

"Still
The Second
Best Thing
About Payday"

The NIH Record

In the Open

Intramural Women Scientists Speak Out on Status at NIH

By Carla Garnett

For some in the group of six women researchers scheduled to speak at the recent panel discussion on the status of intramural women scientists, the podium in the packed Lipsett Amphitheater seemed peculiarly unfamiliar.

Although most were accustomed to giving presentations before large groups, this time was different. This time there were far fewer concrete facts from which to draw conclusions than in a routine science presentation. This time the discussion would be personal as well as professional. In addition, it would involve a most basic topic—the differences between male and female scientists and how their careers advance at NIH.

Panelist Dr. M.A. Ruda, chief of the cellular and molecular mechanisms section in NIDR's Neurobiology and Anesthesiology Branch, verbalized the alien feeling.

"Standing here as part of this panel on gender barriers," she began, "I find myself in somewhat of an uncomfortable position because typically when I'm in a lecture hall addressing an audience, I have a carousel of



Dr. Ruth Kirschstein, NIGMS director and the first woman director of an NIH institute, led the panel of speakers at a forum on the status of women researchers here.

slides, a darkened room and a lot of data to present. I'm somewhat ill at ease discussing gender barriers at NIH."

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Gene Therapy Scientists Share 1992 Mider Honor

By Louise Williams

This year's G. Burroughs Mider Lecture covers one of today's groundbreaking biomedical achievements, "Human Gene Therapy." It will be given by three NIH researchers who have moved gene therapy from science fiction to science fact.

The three are Dr. W. French Anderson, chief of the Molecular Hematology Branch, NHLBI, and Dr. R. Michael Blaese, deputy chief of the Metabolism Branch, and Dr. Steven A. Rosenberg, chief of surgery, both of NCI.

The lecture will be presented on Wednesday, Mar. 25, at 3 p.m. in Masur Auditorium. NIH director Dr. Bernadine Healy will introduce the speakers.

The prestigious lecture was created in 1968 by NIH's scientific directors to commemorate Mider's distinguished career at NIH, which included a term as director of laboratories and clinics. It is awarded annually by the NIH director, on the advice of the scientific directors, and honors scientists who have contributed significantly to NIH's biomedical research eminence.

Perhaps no speakers better exemplify that dictum than Anderson, Blaese, and Rosenberg. And none may better exemplify how NIH itself promotes biomedical progress by

(See **MIDER**, Page 10)

Condition Worsening

Visiting Scientist Needs Heart Transplant, Financial Aid

By Rich McManus

When Dr. Yaron Nophar of Israel joined NIH 8 months ago, he was in reasonably good health and anticipated continued scientific success in NICHD's Laboratory of Mammalian Genes and Development. He had earned his Ph.D. at the Weizmann Institute in 1990 and was at NIH under a World Health Organization grant to study different aspects of the development of mice.

Like any other federal worker, he reviewed his options for health insurance once on campus and chose the more expensive of two plans available to visiting scientists. He didn't scrutinize the fine details of coverage because, like most people, he never anticipated medical catastrophe.

Just recently, the sky fell in on Nophar when he was diagnosed with dilated cardiomyopathy, a condition whose treatment may necessitate a heart transplant; his insurance carrier doesn't cover such a procedure.

Less than a year ago, Nophar, 33, was hale enough to climb mountains in Nepal, Thailand and the Philippines with his wife of 5 years.

"Some signs that something might be wrong with me occurred after very extreme exercise," he recalls. "I felt some pain in my chest and thought there might be a problem."

Only a few months ago, he was able to play

Highly Curable

Less Surgery, Fewer Tests Urged for Early Melanoma

By Elaine Blume

Early melanoma can be cured in the great majority of cases by simply removing the cancer along with a small surrounding area of healthy skin. Lymph node removal is not necessary in these early cases, and expensive tests to determine whether the disease has spread need not be performed.

These were some of the key conclusions of panelists at a recent NIH Consensus Development Conference on Diagnosis and Treatment of Early Melanoma. Early melanoma was defined as including melanoma in situ (noninvasive) and thin invasive melanoma less than 1 millimeter in depth.

Melanoma is the most lethal form of skin cancer. It develops in melanocytes—skin cells that produce the pigment called melanin. These cells are concentrated in moles but are also present in normal skin, and melanoma may develop in either location.

Since 1973, melanoma incidence has risen 78 percent, a larger increase than any other cancer, and mortality has risen 31 percent.

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Dr. Yaron Nophar

soccer and run like any healthy young person. Today, however, a flight of stairs poses difficulty.

"I get out of breath very easily," he says. "It is rapidly getting worse."

Physicians in both the U.S. and Israel ran extensive tests to make their diagnosis. While medicines to treat symptoms can be prescribed, nothing short of a heart transplant will cure Nophar. It is possible that, without a transplant, he could die within the year.

(See **NOPHAR**, Page 2)

NOPHAR

(Continued from Page 1)

Nophar was born in Ramat Gan, a suburb of Tel Aviv. At age 3 he was diagnosed with juvenile diabetes, a condition with which he has lived, quite robustly, for the past 30 years.

"I've always managed to do whatever I wanted," he says. "I even served in the Israeli army. Now, a pilot I couldn't become, but otherwise I found a way to contribute as any other citizen in the country.

"There is no clear connection between diabetes and heart disease," Nophar states. "Dilated cardiomyopathy is a very specific disease, and has been related in some cases to viral infection. Sometimes it happens out of the blue sky." His physicians have told him the transplant should take place soon.

Dr. Richard O. Cannon, head of the cardiovascular diagnosis section in NHLBI's Cardiology Branch, participated in Nophar's evaluation. He says dilated cardiomyopathy—a descriptive term for a poorly functioning heart—has been known to develop in patients with long-standing diabetes.

"Although some diabetics develop this condition, most patients with dilated cardiomyopathy are not diabetics. Myocarditis, possibly viral in etiology, is often suspected but rarely proven," he said.

Nophar suffers no disease of the coronary arteries, added Cannon, based on the findings of a cardiac catheterization performed on him. Nor has Nophar ever suffered any of the typical complications that can afflict diabetics. In Cannon's judgement, the need for a transplant could arise suddenly, or "it's possible he could remain stable for a number of years."

As recently as 3 months ago, Nophar suffered symptoms only once every week or two. Now, "I reach a point where I feel it every day. My condition is deteriorating very quickly. I'm afraid I don't have much time. Every day is a new struggle."

His work in the laboratory in Bldg. 6B has helped Nophar keep his dire condition at bay, temporarily. "My job makes life somewhat easier for me," he said. "I occupy my mind with the work I am doing. But I'm afraid the day is coming when I can't come to work any more. For my wife, it is more difficult. She has a part-time job and has more free time to deal with the issue, which is, of course, not easy."

Nophar needs at least \$150,000 to be transplanted. Because he has diabetes, the transplant is too complicated a procedure to be done in Israel. He has applied already to two U.S. transplant centers—the University of Pittsburgh and the University of Minnesota. Pitt charges a minimum \$170,000 while UMinn can do it for about \$112,000.

"These are just the sums you begin with. It could go much higher," he said. "I have heard



Nophar works in NICHD's Laboratory of Mammalian Genes and Development in Bldg. 6B, where he is studying aspects of the development of mice. A native of Israel, he plans to return there one day to pursue a career in academic medicine or industry.

of an Israeli who went to Pittsburgh for a liver transplant and faced a bill of \$1.7 million.

"The only reason I can't (get a transplant) is that I don't have in my pocket such a sum of money."

Nophar should already be in the pre-transplant evaluation stage, which he is trying to finance personally and with family funds.

