field, and the establishment of specialized clinical research centers, clinical cooperative groups and the community clinical oncology program, have greatly expanded the number of patients who have derived rapid benefit from experimental therapeutic advances.

"Nevertheless there are some who may be discouraged by what they perceive inordinately slow progress," said Calabresi. "But those of us who cared for patients at a time when a diagnosis of cancer was almost always synonymous with death greatly rejoice in seeing our outpatient clinics filled with increasing numbers of healthy survivors.

Today, more than 50 percent of patients with cancer are cured."

Dr. Frederick Becker, vice president for research of the M.D. Anderson Cancer Center at the University of Texas, said cancer researchers can take pride in their success, but must always "remain aware of the remaining void" that will ultimately reveal the cure.

Becker, who moderated the symposium panel on etiology and prevention, echoed remarks by both Sullivan and Healy that people take an active interest in their own health. Earlier Healy had recalled a time when patients exercised little control over their bodies, expecting and relying completely on medical professionals simply to cure any ailments that arose. Encouragement of active participation by cancer patients in their own treatment, she said, has shown significant improvements not only in cancer therapy but also in medical advances at large.

"Prevention is cure," Becker said, agreeing that heightened public awareness has added a new dimension to health debate. "And knowledge is prevention."

"We cannot afford to blink in our resolve," Calabresi concluded. "We must continue to attract and support bright young basic scientists and clinical investigators who will sustain the momentum in obtaining and translating effectively the fundamental knowledge in the patient afflicted with cancer. Today in 1991 as we mark these milestones, we sincerely hope that we see the day when it will be no longer necessary to hold further commemorations of the national act of 1971."

Classes for NIH Speakers Bureau Offered by Education Office

The NIH Office of Education has developed an NIH Speakers Bureau to provide an opportunity for scientists and other professionals to participate in efforts to attract students into science. The bureau provides speakers to schools in the metropolitan area; members are available to cover such topics as gene therapy, animal development, cancer therapy, science as a career, arthritis, sickle cell disease, stress, fitness, Lyme disease, and molecular genetics. Although speakers can participate as often as they desire, in general they will not be asked to present more than twice a year.

OE will sponsor a short course to instruct those less familiar with speaking in the classroom. The first session will focus on presentations to high school students, although many of the principles are also applicable to students at other levels. The course, "Introduction to Classroom Speaking," will provide guidelines for the classroom, tips for successful presentations, modes of communication, discussion of the role of demonstration and laboratory experience, and information on the science curriculum by grade level. In addition, useful approaches will be demonstrated by a teacher and students. The class will be held Dec. 16 from 10 a.m. to noon in Bldg. 10, 11th floor solarium. To register for the class or for more information on the bureau, call OE, 496-2427.

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 reproducible 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, 1992.
Research Teams Reveal Causes of Rare Blistering Skin Diseases

By Lauren Ward

Separate, creative approaches by three NIAMS-supported research teams have revealed why the skin disintegrates in a group of hereditary blistering diseases and how healthy skin remains intact. The results of one team are published in the Nov. 22 Science.

"These combined studies unveil the molecular bases of a set of rare but devastating diseases, epidermolysis bullosa, for which specific therapies can now be pursued," said Dr. Lawrence E. Shulman, NIAMS director.

The research teams are led by Dr. Ervin Epstein, San Francisco General Hospital, University of California, San Francisco; Dr. Elaine Fuchs, Howard Hughes Medical Institute, University of Chicago; and Dr. Jouli Uitto, Jefferson Institute of Molecular Medicine in Philadelphia.

Specifically, the three groups have found genetic bases for two forms of epidermolysis bullosa (EB). Epstein discovered that defects in two separate genes for fibrous skin proteins, keratins, are linked to EB simplex in two families. Fuchs discovered defects in a human gene for keratin in patients with EB simplex and provided laboratory evidence that shows how abnormal keratins, the products of disrupted genes, lead to skin fragility.

Keratins are the most abundant protein in cells of the outer layer of skin (epidermis). There, when properly formed, they construct an internal, web-like network that mechanically stabilizes epidermal cells, as shown by Fuchs' work.

Uitto's group discovered that dominant dystrophic epidermolysis bullosa (DDEB) in affected individuals is linked to the gene for type VII collagen. Type VII collagen is the major component of the anchoring fibrils, which appear to stitch the epidermis to the inner skin layer, the dermis. For 10 years, clinicians have noted reduced or absent type VII collagen in skin samples from patients with DDEB, strongly suggesting that its disruption leads to the disease's characteristic deep blistering.

The three investigators linked EB to genes for these crucial structural proteins using a wealth of corroborative evidence achieved through recently available technologies in light and electron microscopy, immunofluorescent staining, cell culture, DNA sequencing, and genetic linkage analysis. Results from these studies have exposed the structural network of normal skin cells and revealed major cellular defects in individuals affected with these diseases.

"This research will advance work on how wounds heal and on what happens to the skin's structure as it ages," said Uitto.

In EB simplex, noncarring blisters form in the epidermis. Patients may experience blistering that is either generalized or confined primarily to hands and feet.

In dominant dystrophic EB, scarring blisters form within the dermis. Blistering occurs on hands, elbows, knees, and feet. Wounding may also take place in the mouth, digestive tract, respiratory tract, and eyes, in addition to other places.

Recessively inherited EB—in which problems with type VII collagen are also implicated—causes blistering so severe that fingers and toes fuse, and repeated wounding associated with the disease commonly gives rise to invasive skin cancers. Affected individuals may face high costs for their daily intensive care, which routinely includes antibiotics, lotions, and bandages.

Up to 50,000 people in the United States have some form of EB, according to the Dys trophic Epidermolysis Bullosa Research Association of America (DEBRA). Epstein found his patients with EB through DEBRA.

The studies by Epstein, Fuchs and Uitto and other ongoing work on keratins and type VII collagen are a prelude to future explorations in wound healing and skin aging. Both physiologic processes may involve changes in these structural molecules. A treatment possibility for EB and other wounds is the development of cultured grafts in which skin cells are genetically altered and transplanted back into patients. Work is also rapidly expanding on factors that may regulate skin cell gene expression and cell growth.

The NIDCD recently held its 3rd anniversary lecture, entitled "Language Deficits in Aphasia: A Window into the Mind," presented by Dr. Sheila E. Blumstein, dean of the college and professor of cognitive and linguistic sciences, Brown University. Blumstein (second from left) is greeted by (from left) Dr. Judith Cooper, deputy director, Division of Communication Sciences and Disorders; Dr. George Tavartkiladze, director, All-Union Research Center for Audiology and Hearing Rehabilitation in Moscow; Dr. Ralph Nunnion, director, Division of Communication Sciences and Disorders; and Dr. James B. Sniece, Jr., NIDCD director.
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million people, a figure that may triple, Healy said, in the next 8 years.