Should he raise enough money to be transplanted, Nophar would need at least a year to recover after the operation.

"You know how you get in (for a transplant) but you don't know how you get out—or if you get out, which is a story by itself," he observed.

Only a handful of coworkers in his laboratory, headed by Dr. Heiner Westphal, know of his condition. An article is being prepared for a local Jewish newspaper that may help raise funds, and other avenues are being explored. Randy Schools, general manager of NIH's R&W and an experienced fundraiser, has volunteered to help Nophar collect money.

Nophar has tried every other means of helping himself to no avail. Casting pride aside, he has no choice but to rely on the help of others.

"I tried to check whether it is possible to (get a transplant) in Israel, but they can't handle such complicated cases. They have very limited heart transplant experience."

When he came to NIH last summer, Nophar wanted only to become a better scientist and to return to his native Israel to work in academic medicine or industry. He has coauthored 10 scientific papers and done significant scientific work. But all of that seems dim now as he looks, bravely but resignedly, to an uncertain future.

"It may already be too late for me, but someone signing up for insurance should know what is covered and what is not," he cau-

tioned. "If I were living in Minnesota, the transplant would be covered, but in Maryland, the laws are different."

Anyone wishing to donate funds for Nophar's care can call Schools, 496-6061, or contribute directly to the Yaron Nophar Heart Fund, Box 337, 11140 Rockville Pike, Rockville, MD 20852; Nophar himself can be reached on 496-1851.

"Any amount whatsoever would help me a great deal," said the scientist. □

'Science for All' Lecture Focuses on AIDS Dilemmas

The Staff Training in Extramural Programs (STEP) committee will present a "Science for All" lecture entitled "Science and the Dilemma of AIDS," on Apr. 8 from 1 to 3:30 p.m. in Wilson Hall, Bldg. 1.

Moderating the presentation will be Dr. Jack Whitescarver of NIH's Office of AIDS Research. Joining him on the panel will be Dr. Gregory Curt of NCI's Clinical Oncology Program, and Drs. Margaret Johnston and Lawrence Deyton of NIAID's Division of AIDS. They will describe the current AIDS epidemic and strategies for treatment and prevention.

Advance registration is not required. Sign language interpretation will be provided. For more information call 496-1493. □

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Interinstitute Genetics Program Trains Medical Students at the Clinical Center

By Karen Riedel

Coming to the Clinical Center was Debbie Gottmann's first experience in the Washington, D.C., suburban area. It was also the first time she had ever been away from her family alone—she left behind a husband and three children ages 18, 16 and 3. Gottmann is one of many medical students who participated in the recent 8-week NIH Interinstitute Medical Genetics Program.

Each year, the program invites medical students to fulfill their medical school electives in genetics at NIH and the Clinical Center. Students study basic concepts in human genetics and recent advances in clinical, biochemical, and molecular genetics. The structure of the program is threefold: students attend lectures and seminars given by NIH investigators and medical genetics staff, participate in genetics clinics, and conduct research related to medical genetics.

Students interested in genetics usually stem from one of three backgrounds—pediatrics, internal medicine, or obstetrics. This year's program had a student on each track.

Says Sandy Schlesinger, program coordinator, "The students are bright, sophisticated young people with interesting backgrounds. Each one is gifted and special."

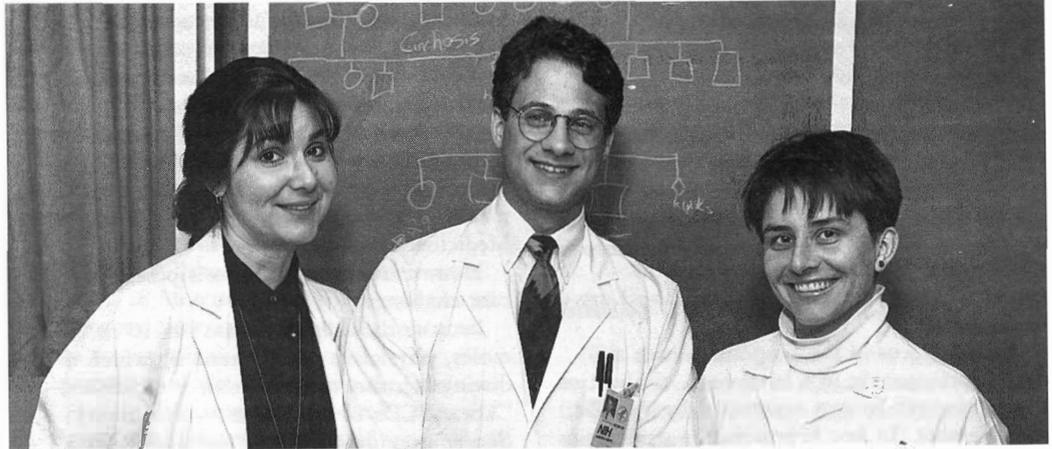
Gottmann, a Chicago native, is a fourth-year medical student at Rush Medical College, University of Illinois. Before starting medical school, she was a nurse at the Shriner's Hospital for Crippled Children, in Chicago, where she began her path toward genetics.

She explains, "Seeing so many interesting things at the hospital's genetics clinic really sparked my interest in the field."

Gottmann singled out the NIH program for a number of reasons. She explains, "I was interested in this program because of NIH's reputation. I read so much in the medical journals about all the work going on here that I wanted to come and see what it was all about." More specifically, Gottmann continues, "NIH offered me an opportunity to see what goes on in the laboratory as well as in the clinical setting and to see and do research. Since I have limited laboratory exposure, this program has given me a unique experience." Gottmann worked with Drs. Gabriel Cohn and Neal Epstein in NHLBI's Clinical Hematology Branch.

The students attend NIH lectures and seminars that detail clinical and laboratory aspects of diagnosis, different methods of treatment, approaches to counseling, and principles of biochemical, molecular, clinical, and population genetics. Schlesinger adds, "They are also introduced to various approaches to the study of an array of genetic conditions."

"Overall, It's been a good experience for me," Gottmann reflects. "The lectures were



NIH Interinstitute Medical Genetics Program 1992 students (from l) Debbie Gottmann, Drew Hertz and Susan Nicholson recently delivered the results of their research here.

nicely done and clarified basic genetic principles for me. Even though I am planning to specialize in obstetrics, I will be able to apply the genetic principles I learned in this program to my training in obstetrics for the next 4 years."

Drew Hertz, originally from Ohio, was drawn to the program for the NIH laboratory experience. He worked with Dr. Kenneth Culver in the cellular immunology section of NCI's Metabolism Branch.

"Since my senior year in college, I have dreamed about gene therapy," he says. "I have been reading about it for years. One reason I came to the Clinical Center was for the exposure to the laboratories where gene therapy work is being done." Hertz adds, "I also came to make a decision about a career in genetics. I thought about genetics for 8 years but I didn't really know what a geneticist does."

Hertz attended the University of Florida, where he majored in microbiology and volunteered in the cytogenetics lab. Genetics was his primary interest there, cultivated by a basic biology course that included a class on genetics. After college, Hertz spent 1 year as a laboratory technician and then returned to Ohio to attend Case Western Reserve University in Cleveland. He is now in his fourth year there, concentrating on pediatrics.

"Besides being what I thought was a logical pathway into genetics, I think pediatrics offers the broadest range of patient contact—with infants to grandparents—and I like the preventive aspects. And, I really like kids."

Hertz particularly appreciated the clinical experience offered in the program. In addition to working in weekly genetics clinics and presenting case studies at postclinic conferences, the students rotate to different genetic centers in the area such as Johns Hopkins Hospital, Children's Hospital National Medical Center,

the National Naval Hospital, George Washington University, and Walter Reed Army Medical Center.

Because of this broad exposure, Hertz says he learned what a clinical geneticist does. "Now I know I want to be involved in gene therapy," he says confidently. Looking toward the future, he speculates, "After I finish my residency I don't know where my career will lead me. But seeing so many diseases during the clinical rotations will surely help me in my career."

For University of Pittsburgh School of Medicine student Susan Nicholson, a career in the biomedical field was not out of the ordinary—her father was a biomedical engineer and her strengths are in math and science. Upon graduating from the University of Pennsylvania, she worked in a laboratory for 3 years.

"I learned that I wanted to do research, see patients, and study diseases—firsthand," she says. "Since then, my intention has been to do research and to be a clinician. I had to figure out how to do both."

After participating in the Howard Hughes Research Scholars program—a 1-year intensive research program at NIH—and thereby proving to herself that she could, indeed, handle the research part of her goals, Nicholson went back to medical school. Now in her fourth year, she says she came to the NIH interinstitute medical genetics program because she wanted to know what medical genetics is.

"I had worked in molecular biology and with DNA but I still did not know what medical genetics was really all about," Nicholson says, adding that she picked this program to get exposure to patients and patient care. "I had no concept of what it is like to be a patient or of what things patients are involved in. The unique thing about this

(Continued on Page 4)

(Continued from Page 3)

program is that it combines the clinical aspects of genetics with research. Coming to NIH looked like a good opportunity to bridge the two interests."

Nicholson worked with Dr. Daniel Camerini-Otero in the Genetics Biochemistry Branch of NIDDK and is following the internal medicine track. Although her career may not revolve around medical genetics, she says, "In understanding disease you cannot not understand what genetics is all about. No matter what path I choose, the medical genetics I learn here will be a tool I will use in the future."

A major focus of the program is each student's participation in a laboratory, clinical, or library research project supervised by a senior staff member. In late February, the students concluded the program by presenting their research projects to their preceptors and members of the medical genetics staff and faculty. Gottmann's project focused on the clinical applications of the current technology of molecular genetics, Hertz's on methodologies being developed for use in gene therapy, and Nicholson's on a detailed analysis of human gene structures.

Now that it is all over, the students have returned to their homes, families, and medical studies. No matter how far away they are or what specialty each one ultimately chooses, the students will not forget their experiences in genetics, but will weave them into the future. □

Nominations Needed for Awards

Nominations are invited for special recognition awards to individuals who have made outstanding contributions to the NIH Asian Program in support of NIH EEO programs. Submit your nominations, with justifications, to Winnie Martinez, Bldg. 31, Rm. 9A19, by Apr. 6. Awards will be presented during the NIH Asian/Pacific American Cultural Program on May 8. For more information, call 496-6917. □

MELANOMA**(Continued from Page 1)**

This year in the United States, about 32,000 new cases will be diagnosed, and some 6,700 persons will die of the disease. Excess sun exposure, especially in fair-skinned individuals and when it occurs early in life, increases the risk of melanoma.

In its earliest stages, a melanoma is flat or slightly raised, and it is confined within the upper layers of the skin. As the cancer progresses, it becomes deeper and more raised.

The deeper it is, the more likely it is to recur after surgery, and the wider the margin of surrounding tissue that needs to be removed.

Although early melanoma is highly curable, more advanced disease often cannot be treated successfully. Thus, efforts to reduce suffering and death from this cancer have focused on prevention and prompt detection.

"We have a large window of opportunity for diagnosis before metastasis," said Dr. Alfred W. Kopf, clinical professor of dermatology at New York University School of Medicine.

However, accurate diagnosis poses a significant challenge.

Because the average person has 10 to 40 moles, physicians need criteria by which to distinguish the rare mole that is cancerous. "The ABCDs of melanoma"—Asymmetry, Border irregularity, Color variegation, and Diameter greater than 6 millimeters—are a convenient way of remembering those features of a mole that should excite suspicion. Redness around the mole is another warning sign. People should examine their own skin regularly, and whenever an adult notices a change in an existing mole, or the appearance of a new mole, a dermatologist or other physician should be consulted.

Previously, when early melanoma was diagnosed, physicians excised up to a 5 centimeter margin of normal skin along with the cancer. However, data presented at the conference indicated that removing a margin of only 1 centimeter of normal skin and underlying tissue produces better function and appearance without compromising survival. Less aggressive surgery also frequently eliminates the need for reconstructive procedures such as skin grafts. In the case of melanoma in situ, only a 0.5 centimeter border of normal tissue need be removed.

Treatment has also often included removal of nearby lymph nodes, which sometimes causes chronic swelling of arms or legs. However, the panel concluded that the procedure is not necessary in cases of early melanoma.

In addition, the panelists recommended that elaborate diagnostic studies such as computerized tomography, magnetic resonance imaging, and nuclear scans not be performed on patients with early melanoma unless symptoms are present. In the great majority of these patients the cancer has not spread, and in the few cases where it has, distant metastases (cancer deposits) will almost certainly be too small to be detected.

Although patients treated for early melanoma have an excellent prognosis, they also have an increased risk of developing new melanomas. At particular risk are patients from families with the familial atypical mole and melanoma syndrome (FAM-M). Affected members of these families have many atypical moles and are unusually prone to melanoma.

Atypical moles are often large and are unusual in appearance; they most commonly occur on the trunk. They have been known as dysplastic nevi, but the panel recommended that this term be dropped.

Young women treated for early melanoma have been advised to avoid pregnancy, as well as the use of oral contraceptives, because of anecdotal reports suggesting that estrogen increases the risk of melanoma recurrence. However, the panel found no solid data to support this belief and strongly recommended further research in this area, especially in high-risk patients.

The experts also urged an emphasis on increasing public awareness.

"Education is the major means of preventing melanoma," said panel chairman Dr. Lowell A. Goldsmith, chairman of the dermatology department at the University of Rochester School of Medicine. "Young people are especially vulnerable to skin damage that can result in melanoma years later. They must be persuaded to avoid unnecessary exposure to the sun and other sources of ultraviolet light."

The panel recommended the use of protective clothing, hats, and sunscreens rated SPF15 or higher. In addition, people should avoid exposure to midday sunlight and tanning parlors.

Citing successful public education campaigns to reduce heart disease and stroke, and campaigns in other countries that have reduced sun exposure, the panel recommended greater efforts to educate the public about the need for sun protection and the importance of regular skin exams.

"People should learn the warning signs of melanoma and should ask their physicians for periodic skin examinations," Goldsmith said.

The Consensus Development Conference on the Diagnosis and Treatment of Early Melanoma was sponsored by the National Cancer Institute, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the NIH Office of Medical Applications of Research. □

New Weight Watchers Session

Registration for the next session of Weight Watchers at NIH will be held on Friday, Mar. 27 at noon in Bldg. 31, Rm. 11A10. The meetings will be held on Fridays from noon until 1 p.m. in the same room, with the first meeting scheduled for Apr. 3. The 10-week session is \$120 for new members (payable on registration) and includes program materials and weekly meetings.

No one will be allowed to sign up after Mar. 27. Class size is limited to 30 people, and registration will be on a first-come, first-served basis. For more information, call R&W, 496-6061. □

FIC To Support U.S.-CIS Scientific Cooperation

One of the first United States efforts to support scientists in the former Soviet Union through cooperation with the American scientific community has been initiated by the Fogarty International Center.

A new program of grant awards will enable U.S. scientists to collaborate with their counterparts in the newly formed Commonwealth of Independent States (CIS) on research of shared priority.