"AIDS is a multifaceted and extremely complex challenge," said Dr. Anthony S. Fauci, NIAID director and NIH associate director for AIDS research, who appeared via a pre-taped video; he was in New York to receive an award from the American Foundation for AIDS Research in honor of "his extraordinary leadership and personal scientific contributions to the AIDS effort."

"It is critical that all parties involved in the fight against AIDS fulfill their individual responsibilities," said Fauci, who included animal handlers, technicians, nurses, administrators, maintenance workers and others as important role players in the larger battle.

"There is an interdependence among all the various disciplines, all of which have a role even if they are not formally considered AIDS researchers," he said.

NIH shares the challenge of AIDS most directly in its basic and clinical biomedical research, Fauci related; the groundwork for learning what we know about HIV was laid long before the virus itself was recognized.

"With AIDS research, we are sowing the seeds for future scientific advances that may have an effect on diseases totally unrelated to AIDS," he said.

A new era of increased international cooperation is beginning, he added, as WHO and developing nations join the war against a common enemy.

Fauci said NIH could easily have approached AIDS solely as a scientific problem, but has gone beyond that to consider such broader issues as access to clinical trials, community involvement, accelerated drug approval, and changes in health care delivery systems.

"Contrary to what our critics believe, we have done this without sacrificing the integrity of our science," he stated.

Cleve Jones, founder of the NAMES Project Foundation who last spoke here at World AIDS Day 1989, bore a simple message—

"The sick are to be cared for and the dying are to be comforted with love and respect."

Jones started the NAMES Project's mammoth quilt 4 1/2 years ago in remembrance of his best friend, Marvin Feldman.

"I started the quilt (now grown to more than 14,000 panels) in my backyard in the Castro district of San Francisco, which is the gay district," he said. "I knew a great many of the first 1,000 people to die of AIDS in San Francisco."

The quilt was borne of "frustration and despair over our inability to communicate to the world what was happening, that we were dying and no one was paying attention."

Jones reported that sister projects to the NAMES quilt are under way worldwide, including villages in Central Africa, Surinam, Japan, Israel, Brazil, Moscow, Paris, London, Scotland, and in 50 cities in the U.S.

"We are still caught up in the consequences of our first fundamental misconception—that AIDS is a disease of white, gay males," he said. "The quilt focuses people on our commonalities, not our differences."

Jones, who is infected with HIV, said America needs to understand AIDS in a global context. To that end, the NAMES Project has no political agenda. Its three goals are: to illustrate the enormity of the crisis; reach out to those with HIV with an offer of a positive and creative means of expression; and provide a 'clear, powerful symbol of how people should respond to a health crisis.'

"The full resources of our society must be brought to bear immediately to find a cure," Jones said. "The billions of dollars that were committed so quickly to the war in the Persian Gulf provide a startling contrast to the poverty of our nation's response to this epidemic."

Perhaps the toughest challenge of all was outlined by guest speaker Sally Perrymansn of the New York State AIDS Institute. An HIV-positive woman who lost her husband to AIDS, she asked, "What level of commitment are we willing to give to accept the challenge of AIDS—it is a life or death decision. None of us can afford to sit on the sidelines and see how it plays out?"

Perrymansn said the challenge of AIDS provokes thoughts of single parents struggling with poverty and disease in wretched inner cities; unemployed drug addicts; prisoners with HIV; people who are afraid to seek medical help; suburban residents who feel immune from the epidemic; the thousands of children who will be orphaned by parents who die of AIDS; the phenomenon of "psychological genocide," afflicting people who have given up hope and could care less about themselves, much less a virus.

"These are the obstacles we have before us," she warned, "and they are only exacerbated by HIV."

"I have the faith," she concluded, "to believe we can overcome these obstacles. It will take time to get out of this mess, but it took time to get us into it."

AIDS, said Perrymansn, is forcing Americans to "struggle earnestly with our purpose and our existence. It has already demanded more than we felt we could pay. But this war is for humanity as a whole, not just AIDS."

The somber observance, coordinated by the NIH Office of AIDS Research, included excerpts from the Academy Award-winning film Common Threads—Stories from the Quilt, and the film We're All In This Together.
NIH Relocation to Bethesda Fifty Years Ago Is Remembered

Nostalgia was the theme of a celebration held on Nov. 23 at the Mary Woodard Lasker Center to commemorate the move of the NIH campus to Bethesda between 1938 and 1941. “Celebrating Arrival in Bethesda” was cosponsored by the NIH Alumni Association (NIHAA) and the NIH Historical Office/DeWitt Stetten, Jr. Museum of Medical Research.

The reception and seminar were attended by more than 120 members, guests, and current NIH personnel. In conjunction with the meeting, the Stetten Museum sponsored an exhibit and brochure titled Science: Establishing the NIH Campus at Bethesda, 1930-1941,” which is located in Bldg. 10.

“The fact that so many people turned out to celebrate an event that took place 50 years ago is evidence of the interest people have in their government agencies, even into retirement years,” said Dr. James T. Duff, chairman of the Washington chapter of NIHAA and a member of the planning committee for the meeting. Dr. Roy Hertz, an NIH scientist emeritus, summed up everyone’s feelings when he said, “It’s a delight to see everyone, old friends and colleagues, and to celebrate this occasion.”

Congresswoman Constance A. Morella, representative of Maryland’s eighth district, in which NIH is located, entered congratulations for the anniversary into the Congressional Record. Speaking at the seminar, she noted that the 1992 NIH budget would exceed $9 billion, in sharp contrast to the $707,000 budget in 1940. “Keep up the good work,” she told the audience. “We are very, very proud of you. You can count on Congress to support what you are doing.”

Following Morella’s remarks, five NIH alumni who had participated in the move to Bethesda described NIH as it was in the late 1930’s and early 1940’s. Dr. Margaret Pittman recalled that when she arrived in 1936, she was hired as a GS-9 at a salary of $3,200 a year. “The NIH was small when I arrived—only 325 employees. I know this because I counted them while collecting funds for the Red Cross. The small size of the staff, however, fostered cross-fertilization of scientific ideas between departments.”

Dr. Leon Jacobs observed that not everyone was happy with the move. “Not all of us had cars, and if you tried to get out to Bethesda on the streetcar and bus on Saturday afternoon to take care of some amoeba cultures, it was pretty difficult,” he said. As the staff of the NIH grew in Bethesda, another tradition changed. After scientific seminars at the 25th and E Streets campus, Jacobs remembered, everyone adjourned to the director’s office for tea and cookies. The larger Bethesda campus, with its auditorium and good cafeteria, made the old custom obsolete.

Dr. Harold Stewart praised the “favorable environment that pervaded the NCI” when Bldg. 6 was occupied in the fall of 1939. Each scientist “worked individually on research projects of his own design and published independently,” he stated. “But equally important, all consulted among themselves, exchanged ideas, and helped one another.” He also noted the establishment of the Journal of the National Cancer Institute in 1940. “Prior to the establishment of JNCI, our scientific papers had appeared in a variety of publications. The new journal, however, quickly became the medium of choice for our publications.”