"The current situation in the former Soviet Union presents special challenges for the United States in its attempts to preserve the best of their science and ensure that their scientists are integrated quickly into the international community," noted Dr. Philip E. Schambra, FIC director, in announcing the awards.

"In addition to supporting research of mutual benefit, cooperative activities are expected to foster the development of democratic institutions by promoting the values and principles of free and open inquiry that characterize the U.S. scientific enterprise," he said.

Joint projects supported under the new Fogarty International Research Collaboration Award (FIRCA) program will include studies on the causes and prevention of AIDS, cancer, neurological disorders, and genetic-based diseases. These activities are designed to forge long-term linkages that build on historic ties between American and Russian scientists, dating from cooperation in clinical trials of the oral vaccine against polio in the 1950's and later cooperation on the influenza virus.

The FIRCA program will provide support for exchange visits, supplies and equipment over a 3-year period. FIC is committing \$460,000 to fund seven U.S.-CIS awards over the next 3 years, with additional awards expected to be made later this year.

The current round of awards includes a collaborative grant to Johns Hopkins University and the Academy of Medical Sciences in Moscow to develop immunopharmacological strategies for bone marrow transplants in cancer patients with acute myeloid leukemia. These studies may provide improved treatment for victims of the Chernobyl nuclear accident and others affected with this lethal leukemia.

Scientists at the Massachusetts General Hospital and the Institute of Molecular Genetics in Moscow will work jointly to identify hereditary forms of torsion dystonia, a central nervous system disorder that affects more than 200,000 persons in the U. S. and the CIS.

Other awards address basic studies in cancer pathogenesis, structural analysis of important macromolecules and developmental neurobiology.

Twenty-six more awards totaling \$378,063 have been made under a special FIC program, the Central and Eastern European Initiative, to enable scientists in NIH laboratories to coop-

erate with counterparts in the CIS through exchange visits and workshops. For example, NICHD scientists will undertake joint studies with the Human Genetics Institute in Moscow to improve techniques for DNA separation through novel methods of gel electrophoresis. These studies are designed to provide refined analytic tools for international efforts to identify disease-related genes and to map and sequence the human genome.

In addition, clinical researchers from NINDS will collaborate with the Institute of Biophysics in Moscow to identify strategies to restore neural function damaged by injury or trauma to the spinal cord.

Cooperation is also being supported between NCI and the Rappaport Biomedical Center in St. Petersburg (formerly Leningrad) to analyze the genotype and biological properties of AIDS virus isolates in the CIS and host immune responses to these isolates. These studies will enable investigators to understand better the genetic variability of the AIDS virus, information that is fundamental to the development of targeted vaccine and therapeutic approaches.

Other activities include basic and clinical investigations of membrane systems and epidemiologic studies to explore the interrelated role of environment and predisposing genetic factors on cardiovascular disease.

—Jim Bryant □

Normal Volunteers Needed

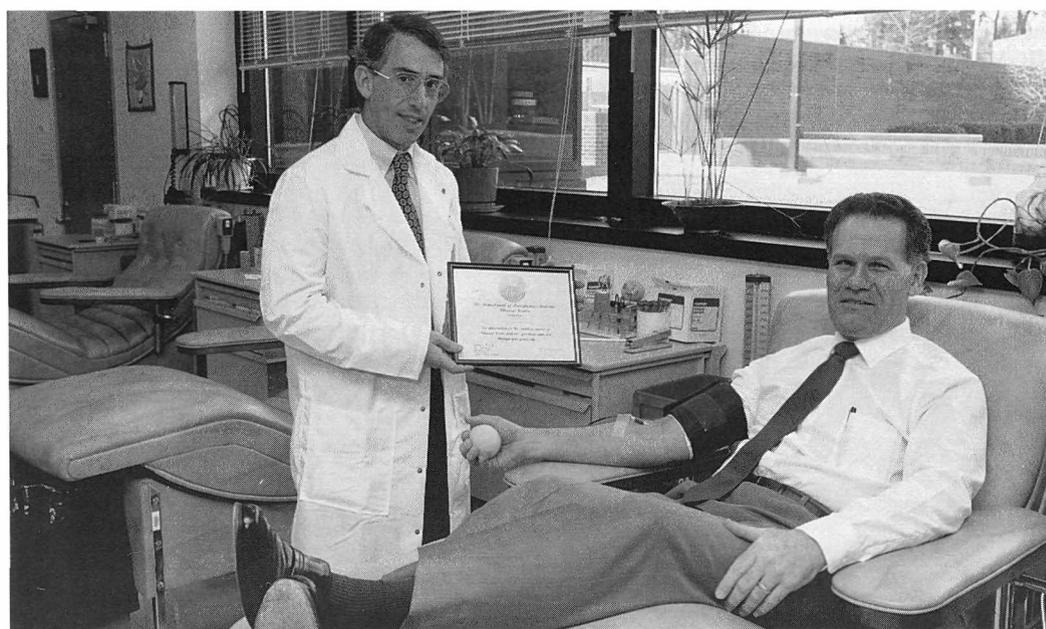
The Clinical Neuroendocrinology Branch, NIMH, and the Developmental Endocrinology Branch, NICHD, are seeking healthy women between the ages of 28 and 50 for studies involving the relations of hormone changes to sleep and psychological functioning. Individuals will be admitted to the Clinical Center for 2 1/2 days and 4 nights. Psychological testing will be conducted along with blood sampling. Participants will be paid. For more information call 496-4319. □

Shuttle Bus Route Changed

The closure of Convent Dr. at Lincoln Dr. for the next year or so during construction of Bldg. 29B has required that the Shuttle Bus route be modified.

The shuttle will no longer be able to proceed from Bldg. 36 to Convent Dr. to Lincoln Dr. It must backtrack along Convent Dr. to Center Dr., then proceed to pick up and discharge Bldg. 29 passengers at a temporary stop on Service Rd. West near Bldg. 29. The shuttle will continue its regular route from there.

Because of this interruption in the regular route, the shuttle will run on 10-minute intervals rather than its normal 8-minute schedule until the route is restored. Construction activity along Convent Dr. may occasionally result in additional delays. The busline regrets any inconvenience this may cause shuttle patrons. □



G. Nelson Sparks (r), a personnel specialist in the Division of Personnel Management, recently gave his 100th blood donation at the NIH Blood Donor Center. Dr. Harvey Klein, chief of the department of transfusion medicine, presented him with a certificate marking the occasion. Sparks' blood has benefited some 300-400 patients. He has given blood regularly since joining NIH in 1968. Asked why he is such a loyal donor, Sparks said it's because of the consistently excellent care and attention he receives when he donates. Those interested in donating blood at NIH may call 496-1048.

WOMEN

(Continued from Page 1)

So instead of speaking before the usual darkened arena, which normally provides a kind of artificial shield from the audience, the panelists were met with a well-lighted forum overflowing with a variety of spectators—the curious, the skeptical, the enthusiastic and the candid.

The tone for discussion was set early on by the first panelist—a 36-year veteran of NIH and the first woman director of an NIH institute, Dr. Ruth Kirschstein.

She told of her early days as a Clinical Center pathology resident and how after several years at the laboratory bench, she became a lab chief in 1965, and assistant director in 1972 of what was then NIH's Division of Biologics Standards. Her research career progressed further when the division was transferred from NIH to FDA, where Kirschstein assumed the position of deputy associate commissioner for science. After 2 years there, she missed NIH and decided to return. She contacted some of her former supervisors here, provided her CV and was told there were no open positions here at that time.

However, Kirschstein said, she knew of an opportunity and wasted no time suggesting it. A search committee had been formed to find a replacement for the newly vacated position of director of the National Institute of General Medical Sciences.