Dr. Joseph Leiter emphasized the intimacy of NCI in 1938. Because he had not yet completed his Ph.D., Leiter first joined NCI as a junior chemist. Despite the smallness of his position, he stated, “I was personally interviewed by the first director of the Cancer Institute, Dr. Carl Voegtlin.” Leiter also discussed the alarm generated at the first meeting of the National Cancer Advisory Board (NCAB) by statistics that seemed to show a twofold increase in lung cancer within the past two decades. Spurred by NCAB influence, Congress established a program to study the effects of environmental hazards on lung cancer, hiring Leiter, four other experts, and 15 support staff for an appropriation of $50,000.

Dr. Lewis Sargent noted that chemistry at NIH in the late 1930’s was divided into two principal groups. Dr. Claude Hudson’s group concentrated on the chemistry of rare sugars, while the medicinal chemistry group worked on developing antimalarial drugs and synthesizing alternatives for natural opium derivatives. “These were really happy days—we worked very hard, but we had fun.”

Except for the small extramural program supported by NCI, the NIH in 1941 was entirely an intramural undertaking. Because of this, the alumni asked Dr. Carl Kupfer, NEI director and NIH acting deputy director for intramural research, to conclude the seminar with observations on “NIH Today and Tomorrow.” Kupfer discussed the strategic plan being developed for NIH and noted that “demography is driving much of our thinking,” since the population over the age of 55 will double within the next 50 years. One goal will be “to make that life period as productive and high quality as possible,” he said, stressing preventive medicine as the key. He thanked the audience for the “rare pleasure of sharing the excitement and uniqueness of NIH with such distinguished alumni.”

Dr. Joe Held, president of the NIH Alumni Association, stated that the NIHAA “is very proud to have had an opportunity to be a part of this celebration and to help organize this event.” Dr. Victoria Harden, director of the NIH Historical Office and DeWitt Stetten, Jr. Museum of Medical Research, who cosponsored the seminar, commented, “We greatly enjoyed planning this program with the alumni planning committee. Our office looks forward to working on additional projects with more alumni in the future.”
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fet, the NIH Madrigal Singers sang softly in the background. Among their tunes was the Harold Arlen lament, “The One That Got Away.” Then a number of colleagues rose to pay tribute to a man who wanted no big fuss at all, claiming he was “just a small-town boy from Pennsylvania.”

“We all know that Bill is, in fact, larger than life,” commented NIAID director Dr. Anthony S. Fauci, “and my colleagues insisted that I—the shortest of the ICD directors—tell him that. I guess somehow I make the point more clearly.

“Particularly in the last couple of years, he has been something very, very special to the ICD directors—a good friend and confidant. He’s been a very good shrink when we came to his office needing intensive psychotherapy. But the main feeling we have for him is true, sincere affection.”

Fauci said Raub wouldn’t hear of a gift acknowledging his skillful handling of NIH during his acting directorship. So Fauci and his fellow ICD directors, recognizing that Raub always has cared about the homeless, decided to pool their gift money and write a check to Bethesda Cares, a nearby shelter. Fauci wrote a letter in the name of the directors and enclosed a check for $460 to the organization.

Sue Ohata, a member of the OD EEO advisory committee that Raub helped form recently, presented him with a gift and thanked him “for support and for nurturing the committee. Dr. Raub had the foresight to see the value of a diversified workforce,” she said. “He understood that the workplace is enriched by diversity. One coworker once said, ‘Dr. Raub always saw the diamond in us where others only saw coal.’”

Diane Armstrong, director of the Division of Equal Opportunity, said, “Dr. Raub has been a special person to all of us. He is always there for you. He gives sincere advice, and has been very special to the EEO network.”

Master of ceremonies Storm Whaley, NIH associate director for communications, presented Raub with a packet of letters from those who couldn’t attend the farewell. He then led the NIH Supramural (“over the wall”) Singers (for whom Raub had been a lyricist at many happy occasions in the past) in a version of “Happy Birthday” as the lights in the room came up—it was Raub’s 52nd birthday.

As the audience joined the singing, two NIH’ers bore a computer-printed streamer through the audience bidding Raub a happy birthday.

“I’m glad everybody agreed to keep this simple,” quipped a clearly moved Raub. “I never thought this many people would help me celebrate the 31st anniversary of my 21st birthday.”

With his wife Joyce at his side, Raub said, “What’s been special to me has been the people of the NIH, hundreds of you. You have always been cheerful and effective in helping me do what’s best for NIH. Thank you. It’s been fun. God bless you, and long live the NIH.”

Many in the crowd added their signatures to a memento given to Raub, an aerial photo of NIH. R&W General Manager Randy Schools also presented him with an NIH hat and T-shirt.

A graduate of Wilkes College and the University of Pennsylvania, where he obtained his Ph.D. in physiology in 1965, William Fine
Raub joined NIH on July 3, 1966, as a health scientist administrator in the then Division of Research Facilities and Resources. After 2 years there, he rose to acting chief of the Special Research Resources Branch, Division of Research Resources (now NCRR), where he spent 6 months. He remained within the division for his next job as chief of the Biotechnology Resources Branch, a post he held from 1969 to 1975.

In 1975, Raub moved to the National Eye Institute as associate director for extramural and collaborative programs.

Says NEI director Dr. Carl Kupfer, “Dr. Raub personifies the outstanding science administrator who not only was committed to supporting NIH’s research effort, but also continued to carry out his own research project—the PROPHET program, a computer system that helps compare molecular structures. It's been very valuable to many researchers.”

After more than 5 years at NEI, Raub became NIH associate director for extramural research and training. Five years into that assignment he was made NIH deputy director for extramural research and training. In 1986 he became NIH deputy director, a post he

...continued to fill even while he was acting NIH director from August 1989 to April 1991.

Just this year, Raub received the Special Recognition Award from the Association of American Medical Colleges, and the Award for Distinguished Contribution to Research Administration from the Society of Research Administrators.

During a speech at the latter award ceremony in Vancouver last October, Raub shared his ten essential attributes for the research administrator of the future.

“...for those of you who are called upon to rise above the fray, if only momentarily, to take the long view on behalf of their scientific colleagues and the institution as a whole. Even crises bring opportunities if we’ve thought enough about where we want to go to seize the moment and make some seminal change.”

Raub had won the Outstanding Performance Award in the Senior Executive Service every year but one since 1981 and won the Presidential Distinguished Rank Award in 1987.

As Wilson Hall bulged with employees queueing up to say goodbye, one comment could be heard repeatedly. “He’s a really good guy.”—Rich McManus

NIDCD Sponsors Pollution Parley


Speakers include Dr. Antonia C. Novello, U.S. Surgeon General, and Dr. Ken Sexton, Director, Office of Health Research, EPA.