"So I asked about the position and was told, 'Oh, I hadn't thought of you for such a position,'" Kirschstein recalled. "So I looked at them and I said, 'Well, why don't you?'" She became the first woman director of NIGMS on Sept. 1, 1974.



Panelist Dr. Susan Swedo suggested NIH try adopting a gender-neutral campus where researchers are referred to simply as NIH scientists, not female scientists or male scientists.

"The importance of that story," she said, "is not that I got the position. It's that 20 years ago, by forcing the persons in charge to think about anyone who was qualified—woman, minority, man, whoever—they did so. We must make the system work properly."

That, said panel moderator Dr. Joan Schwartz, chief of the molecular genetics section of NINDS's Clinical Neuroscience Branch, is why the Office of the Director committee on the status of intramural women scientists was formed. Consisting of 12 members—4 men and 8 women—from NIH's intramural science community, the committee sponsored this panel discussion as one of its

first orders of business.

Representing NIH director Dr. Bernadine Healy, who was testifying at a congressional hearing, Dr. Vida Beaven, NIH assistant director for program coordination, said Healy "is supremely committed to the NIH intramural program and to the advancement of women in science, not only women here on NIH's campus but also women in the biomedical sciences nationwide."

Beaven, whose career also began in intramural NIH, cited the institution of "town meetings" to hear firsthand the concerns of the intramural community and the appointment of Office of Research on Women's Health director Dr. Vivian Pinn as evidence of Healy's commitment.

According to numbers presented by Schwartz, NIH's women scientists with doctoral degrees are underrepresented in top research positions here. A graph showing the number of intramural men and women in tenured scientific positions NIH-wide indicated that not many women researchers advance past a certain grade level. In fact, the numbers revealed that a declining percentage of women move from GS-13 to 14, even fewer to 15 and almost none to the Senior Executive Service level. GS-12 is the lowest grade level for a doctoral scientist.

In contrast, few men scientists below grade 13 were charted. Approximately 790 male researchers have positions at the GS-13 level or above, while about 175 female researchers occupy such positions.

Schwartz then presented data, obtained by the NIH Office of Education, showing that nearly 51 percent of high school seniors interested in pursuing academic science careers are female. These figures seem to indicate that young women are at least as interested as men in research as a career. In addition, 35 to 40 percent of medical and graduate school students are women and 20 to 30 percent of medical school faculty or other biological science positions are held by women.

A comparison of the genders in NIH's intramural community showed women trailing significantly: NIH has no women scientific directors. Fewer than 5 percent of NIH lab chiefs and fewer than 20 percent of section chiefs at NIH are women. More than 80 percent of the tenured science positions—lab chief, section chief, tenured investigator, and collaborative investigator—at NIH are held by men.

Schwartz cautioned that the data represent information from only 17 of NIH's 21 institutes, centers and divisions; four remaining ICDs have not yet provided survey responses.

"But the real question is," she continued, "why are the numbers the way they are? The committee's charge is to determine whether there are biases underlying these numbers."



Participants (seated, from l) Drs. Lynn Gerber, Judith Rapaport, Susan Swedo, M.A. Ruda, Mary Ann Robinson, Joan Schwartz and (standing) Monique Dubois-Dalcq discussed tenure, promotion and sexual discrimination at intramural NIH during a public meeting.

The committee will address several specific issues including the relative pool sizes of women and men for tenure actions, the length of time between promotions for each sex and the possible existence of gender barriers to lab chief or Senior Executive Service positions.

Kirschstein pointed out that the issue of parity for women scientists is far broader than intramural NIH and stretches across the nation. "It is an issue that will continue to be addressed in larger arenas," she said, adding that she has participated in several panel discussions outside NIH with similar topics.

Drawing a spate of applause, another panelist, Dr. Lynn Gerber, chief of CC's rehabilitation medicine department, explained the state of affairs in a nutshell.

"Our country has been extremely fortunate in being able to tap an extremely rich human resource and mobilize a very well educated, highly motivated and very committed group of people into activities that this country desperately needs," she said. "That is, it's been able to mobilize women at, in my view, below-market value. I think it has done this with very little regard to the protection and preservation of this invaluable resource."

Panelist Dr. Mary Ann Robinson, a senior investigator in NIAID's Laboratory of Immunogenetics, said she would like to see more women scientists in leadership positions.

"As I look beyond where I am now," she said, "I feel less sure of what is to come. I see so few women role models."

Suggesting another area where gender-based research could be focused, Dr. Judith Rapaport, chief of NIMH's Child Psychiatry Branch, asserted that most of the women in top science positions may have a common link that has been overlooked before now: spouses who are also high-level researchers.

"Opting for a research career is opting for a much less flexible career," she said, citing the intensity and commitment of a science career. "I submit that, just on the nature of making every hour count, life is often more livable when two spouses are in the same area" and have the same social circle. Rapaport's husband is also a scientist.

The self-described most junior member of the panel, Dr. Susan Swedo, a senior staff fellow in NIMH's Child Psychiatry Branch who has not yet attained tenure, categorized her experience on campus. "At this point in my career I haven't felt hampered because of my femininity," she said. "As a system, NIH is not a discriminatory organization. But perhaps the hierarchical system, where your lab chief has complete control over your destiny, could contribute to sexual discrimination in some cases."

Because lab chiefs are judged by their productivity, she continued, it seems self-defeating for them to hinder their employees' productivity with sexually discriminatory behavior. "But the lack of a network and the



Billie Mackey, a technical information specialist with NIDDK's Division of Extramural Activities and president of Self Help for Equal Rights, raised questions about NIH's handling of sexual discrimination suits at a recent forum held by the NIH committee on the status of intramural women scientists.

Photos: Ernie Branson

fact that unilateral power occurs could present situations where [discrimination] happens."

Swedo said that while actual discrimination or harassment seem rare on campus, sexual improprieties are all too common and have happened to many women here, in her experience. "It doesn't seem to interfere with tenure and promotion," she explained, "but I think it may contribute to the desire to seek a more tolerable career position."

Equating the occurrence of improprieties to the annoying lack of parking, Swedo said, only half-jokingly, "None of us is going to give up a career at NIH because we can't find a stupid parking place if we arrive a couple minutes later than normal, but it certainly contributes to starting your day off wrong, a lack of productivity and really a general feeling of 'There's got to be a better way.'" As examples, she told of interviews in which women were asked if they were planning to get pregnant anytime soon or of male inter-

viewers who told women outright that given the choice between two applicants, one a mother, they would "obviously" choose the one without a child.

Suggesting that NIH strive to be a gender-neutral workplace, Swedo said, "The goal should be that at NIH there are no women scientists or men scientists, but only NIH scientists."

One way to help achieve the goal, she said, is for women to learn to compartmentalize their lives. "When you're at home," she said, "you're at home. When you're at work, you're at work. You need to maintain the same professional barriers that men do."

Finally, Swedo advised women to become aware of not only what is said, but also the way it is said. "The other thing I've noticed is that men demand things and expect things, but women request things," she noted, adding that the nurturing instinct generally ascribed to women does not translate well in the work environment. "We really need to put ourselves first, to be our own best advocates. It's your responsibility to make yourself seen and heard."

Ruda agreed that the two genders often approach their work from different perspectives and there are several reasons for the differences. "Women tend to wait for recognition of their work instead of promoting their professional successes," she said. The female personality tends to be accepting rather than argumentative. Women who do speak out frequently are seen as aggressive whereas men in the same situation are [seen as] strong and outspoken."

The solution, Ruda suggested, is in educating both genders on perceptions of their differences in professional atmospheres and

(Continued from Page 8)



Dr. Joan Schwartz of NINDS presented data on research positions held by women at NIH: Fewer than 5 percent of lab chiefs and fewer than 20 percent of section chiefs at NIH are women.

(Continued from Page 7)

encouraging acceptance of both sets of characteristics.

It is this type of flexibility that Gerber alluded to in her remarks. "It isn't a question of wanting it all," she said, noting that she has often questioned the drive to be at the so-called "top" in the research community. Traditionally, Gerber continued, women have been penalized in their careers for taking maternity breaks or taking time to care for sick children or elder relatives. As long as the work gets done, she said, and as long as the goal is met, what is the problem?

"People must be permitted to pursue non-traditional career paths in traditional careers," she stressed. "The 8:30 to 5 view is not the only view. We need to focus on productivity. Time out must not remove women from the competition."

As the 75-minute meeting drew to a close, the floor was opened for questions and comments. Moderated by committee member Dr. Monique Dubois-Dalcq, chief of NINDS's



Dr. Lynn Gerber, chief of the CC's rehabilitation medicine department, said, "People must be permitted to pursue nontraditional career paths in traditional careers."

Laboratory of Viral and Molecular Pathogenesis, the spirited session raised key questions about the way NIH handles sexual discrimination suits levied against the institution. Of particular concern is what some women in the audience called NIH's lethargy in investigating claims and sanctioning offenders.

"This institution protects people who discriminate against women," stated Dr. Maureen Polsby, a former NINDS medical staff fellow who said she has a pending discrimination suit against NIH. She said "dishonestly investigated" charges and ignored appeals to the "chain of command" make discrimination NIH's biggest problem.

Another audience participant said the problem affects not only men researchers versus women researchers, but also women pitted against women.

Dr. Diana Blithe of NICHD recently had a baby and is currently undergoing the tenure



Women from the audience lined up for a chance to question the panel during a forum held in a crowded Lipsett Amphitheater recently.

process, which she described as "traumatic" for her. She said two female colleagues told her they would not consider hiring female postdocs because women scientists are generally not as productive as men.

The colleagues, Blithe said, expressed fears that women scientists "would go off and get pregnant or if they actually had children, they would be the ones to stay home when the child gets sick. So [the female colleagues] have decided that male postdocs would be more productive for their careers. I find this appalling."

The comments from Polsby and Blithe drew supportive responses from the assembly, which seemed at once eager to extend what was to have been an hour-long meeting and eager to have it end. Perhaps the best advice from the panel came from one of the most senior and most seasoned women researchers who earlier set the tone of the session.

"We all work together," Kirschstein said. "We women can make it and we are making it. We must be steadfast and persistent. We must arm ourselves with the facts . . . but most importantly, we must support each other."

Before the meeting began, attendees received a survey requesting suggestions for subsequent forum topics. The committee's next move is to sift through responses from that survey and select a specific subject for an upcoming open seminar targeted for April. □

Course Offers Orientation To Extramural Side of NIH

The Office of Health Scientist Administrator Development Programs (HSADP) will present an NIH orientation course entitled "Fundamentals of NIH Extramural Activities" on June 22-23, in Bldg. 1, Wilson Hall. The course starts at 8:30 a.m. on June 22 and ends at 5 p.m. on June 23, with registration at 8 a.m. each day.

The course will include an overview of the types of award mechanisms, the grant referral and review processes, program administration, and the fiscal management of grants.

The number of participants will be limited to approximately 60 people. Priority will be given to program and review staff at all grade levels who are new (6-12 months) to the extramural NIH.

Course applicants (including those who are PHS commissioned officers) are to submit an HHS-350 form (Training, Nomination and Authorization) through appropriate ICD channels to the HSA Development Programs Office, Bldg. 31, Rm. 5B35. In item 10, list your complete office address, not your home address; item 14 — "no cost"; item 18, send vendor's copy to HSA Development Programs Office, Bldg. 31, Rm. 5B35; item 20 A — "8", B — "8", C — "1", D — "N/A"; be specific in items 16 and 17 and indicate how long you have been in the NIH extramural area: item 21 — "N/A" and item 22 — "9998". All other instructions are on the back of the HHS-350.

To be considered, applications must be received in the HSADP office no later than May 15. Each applicant will be informed of the decision concerning his/her application. No one will be admitted to the course without the memo of selection signed by the codirectors.

Questions about this course may be directed to Susan O'Brien, HSADP office, 496-1736. □



A new florist shop has opened in Bldg. 10, just off the main lobby behind the Red Cross desk. On hand for a recent ribbon-cutting that opened the Florist's Workshop were (from l) Ruth Sragner of R&W; owner John Alvey; R&W president Dr. Helen Gift; Joan Clower of the Friends of the Clinical Center; and Cindy Grossmueller of Glickman Design/Build, the company that renovated space for the shop.

Harold Roth Retires, Is Named Senior Gastroenterologist Emeritus

By Jim Fordham

Dr. Harold Roth, a veteran of 49 years of government service and former director of NIDDK's Division of Digestive Diseases and Nutrition, retired recently.

He came to NIH in 1974 as NIDDK's associate director for digestive diseases. In 1983, he was named director of the Division of Digestive Diseases and Nutrition, and later became Epidemiology and Data Systems Program director.

DHHS Secretary Louis Sullivan noted Roth's retirement in a letter commending him for "unusual success throughout your extraordinary career as a physician, scientist, educator, and as an administrator at the highest levels of biomedical science."

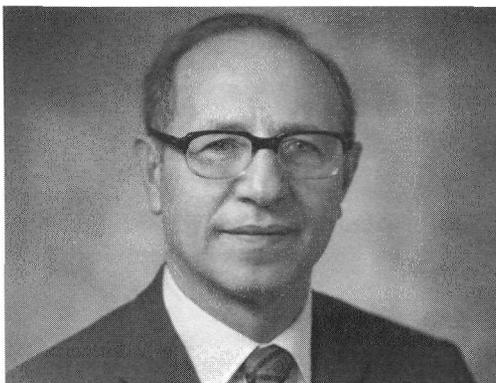
Before coming to NIH, Roth served as chief of the gastroenterology service at the Cleveland Veterans Administration Medical Center. He directed the gastroenterology training program at the VA Center and the University Hospitals of Cleveland, and he served also as associate professor in the departments of medicine and community health at Case Western Reserve University.

A native Clevelander, Roth grew up in the suburb of Shaker Heights, Ohio. He received his B.A. in chemistry from Adelbert College of Case Western Reserve University in 1936, and was chosen Phi Beta Kappa. When he first contemplated going to medical school, he wasn't sure he should become a doctor. He thought that perhaps he should be a lawyer like his father. "I explained to the dean of the medical school that I was worried that medicine was too time consuming and that I would do nothing else," he said. "I wondered if that was wise." The dean said that he had had the same feelings once, and suggested that Roth try medical school for a year and leave if he didn't like it.

"That was very wise," said Roth, "because you can't not like medical school. I loved it, and it was perfectly clear that I could never be a lawyer."

Roth graduated from Case Western Reserve University Medical School in 1939 and completed an internship at Cincinnati General Hospital. He served as house officer in internal medicine at Boston City Hospital and resident in medicine at Barnes Hospital in St. Louis. During WWII, he served in the U.S. Army in France, and the Philippines, and after the war, in Japan, where he commanded the 11th Medical General Dispensary. While in the army, he continued to study and completed his board exams in internal medicine.