This national conference, which will bring together scientific experts from across the country in fields ranging from atmospheric pollution and environmental sciences to hearing sciences and otorhinolaryngology, will discuss the nature of pollutants and how they affect the ears, nose, throat, and sinuses. Scientists at the conference will also discuss the effects that environmental pollutants have on individuals at different ages. This will be the first time such a wide range of experts will come together to discuss these aspects of pollution. Dr. G. Richard Holt, president-elect of the AAO-HNS, will cochair the meeting with Dr. Ralph F. Naunton, Director of NIDCD’s Division of Communication Sciences and Disorders.

The conference will be held from 8:30 a.m. to 4:30 p.m. in Masur Auditorium, Bldg. 10. For information contact NIDCD, 496-7243.
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"Now that the Persian Gulf war is over, it's time to win the war for America's future," said Mikulski, who was making her third NIH visit since 1986. "If we work together, we can win the war for America's future just as we won the war in the desert."

Calling herself "one of the biggest fans of NIH," Mikulski said the agency is the "jewel in the crown" of "the corridor for the future" that lies between Baltimore and Washington and includes FDA, NASA, the National Institute of Standards and Technology, and NIH.

"NIH plays a lifesaving role in the world's future," she declared. "I'm very proud to represent you, and I'm going to listen to those ideas that support you and this facility."

She added that Congress can be an obstacle to NIH: "There's a disease-of-the-week mentality that prevails sometimes. It gets the headlines, but contributes little to NIH's bottom line."

Mikulski called for a clear set of national goals, sustained funding, and a strategic plan—all initiatives supported already by Healy. She added, "People should not be penalized for working at NIH. I think sometimes your peers at Johns Hopkins are better off than you are at NIH."

Moderator Healy then observed that the senator "would play a skinny Oprah Winfrey" for the following panel discussion and would accept questions phoned in via fax machine.

"We'll be fax friends," quipped Mikulski. NCI Surgery Branch chief Dr. Steven Rosenberg, a 17-year veteran of NIH, opened the testimony with a review of why NIH is good and how it must be better.

"NIH is a last resort for people with serious diseases. But a serious problem confronts senior scientists here. We're at a competitive disadvantage with respect to academic institutions. We're losing many of our best senior scientists, which is destroying the continuity of our efforts. Those who leave are getting two to three times their federal salaries, they are able to accept honoraria, and they are eligible for tuition credit for their kids. The rules are far, far more restrictive at NIH than at other institutions."

"We are losing people at the most productive times of their careers," he continued. "It's not that we don't have enough (budget) — we have a great deal — but in our current situation we just cannot compete with other academic institutions."

Speaking next was Dr. Richard Klausner, who, in addition to being chief of NICHD's Cell Biology and Metabolism Branch, is head of a task force on the intramural research program appointed by Healy.

"When examining the morale of intramural scientists, you have to consider why they come to NIH," he said. "They come for training, which is among the best in the world, and they come to do their life's work here. A problem arises because their work is frustrated by paperwork, rules and regulations that were never designed or tailored to the needs of this environment."

"All institutions have this problem," he allowed. "But the bureaucratic hurdles here affect all aspects of how we do business. There are hoops we have to jump through for procurement."

Among the problems involved with being a government scientist, he said, were that "we are inhibited from participating in the international research community (by travel restrictions). Also, there is not a personnel system at NIH, but a byzantine collection of personnel systems. There are artificial FTE ceilings, and pointless categories and classifications for employees. We need an integrated, free personnel system designed specifically for a biomedical research institution." NIH is a last resort for people with serious diseases. But a serious problem confronts senior scientists here. We're at a competitive disadvantage with respect to academic institutions. We're losing many of our best senior scientists, which is destroying the continuity of our efforts. Those who leave are getting two to three times their federal salaries, they are able to accept honoraria, and they are eligible for tuition credit for their kids. The rules are far, far more restrictive at NIH than at other institutions.

"We are losing people at the most productive times of their careers," he continued. "It's not that we don't have enough (budget) — we have a great deal — but in our current situation we just cannot compete with other academic institutions."

Speaking next was Dr. Richard Klausner, who, in addition to being chief of NICHD's Cell Biology and Metabolism Branch, is head of a task force on the intramural research program appointed by Healy.

"When examining the morale of intramural scientists, you have to consider why they come to NIH," he said. "They come for training, which is among the best in the world, and they come to do their life's work here. A problem arises because their work is frustrated by paperwork, rules and regulations that were never designed or tailored to the needs of this environment."

"All institutions have this problem," he allowed. "But the bureaucratic hurdles here affect all aspects of how we do business. There are hoops we have to jump through for procurement."

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Dr. Steven Rosenberg addresses his concerns to Mikulski. He is flanked by Dr. Richard Klausner (l) and Drs. Ruth Kirschstein and Samuel Broder.

Dr. Lynn Gerber (r), chief of the Clinical Center's department of rehabilitation medicine, tells Mikulski that the hospital is the heart of NIH and that the "heart is failing." She is flanked by Horton and Dr. Stephen Epstein, chief of NHLBI's Cardiology Branch.
for such activities. But these things are routine at academic institutions.

"Scientists here will still do these (extracurricular functions) without pay because it's crucial to science and improving health," he said. "But we are becoming second-class citizens. It disturbs me to see the impact on our junior and midlevel scientists. The honoraria ban strikes them as unfair and punitive—it doesn't exist in academia.

"We're not asking for special privileges," he concluded. "We just don't want to be treated as a penalized underclass."

Mikulski commented that Healy, as a federal worker, probably "lacks the managerial facility of the director of Johns Hopkins." She then targeted Klausner: "What are some of the specific things that drive you crazy?"

Amid the laughter provoked by the question, Klausner shot back, "You're talking about work, right?"

The much-honored NICHD scientist reiterated that "bureaucracy's requirements are being served ahead of those of science" and called for a more flexible personnel system ta-

NCI director Dr. Samuel Broder said NIH's great strength is that "it serves as a career development opportunity for young men and women to pursue careers in clinical investigation, to learn the art form of taking basic research to the bedside. We need to attract those who still have fire in their belly to get things done. Later on in their careers, these investigators can take their insights outside NIH, but training remains our most important resource. I'm afraid, though, that we've created an atmosphere where that's difficult to do."

"New recruits to NIH typically face debts of $100,000 to $120,000 from medical school, he said, a burden that "drives people out of clinical investigation. They can't endure the uncertainties involved with working here, so they go to private practice or industry."

Broder said the creative use of loan forgiveness options would be worth exploring, such as is done with NIAID AIDS investigators. He then offered the example of Dr. Eli Glasbein, chief of NCI's Radiation Oncology Branch, who is leaving NIH next March for an academic appointment in Dallas.