Returning to Cleveland, Roth became chief of the gastroenterology service at the Cleveland VA Medical Center. He taught medicine and directed training programs in gastroenterology at the center and at the University



Dr. Harold Roth

Hospitals of Cleveland. His role as teacher was important to Roth, who was an educator for 30 years. As an associate professor, he liked to invite his students to his home for a relaxed evening, where they could discuss concerns and make suggestions for improving the program.

"I came to know the students and to like them," he said, "because they could talk freely with me about what they were doing. At Case Western Reserve that was an important thing. We took teaching very seriously, and I love teaching. Case Western Reserve developed a program for teaching segments of medicine such as gastroenterology by committees of representatives of the different disciplines such as anatomy, physiology, pathology, and pharmacology. This approach is now used by many medical schools." Roth later became a student again himself, earning an M.S. degree in hygiene, biostatistics, and epidemiology as an NIH fellow at Harvard University.

As a researcher, Roth studied the relation of diet to gallstones, the composition of bile and its relation to gallstones, and the factors involved in the solubilization of cholesterol in bile as well as factors that might relate to the occurrence of cholesterol gallstones. Much of Roth's clinical research focused on peptic ulcer treatment. He became especially concerned about the recurrence of ulcers, and eventually conducted studies of patient compliance to treatment regimens and the role of patient education in problems with compliance.

As director of NIDDK's digestive diseases and nutrition division, Roth oversaw the introduction of major innovations, including establishing the National Digestive Diseases Information Clearinghouse, the digestive diseases interagency coordinating committee, and the National Digestive Diseases Advisory Board.

Roth cites many colleagues who he says contributed immeasurably to his accomplishments during his early years at NIH. He worked with Drs. Thomas Almy and Hans Popper, members of NIDDK's National Advisory Council, to establish the National

Commission on Digestive Diseases. He worked with Dr. Paul Sherlock, chairman of the institute's Digestive Diseases Advisory Board, to establish the Digestive Diseases Centers Program and with Dr. T.B. Van Itallie, an advisory board member, to establish the Clinical Nutrition Research Units, which became important sites of research and training. Collaborating with Drs. Sy Perry (OMAR), Kurt Minert (NHLBI) and Fred Ederer (NEI), he founded the Society for Clinical Trials, and was its first president. Roth, along with Lon White (NIA) and John Ferguson (OMAR), restored and continued the NIH-wide epidemiology meeting after its founder, Bob Gordon (OD), died.

A writer in Roth's home town once dubbed him a "man of many careers," and that hasn't changed. Roth is pursuing yet a new direction upon retirement from government service. He was appointed senior gastroenterologist emeritus at NIDDK and will continue to have an office in Bldg. 31. There he plans to pursue his newest project—collaboration with the Computer-based Patient Record Institute, an independent organization devoted to putting the medical record of every American on a small disc or card, as portable as a credit card.

Roth's interest in this idea began through his work with an NIDDK colleague and computer expert, Dr. Richard Johannes. In 1986, Roth and Johannes, motivated by the need to make patient records more useful for patient care, teaching, and research, wanted to improve the use of medical records through new technologies.

From their initiatives grew a 5-year effort by the Institute of Medicine of the National Academy of Sciences, supported by other public and private organizations, which in 1991 culminated in publication of *The Computer-based Patient Record: An Essential Technology* (Washington D.C.: National Academy Press, 1991.) This report, now having a major impact in the health care field, examines the problems of patient record systems and recommends that the public and private sectors join in establishing a computer-based patient record.

Roth is encouraging government action to develop a computerized patient record through the VA hospitals, DHHS, and the Agency for Health Care Policy and Research.

"This will be a great thing," he said. "The patient record affects everyone who comes in contact with the health care system, and that is all of us! I intend to bring together experts who will work to establish criteria relating to diagnosis, patient care, evaluation, and all of the aspects that must be addressed to develop electronic patient records. I am excited about this. It is something that should be done and I am glad that I can help make it happen." □

MIDER

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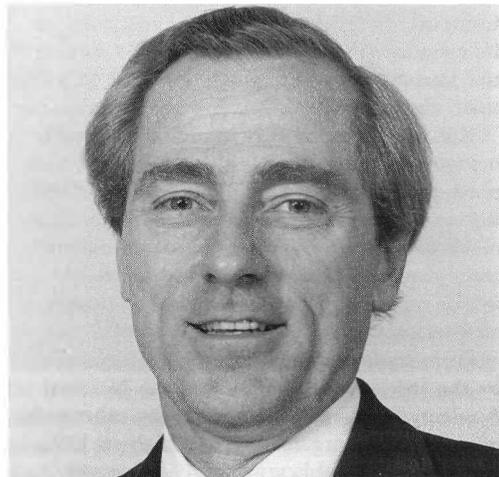
enabling researchers from different fields to collaborate on tough scientific puzzles.

The three are a true collaborative team, combining expertise in genetic engineering, immunology, and cancer, a mix that helped them devise the innovative solutions needed to become the first scientists to perform gene therapy trials.

Their early efforts—less than 5 years ago—consisted of using genetic transfer techniques to mark white blood cells. The marked cells were tracked in cancer patients to learn how they fought tumors.

But the scientists realized that they could insert cancer-fighting genes as well and that a similar approach might deliver normal copies of defective or missing genes into patients' cells.

They applied their novel idea to treating adenosine deaminase (ADA) deficiency, an inherited severe combined immune deficiency disease. The researchers withdrew T lymphocytes from a patient and altered them, using a

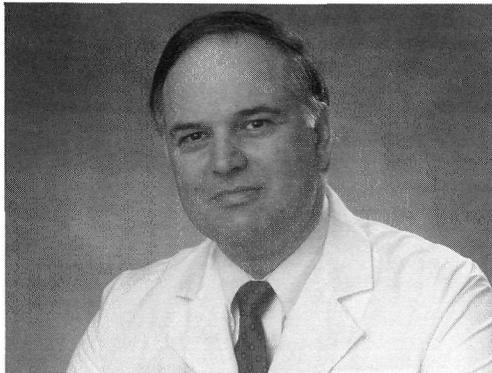


Dr. W. French Anderson

remodeled retrovirus to get the normal ADA gene into the white blood cells. The lymphocytes were then infused back into the patient.

So far, two ADA patients have been treated and both show significant immunologic improvement. But, because the treatments use mature lymphocytes, the scientists do not know how long the improvements will last. Consequently, they now plan to insert the gene into the parent stem cells, which may achieve continuous production of ADA-normal T lymphocytes. In February, they received permission from the recombinant DNA advisory committee to conduct a stem-cell trial.

The team also has been using genetically altered T lymphocytes to treat melanoma patients. The "tumor-infiltrating lymphocytes" or TIL cells are removed from a patient and, using a retroviral vector, given a cancer-fighting gene that produces tumor necrosis



Dr. R. Michael Blaese

factor. The beefed-up TIL cells are then returned to the patient.

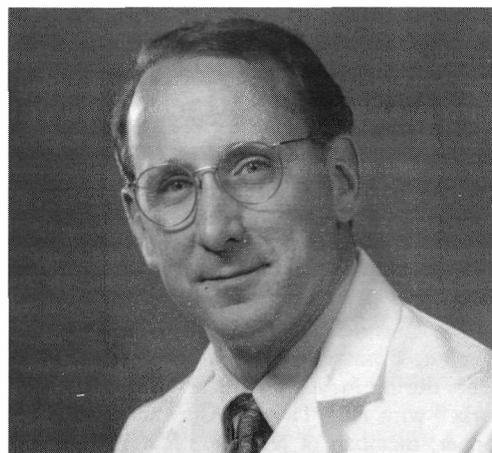
Both therapies are landmarks on a very long road traveled by each of the scientists.