"Eli has trained seven department chairs in radiotherapy in the 15 years he has been with us," he said.

Glasbein's case underlines two issues—NIH's importance as a training center and its weakness when it comes to retaining excellent people.

In conclusion, Broder characterized training as "the stage of life when you recognize that things aren't impossible—that's when things can get done."

Rising from the audience, NIAID director Dr. Anthony S. Fauci told Mikulski that his institute's loan forgiveness program for AIDS researchers is a major factor in recruitment and has been very successful. "If extended to the rest of NIH, I think it would have a major

(Continued on Page 10)
positive impact on scientists of all biomedical research disciplines," he said.

Dr. Lynn Gerber, who in addition to being chief of the Clinical Center's department of rehabilitation medicine also belongs to Klausner's task force, reported on the hospital's health.

"The Clinical Center is a living laboratory," she said. "It's often called the heart of the intramural program. It sets the tempo for intramural research at NIH. But we are severely constrained by our physical plant. Our flow hoods don't work properly, and the electrical system is poor. We're working in a failing heart."

Gerber admitted that a great staff has permitted the CC to do excellent work and gain accreditation, but said "even super people can't meet the severe challenges of space. We can't transfer biomedical specimens or mail down our hallways. A new hospital is needed. We can't transfer biomedical specimens or mail down our hallways. A new hospital is needed."

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The panelists to report was NIGMS director Dr. Ruth Kirschstein, whom Mikulski summoned with a friendly, "Dr. Ruth?"

A veteran of 36 years at NIH, half as an intramural scientist and half as an administrator, Kirschstein labeled the collaboration between intramural and extramural NIH "essential" and thanked the senator for her support of the Natcher Bldg., a structure to be built by the end of this decade that will house many administrators now occupying rental buildings in the area.

She then got to her point—funding for research training and fellowships is paramount, particularly since one-third of the next generation of scientists will be women and minorities.

"They need support, particularly in the early part of their careers," she stated. "We need to catch the curiosity of younger, and to assure stability for those who choose biomedical careers."

Their testimony completed, the panel then yielded the floor to members of the audience.

Dr. Faye Calhoun, deputy chief for review in DRG's Referral and Review Branch and a 10-year NIH veteran, led off by asking Mikulski, "What steps can we take to assure continued growth?"

"As we move to a peace dividend environment, we need to take weapons research money and apply it to medicine," said the senator. "Right now, more than 70 percent of the federal research dollar goes toward defense. I want to see a transition economy, where we reduce the amount spent on defense and move money to civilian research. By the end of this century, I would like to double the funding at NIH."

Repeating charges she made at the first town meeting, Margaret Jensvold said salaries and benefits aren't the only thing causing scientists to leave NIH: "Some scientists leave NIH because of being pushed out," she said. "Sexual discrimination and retaliation are almost universal. Workplace harassment is common. NIH doesn't deal with it, and, in fact, contributes to it. We need more women in the top ranks at NIH. There needs to be intolerance of discrimination, and meritonious complaints (of harassment) should be settled rather than drawn out in court."

Jensvold asked Mikulski to support legislation extending the window for filing an EEO complaint from 90 to 180 days. "Harassment and discrimination are getting worse at NIH, not better," she concluded.

"I am committed to ending sexual harassment," Mikulski declared. "I happen to view sexual harassment as a term that's not adequate. It's more like tyranny and hostility."

Mikulski intends to co-sponsor legislation streamlining the Equal Employment Opportunity Office. "I'm on (Sen.) John Glenn's wingtips every day about this," she said. She also intends to meet with Office of Personnel Management Director Constance Newman about adopting a federal tutorial on harassment that would precede a federal worker's employment. "We need to deal with the problem at the front end, not clean up after," the senator also said she has taken concerns expressed to her by mail on this subject to both Healy and Mason.

"I assure you these events are repulsive to me," added Healy. "I plan co meet with SHER (the employee group 'self-help for equal rights') within the week."

Elaborating further on procurement difficulties, NCI's Dr. Bruce Chabner, director of the Division of Cancer Treatment, rose from the audience to complain that any purchase over $25,000 requires that the government advertise and obtain three bids.

"Almost all the equipment we use in biomedical research costs this much," he said. "These hurdles are really creating a problem for intramural research."

Mikulski said, "I would like very much to be able to help. But I also want to assure that the taxpayer gets a dollar's worth of research for a dollar's worth of taxes. Procurement is really a quagmire."

Thirty-year NIH veteran Dr. Zekin Shakhshiri, now retired, called for coordination of three important programs at NIH—prevention, nutrition and technology transfer.
In slightly fractured English, he urged Healy (whom he termed "the chief lady of the place") to "coordinate and integrate" various programs for the betterment of NIH.

The last questioner was Sumpter Embrey III, an NIH fire fighter who told Mikulski that the fire squad is overworked, underpaid and poorly quartered—the firehouse is almost 40 years old and can't hold the expensive equipment used to fight fires and answer emergencies.

"We have the same retention problems for the firemen as for the doctors," he said. "We need support from Congress to increase pay and reduce work hours." Firemen at NIH typically put in 72-hour weeks, said Embrey. Ninety-six-hour weeks are not uncommon.

"I support a locality pay increase of 8 percent for all federal jobs," Mikulski told Embrey, to loud applause. "I will talk with Dr. Healy about these concerns."

At that point, Healy approached the diminutive senator with an honorary lab coat for her to take with her.

"I'm always nervous when doctors want to give me a white coat," joked Mikulski. "I'm an old social worker and I know what a white coat means," she said, rolling her eyes. "There she goes."

Wrapping up the session, Mikulski emphasized that "there can be no NIH without a strong, robust intramural program." She pledged to revisit the NIH reauthorization bill and said NIH could count on her to introduce legislation on recruitment/retention, loan forgiveness, prohibitions on honoraria, and infrastructure needs.

"I've learned a lot today about your needs and your willingness to do the job under tough circumstances," she said. "You are one set of excellent troops in the battle for our future, and I intend to work with you, including the 'chief lady of the NIH.'"

Anyone with concerns not addressed by the second town meeting is invited by Healy to direct them to her in Bldg. 1, Rm. 126.

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**Reaching Out to High School Students**

**NCI Nurse Talks About AIDS Research, Clinical Trials**

Standing in front of a group of students recently at Magruder High School in Rockville, Md., Susan Sandelli spoke about AIDS research, how clinical trials are conducted and how the information gleaned from them is used.

"These kids had already had presentations on the risk factors for AIDS and prevention methods," says Sandelli, a nurse research specialist on NCI’s pediatric oncology unit in the Clinical Center. "But they don’t know much about research and clinical trials. The majority were honor students in advanced biology classes. They asked a lot of questions and were interested in how we go about studying AIDS, conducting trials, and using the results."

She was recently profiled in .. . Of Interest, a newsletter for teachers published by the Montgomery Education Connection and the Montgomery County Public Schools. The article focused on her presentation to the senior science classes at Magruder.

Sandelli is part of a multidisciplinary research team that includes specialists in medicine, nursing, social work, occupational and physical therapy, pharmacology, and neuropsychology who meet regularly for treatment planning.

"There are more than 200 kids in NCI protocols ranging from 3 months to 20 years and older," she states.

Sandelli serves as the contact person for new referrals to HIV protocols under NCI’s Pediatric Branch.

Joining NIH in May 1988, she began working on the 13 West pediatric unit. Prior to coming here, she worked in adult oncology for 16 years in VA hospitals in San Diego and Chicago.

"While I got lots of oncology experience working for the VA," Sandelli emphasizes, "it was at NIH that I gained pediatric oncology experience. It was also the first time I had been involved with HIV treatment."

"Working as a member of this team is just great. We have a bunch of very committed people," she continues. "I especially enjoy working with the patients and their families. It has been a good experience for me."

A graduate of Illinois Wesleyan University, Sandelli not only speaks to local high school students but also addresses other organizations on request: "I talk about different aspects of pediatric HIV disease. I recently (Nov. 15) spoke to an audience of foster care parents and foster care agency staff about HIV research," she says. "I tailor my talks to the audience."

If you would like Sandelli or another member of NCI’s Pediatric Branch to speak at your school or organization, call 496–4256. —Anne Barber

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![Mikulski beams with pride at owning a new NIH lab coat, courtesy of Healy.](image)

![Members of the Order Sons of Italy in America recently visited the Children’s Inn at NIH, where they presented Mary Lou Andersen (c), chairman of the inn’s board of directors, with a check for $10,000. They are (from l) Paul S. Polo, Salvatore D’Alessandro, Albert J. Riccelli, Sr., and Peter R. Zuzulo. Also on hand is Robert Gray (r), the inn’s new executive director.](image)
OD EEO Work Plan Approved

The 1992 work plan for the OD EEO advisory committee was recently approved by NIH deputy director Dr. William Raub as one of his last official acts before departing NIH for the White House.

The plan calls for the committee to work toward increasing OD employees' understanding of the Federal Equal Opportunity Recruitment Program and Affirmative Employment Program plans, the EEO complaints process, and the role of the OD EEO advisory committee. It will also request additional COTA (career opportunities training agreement) positions in OD and all of NIH.

The committee's purpose is to advise the deputy director on the implementation and maintenance of the EEO/Affirmative Employment Program. Representatives hail from the Office of Communications, Office of Science Policy and Legislation, Office of Extramural Research, Office of Administration, and Office of Equal Opportunity.

The activities of the OD EEO advisory committee will continue to address and resolve issues central to improving the EEO profiles of minorities, women, and individuals with disabilities, thereby enhancing the quality of the work environment in order to retain these employees.

Leon Ellwein Joins NEI

Dr. Leon B. Ellwein recently returned to NIH to join NEI as a consultant to the director. Before coming to NEI, he was professor and associate dean for research at the University of Nebraska Medical Center for 8 years, and for 11 years prior to that was senior technical advisor at Scientific Applications International Corporation. In 1966, Ellwein served as a systems planning and analysis officer at NCI before leaving NIH in 1972.

In his new appointment, Ellwein will provide oversight and leadership in developing data sources concerning the extent of the problem of eye diseases, evaluating clinical programs using quality-of-life endpoints, researching the technology creation and transfer process, and utilizing health economics and health services research methodologies. He holds a Ph.D. in operations research from Stanford University and a certificate from the advanced management program at Harvard Business School.

Atkinson's Excellence Honored

The National Business League of Montgomery County has nominated NIH's procurement official Gladys Atkinson for its "Who's Who in Black Procurement," and has given Atkinson its Award of Excellence for her significant contribution to the minority business community. She was honored recently at an award breakfast in Rockville.

Latex Allergic?

FDA/NIAID seeks volunteer who are allergic to latex or 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.

Carpoolers Wanted

A driver is seeking one or two nonsmoking carpool members to share the commute from the Springfield Mall/Franconia, Va., area to the NIH main campus. Work hours are 8 a.m. to 4 p.m. Call Leah Reusche, 496-9801.

Construction of the playground at the Children's Inn at NIH is progressing according to schedule with completion expected this month. This sketch illustrates the finished playground, which will feature 37 different active and passive play elements. The drawing was done by Tim Wilder, 17, a senior at Richard Montgomery High School who is studying art at Albert Einstein High School in preparation for a career in art and illustration.
**Vener Joins NCI Grants Review**

Dr. Kirt J. Vener has been named chief of NCI's prevention, epidemiology and control review section in the Grants Review Branch, Division of Extramural Activities. Before this appointment, he was a scientific review administrator with NIAMS.

This review section provides NCI with peer review of program project applications and RFA submissions relevant to cancer control, epidemiology and prevention.

A native of Michigan, Vener attended Wayne State University in Detroit where he received his B.S. and Ph.D. degrees. After serving as instructor and assistant professor of biology at Loyola University in Chicago, he returned to Wayne State University as a program officer and later associate director for research and sponsored programs. In 1979 he was detailed to the Digestive Diseases Division of the then NIAMDD as special assistant. In 1981 he became program director for esophageal, gastric and colonic diseases and coordinator of SBIR development in that same division. After a brief tenure as assistant vice chancellor for research affairs at the University of Tennessee, Memphis, he returned to NIH as a scientific review administrator with NIAMS.

A zoologist by training, he has published in the area of chronobiology and the impact of the time domain on animal and human studies experimental design. He has also published two papers on SBIR NIH review results and one on the fate of instrumentation requests on NIH grant applications.

In off-duty hours, Vener plays clarinet with the Rockville Concert Band and the Montgomery Village Community Band. He has also competed successfully in master's track and field.

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**NIAMS Gives Merit Awards to Four Employees**

The NIAMS has named its 1991 Merit Award winners. They are: Melvin L. Broadus, administrative officer; Dr. Joan A. McGowan, director, Bone Biology and Bone Diseases Program; Dr. Richard W. Lynn, director, Muscle Biology Branch; and Constance D. Raab, information officer.

Broadus was honored “for extraordinary administrative talents and superior interpersonal skills during the establishment of the NIAMS.”

McGowan was cited “for her outstanding energy, resourcefulness, and skills in identifying and coordinating an HHS report on osteoporosis and subsequent activities related to this report.”

Lynn was congratulated “for demonstrating great commitment and energy in carrying out numerous assignments and for his vigorous advocacy for grantees of the Muscle Biology Program.”

Raab was recognized “for sustained superior performance in carrying out duties as director, Office of Scientific and Health Communications, NIAMS.”

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*On band for presentation of the 1991 Merit Awards at NIAMS are (seated, from l) institute director Dr. Lawrence Shulman, and Dr. Joan McGowan. Standing are (from l) Dr. Richard Lynn, Constance Raab, and Melvin Broadus.*
Goldrosen Joins NCI

Dr. Martin H. Goldrosen recently joined NCI as a scientific review administrator within the Grants Review Branch, Division of Extramural Activities.

He received a Ph.D. in medical science from McMaster University at Hamilton, Ontario, in 1975. While there he was associated with the host resistance program and received training in the field of tumor immunology.

Upon graduation he joined the staff of Roswell Park Cancer Institute (RPCI) as a cancer research scientist within the surgical oncology department. The research program that he developed and received peer-reviewed funding for contributed significantly to an understanding of the host immune response in cancer patients and in experimental animal model systems. He joined the newly formed division of clinical immunology at RPCI in 1988. Goldrosen continued his research program and was given additional responsibility for the production of biological response modifiers for patient therapy.

While at RPCI, he held an adjunct appointment as professor of experimental pathology in the graduate division of the State University of New York at Buffalo. He taught a graduate course in tumor immunobiology and trained postdoctoral fellows, graduate students, and visiting scientists.

Fall Hay Fever Volunteers Needed

FDA/NIAID seeks volunteers who have fall hay fever symptoms to participate in a study involving allergy skin testing. Participants will be paid. Send written requests to Jackie Matthews, Bldg. 29, Rm. 201.

NIDDK, NHLBI To Cosponsor Workshop on Black Hypertension, Kidney Ills

The NIDDK and NHLBI will cosponsor a scientific workshop on "The Biology of Kidney Disease and Hypertension in Blacks," Dec. 11-13, at the Sheraton Washington Hotel, Washington, D.C. The workshop will review current knowledge and encourage research and transspecialty collaboration on kidney disease and hypertension in Blacks.

Black Americans, who comprise just over 12 percent of the United States population, account for 29 percent of kidney failure patients. According to NIDDK's U.S. Renal Data System, Black Americans are four times more likely than whites to have kidney failure. A number of factors have been proposed to be contributory to this increased disease burden in Blacks, including increased prevalence and incidence rates of hypertension and diabetes compared with whites. Not only are Blacks more likely to develop hypertension, but the disease develops earlier, is often more severe, and is more monotonous compared with whites. Early intervention is necessary to prevent the development of crucial complications of hypertension.

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Weight Watchers Update

Registration for the next session of Weight Watchers at NIH will be held on Friday, Jan. 10 at noon in Bldg. 31, Rm. 11A10. Meetings will be held every Friday, beginning Jan. 17, from noon until 1 p.m. for 10 weeks. Cost for the session is $120 for new members (payable upon registration) and includes program materials, weekly meetings, and musical entertainment. Current Weight Watchers members or lifetimers who are over goal can join at a discounted rate of $105. Special foods are not required in order to participate. Class size is limited to 30 people and registration is on a first-come, first-served basis. For more information call R&W, 496-6061.

Dr. Ruth L. Kirschstein (r), NIGMS director, presents a certificate of appreciation to Dr. Mark W. Kirschner, a professor of biochemistry and biophysics at the University of California, San Francisco, who recently presented the annual NIGMS DeWitt Stetten, Jr. Lecture. Kirschner, who spoke about the biochemical machinery regulating the cell division cycle, has been an NIGMS grantee for the last 20 years.

Also shown is Mrs. Jane Stetten, widow of the lecture's namesake.

Dr. James O. Mason, HHS assistant secretary for health, will speak on the health of Black Americans during the opening session, Wednesday evening, Dec. 11. Other presentations will address bioanthropological perspectives on disease, molecular genetic approaches to human hypertension, racial differences in ion transport in the kidney, insulin resistance in hypertension, and what may be learned from renal disease networks and previous studies of ethnicity, hypertension, and renal disease. Panels on genetics, epidemiology, and basic and clinical research will develop recommendations for future studies.

For more information or to register, contact Dr. Lawrence Agodoa, 496-7572, or Dr. John Kusek, 496-7133.

For example, Blacks 20 to 44 years of age have nearly 20 times the rate of end-stage kidney failure and hypertension as whites. Not only are Blacks more likely to be fat at an earlier age, and is responsible for greater disease consequences. For example, Blacks 20 to 44 years of age have nearly 20 times the rate of end-stage kidney failure and hypertension as whites.

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**TRAINING TIPS**

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

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<tr>
<th>Courses and Programs</th>
<th>Starting Dates</th>
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<tr>
<td>Management and Supervisory 496-6371</td>
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<tr>
<td>Voice for Success: Power Communication</td>
<td>1/14</td>
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<tr>
<td>Managing Workforce Diversity: Skills for Utilizing Differences</td>
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<tr>
<td>Office Operations and Administrative Systems Training 496-6211</td>
<td>1/21</td>
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<tr>
<td>Basic Time and Attendance</td>
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<td>Delegated Acquisition Training Program</td>
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<td>Property Management: Information System</td>
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<td>IMPACT System for Personnel Staff</td>
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<td>Special Course 496-6211</td>
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<td>Breaks the Smoking Habit</td>
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<td>Personnel Management 496-6211</td>
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<td>KSA Methodology Training</td>
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<td>Basic Position Class (enroll by 12/16)</td>
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<tr>
<td>Intro to Pers. Mgmt. (enroll by 1/10)</td>
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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. - Thu.: 8:30 a.m. - 7 p.m.
- Fri.: 8:30 a.m. - 4:30 p.m.
- Sat.: 9 a.m. - 1 p.m.

Training Center, DCRT, and other training information is available on WYLBUR. Login to Wylbur and type ENTER TRAINING.

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**Genome Lectures Continue**

The Human Genome Lecture Series continues this month with a presentation on "The Genetic Mapping of Human Breast Cancer," Dec. 19 at 11:30 a.m. in Lipscomb Amphitheater, Blgd. 10.

Lecturing will be Prof. Mary Claire King of the department of bioclinical environmental health science at the School of Public Health, University of California, Berkeley.

For more information, call Felicia Taylor or Carol Dahl, 402-0838.

**Adolescent Subjects Needed**

The Clinical Neuroendocrinology Branch, NIMH, and the Developmental Endocrinology Branch, NICHD, are conducting an outpatient evaluation study on depression in adolescents ages 11-16. Biological and psychological characteristics of depression will be examined. The study does not involve drug treatment. A second group of healthy, non-depressed adolescents also is needed to serve as a comparison group; primarily sought are those over age 14 and Black girls between ages 14-16. All volunteers will be paid. For more information, call 496-4319.

**Chamber Players Give Concert**

The NIH Chamber Players will present a program of music for piano and strings on Sunday, Dec. 15 at 5 p.m. in the Cloister, Bldg. 60. The free program, sponsored by FAES, includes Mozart's Quartet No. 2 in E Flat, K. 493, Mendelssohn's Trio No. 1 in D Minor, Op. 49, and Schumann's Quintet in E Flat, Op. 44. For more information, call 496-5976.

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**'Knowledge Is Power' Symposium**

An objective of the Black Employment Program and the Black employees advisory committee (BEAC) is to support and sponsor activities that assist Black employees in the employment setting. To accomplish this objective, BEAC conducts informational and awareness symposiums on the theme "Knowledge Is Power."

BEAC will sponsor four "Knowledge Is Power" employee workshops on the SF-171 and the knowledge, skills and abilities (KSA) evaluation method. The workshops will begin with an overview given by a presenter and will include small group practical sessions during which a facilitator will be able to work closely with the participants who wish to improve the quality of their SF-171 or prepare the KSAs for their present position or for a position the employee wishes to obtain. All employees are invited to attend.

Employees are encouraged to bring a copy of their SF-171 and the KSAs for their present position or a position they wish to obtain. In order to estimate expected attendance, employees are requested to register for the session they wish to attend. Selection forms can be obtained from the Office of Equal Opportunity, Bldg. 31, Rm. 2B40, or by contacting Kathryn W. Ballard, Westwood, Rm. 550.

The schedule for the workshops is as follows:

- Dec. 12, Bldg. 31, Rm. 2A52 11:30 a.m. - 1:30 p.m.
- Dec. 16, Bldg. 16, Conf. Rm. 6 11:30 a.m. - 1 p.m.
- Dec. 18, Bldg. 50, Rm. 117 11:30 a.m. - 1:30 p.m.
- Dec. 19, Westwood, Rm. 503 11:30 a.m. - 1:30 p.m.

**'Peer Review Trends' Available**

The Division of Research Grants has recently released *DRG Peer Review Trends: Workload and Actions of DRG Study Sections, 1980-1990*, the latest edition of this volume. It surveys the nature and quantity of applications reviewed by DRG study sections and the sections’ recommendations on these applications.

NIH policy has changed the review process during the last decade, mandating percentiling of priority scores, for example. Approval rates and priority scores have also shown continuing changes during this period. These trends, along with many others, are discussed with extensive graphic and tabular support.

Copies of the volume are available from the Information Systems Branch, 496-7561.
NIAID Joins D.C.'s Dunbar High in Science Education Partnership

By James Hadley

What does a high school with a rich tradition have in common with a biomedical research institution at NIH? They both strive for excellence and they are partners in education.

NIAID and Dunbar Senior High School in Washington, D.C., recently signed an agreement under the Adopt-a-School Program enabling the institute and school to enter a cooperative relationship that benefits both.

Through the partnership, students will be exposed early to a scientific environment in which to pursue their interests in the sciences. The program will aid students, teachers, and administrators alike in developing a better appreciation of the importance of research and the role of NIH scientists.

NIAID director Dr. Anthony S. Fauci said, "The future of science strongly depends on encouraging talented young people, particularly minority students, to pursue careers in biomedical research. We look forward with great anticipation to developing a long and productive partnership that benefits NIAID, Dunbar Senior High School, and the community. Many people who do not live in the District—as I do—may be unaware of the rich history of high schools such as Dunbar. Dunbar has a great tradition of excellence. The Adopt-a-School Program is just one way in which the NIAID demonstrates its commitment to fostering careers in research, as well as furthering the goals of equal employment opportunity," he added.

Established in 1870, Dunbar was the first high school in the nation for African-American students. Today Dunbar High has 900 students and is noted for its pre-engineering and science curriculums, which are designed to prepare high-potential students for entry into the fields of medicine, aviation, and electrical engineering. The school has a "blue-ribbon science department" as evidenced by students' test scores that surpassed the national norm in science. The ninth grade had the highest reading scores in the city.

The school is named in honor of Paul Laurence Dunbar (1872-1906), the son of slaves, who became the first man of pure African blood in America to express the African-American experience in poetry and story, gaining prominence in the literary world.

Dunbar High boasts such renowned alumni as Dr. Charles R. Drew of Howard University, the first woman to hold the office of dean at a college of dentistry; former Massachusetts Sen. Edward M. Brooke; Dr. Floyetta Duke McKenize, former superintendent of the D.C. Public Schools; Eleanor Holmes Norton, D.C. congressional delegate; Gen. Daniel "Chappie" James, Jr., a four-star general in the United States Air Force; artist Elizabeth Catlett; Judge William H. Hastings; and Robert C. Weaver, secretary of housing and urban development under the Johnson administration and the first African American to serve in a presidential cabinet.

"NIAID will make a difference in the lives of these young people," said Dr. Eva R. Rousseau, principal of Dunbar. "Those NIAID personnel participating in this program will play a tremendous role in the lives of our students.

"Resources are sometimes scarce," she noted. "We can never have too many resources to help us educate our young people. We are excited about a partnership that will stimulate young minds and create opportunities for them to join the war against disease. Who knows what the future holds? We need our young people to help us solve many of the health problems affecting the African-American community and the world at large."

As part of the new program, interested students will tour NIH to see science in action; meet and consult with working scientists; participate in laboratory work to gain practical experience; receive supplemental instruction; and improve their understanding and increase their knowledge of various scientific subjects.

"We are delighted about the NIAID-Dunbar High School partnership," said Dr. John I. Gallin, director of NIAID's Division of Intramural Research. "I have already received outstanding reports from our scientists about their interaction with Dunbar students. Our researchers are enthusiastic about sharing their knowledge and expertise with students."

After an orientation at Dunbar, written evaluations from students mirrored this enthusiasm: "I am glad NIAID is adopting Dunbar. I hope this will be an exciting and important experience...I think this is a wonderful project. This is a very interesting and informative lecture. I really learned a lot and I take forward to this program...overall the program sounds interesting and I would like to be a part of it..."

NIAID will offer lectures, mentors/role models, tutorial matching, library resources, internships, incentive awards, faculty enrichment, and advisory services.

"This initiative is a direct response to the recommendation by the institute's EEO advisory committee that NIAID become more involved with schools in the community," said Gwendolyn B. Brooks, NIAID EEO manager and coordinator of the partnership program.

Since 1977, Dunbar High has been housed in a sprawling, seven-floor, open-spaced facility designed to foster the open education concept, encouraging students to make their own decisions, to seek their own learning activities, and to reach their full potential.

Dunbar is also partners with the National Aeronautics and Space Administration, General Motors, International Business Machines Inc., the U.S. Navy Yard, the National Capitol YMCA, Howard University, Potomac Electric Power Company, the University of the District of Columbia, and D.C. shadow senator Rev. Jesse Jackson. 

Dr. David Redfield (l), DCRT director, expresses his appreciation to Dr. Patrick Aroo of the European Molecular Biology Laboratory in Heidelberg, Germany, following his recent series of DCRT-sponsored lectures on computational molecular biology. Aroo talks on protein folding, sequence comparison, and protein stability drug near-capacity crowds to Lipsett Amphitheater.