Anderson seems fated to play a key role in the development of human gene therapy. An alumnus of Harvard and Cambridge universities and Harvard Medical School, he began his scientific career among the early pioneers of gene research. At England's Cambridge University, he worked in the laboratory of 1962 Nobel laureate Dr. Francis Crick, co-discoverer of DNA's double helix. And he began at NIH in 1965 in the laboratory of Dr. Marshall Nirenberg, who won a Nobel Prize in 1968 for translating the genetic code.

Three years later, he set up his own laboratory to investigate blood diseases and made two major discoveries: he found the eukaryotic protein synthesis initiation factors, and he isolated and characterized hemoglobin messenger RNA from both thalassemia and sickle cell anemia patients.

Anderson's interest in genetic therapy led to his development of microinjection as a way of inserting a gene into an animal cell. In the late 1970's he successfully corrected a cell's genetic defect through gene transfer. He is a pioneer in the use of retroviruses as gene couriers.

Blaese graduated from Gustavus Adolphus College in St. Peter, Minn., and the Univer-



Dr. Steven A. Rosenberg

sity of Minnesota School of Medicine in Minneapolis, where he conducted immunological research.

He began his NIH career in NCI's Metabolism Branch, becoming a senior investigator in and then chief of its immunology section, before taking up his current post as the branch's deputy chief.

Throughout his career, Blaese has investigated normal and pathologic cellular immune mechanisms. His main interest has been immunodeficiency diseases. He is the world's leading expert on Wiskott-Aldrich syndrome, a rare, X-linked immunodeficiency disease. His key discoveries include the observation that T-cell grafts can be used to transfer experimental agammaglobulinemia from immune deficient to normal chickens. The experiments were the first to illustrate the potential role of suppressor T cells in the pathogenesis of immunodeficiency. For the past decade, he has concentrated on gene therapy, devising T lymphocytes' use as cellular vehicles for gene transfer and demonstrating that modified T cells survive in the body with their inserted genes continuing to function.

Rosenberg graduated from Johns Hopkins University, receiving his M.D. in 1964. He went on to obtain a doctorate in biophysics from Harvard University, where he also worked as a research fellow in immunology, before joining NCI as a clinical associate in its Immunology Branch.

He returned to Massachusetts for a surgical residency at Peter Bent Brigham Hospital in Boston, then became chief of surgery at NCI.

Rosenberg was the first scientist to develop effective therapies for selected cancer patients based solely on stimulating the body's immune response. His pioneering techniques for cellular immunotherapy included the removal and reinsertion of multiplied tumor lymphocytes. In the process, he became the world's foremost expert in growing T cells. □

NIEHS Grad Student Honored

Veterinarian Barbara Davis received third place in the national Young Investigators Awards competition at the American College of Veterinary Pathologists meeting held recently in Orlando. She received the \$200 award for her poster session entitled "Ovarian Target Cell Toxicity of Cyclophosphamide." Cyclophosphamide is a widely used synthetic cancer therapy drug.

Davis, working on her Ph.D. in pathology at North Carolina State University College of Veterinary Medicine, is doing research for her dissertation in the Systems Toxicity Branch, Division of Toxicology Research and Testing, NIEHS. Her research is being conducted in the laboratory of Dr. Jerrold J. Heindel, a toxicologist in the branch's developmental and reproductive toxicology group. □



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

Leader Led Change	3/30
Shaping Priorities	4/8
Coaching for Results	4/10
Collaborative Negotiating	4/9
Conflict Preventing and Resolving	4/22

Office Operations and Administrative Systems Training 496-6211

Guide to Good Grammar	4/1
Editing: An Introduction	4/14
Expanding Reading Skills	4/16
NIH Correspondence: Letter and Memo Preparation	4/20
Reducing Stress: Rebuilding Energy for Office Support Personnel	4/22
Telephone Communication	4/21

Special Courses 496-6211

Break The Smoking Habit	4/8
Retirement Planning Seminar	5/4
Medical Terminology III	4/6
Appropriation Law Seminar	4/13
Mid-Career Financial Planning	4/27

Personnel Management 496-6211

Employee Relations for NIH Personnelists	5/11
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Lamontagne Moves from NIDDK to DRG

Dr. Nancy S. Lamontagne, program director for NIDDK's Metabolism and Cystic Fibrosis research programs, has moved to DRG's Referral and Review Branch as a scientific review administrator of the molecular and cellular biophysics study section.

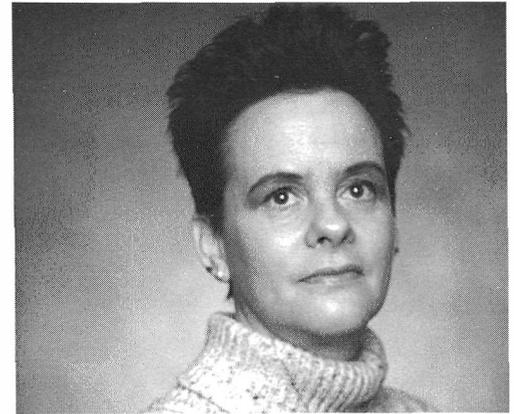
The section consists of 18 leaders from the scientific community, and is responsible for the initial scientific merit review of grant applications submitted to NIH for research support in physical chemistry and other broad areas of molecular and cellular biophysics.

Lamontagne received her B.S. with high distinction in chemistry in 1965, from South-eastern Massachusetts University in New Bedford, and her M.S. in 1974, and Ph.D. in 1980, from the University of Maryland.

Except for 1 year as a biochemist with New England Nuclear Corp. in Boston, and 2 years as a research technologist at the University of Washington, Lamontagne has spent her professional career at NIDDK.

Upon coming to NIH in 1968, she joined NIDDK's intramural program as a research assistant investigating steroid metabolism in the Laboratory of Chemistry. She continued her work in that laboratory while also pursuing her education at the University of Maryland.

In 1984, she moved over to the extramural



Dr. Nancy Lamontagne

programs of NIDDK to become assistant director of the Metabolic Diseases Research Program, progressing to associate director in 1986. In 1986, she also became program director of the Cystic Fibrosis Research Program. In March 1990, while continuing in that capacity, she assumed the duties of director for the Metabolism, Metabolic Diseases Research Program. Since 1986, she also served as executive secretary of the cystic fibrosis coordinating committee.

During her career at NIDDK, she played a key role in national health issues through the planning and expansion of the cystic fibrosis research portfolio. She has organized a comprehensive series of workshops and conferences to respond to the needs of the research community in the fields of metabolism and cystic fibrosis, and has served on numerous committees such as the NIDDK Assembly of Scientists. □

AIDS Clinical Trials Units Gain Funds, New Focus

The National Institute of Allergy and Infectious Diseases has announced funding for 37 AIDS clinical trials units that will test drugs to fight infections with HIV, the virus that causes AIDS, and related illnesses in children and adults. The units are part of the AIDS Clinical Trials Group (ACTG), a cooperative network first established in 1986.

"The ACTG has contributed significantly to our knowledge base with regard to the safety and effectiveness of therapies to treat those with HIV disease and its associated opportunistic infections," says Dr. Anthony S. Fauci, NIAID director. "The units that received funding are the core of a new, streamlined AIDS Clinical Trials Group that will enhance our ability to efficiently conduct clinical trials in a wide diversity of HIV-infected individuals."

The units receiving funds include 21 renewed adult sites, seven new adult sites and nine new sites for studies only with children and adolescents. The units are located in 27 United States cities.

The units include areas previously not served including Denver, Birmingham, Ala., New Haven, Conn., Galveston, Tex. and San Juan, Puerto Rico.

Together, the units will receive funds totaling \$59.8 million during their first year. The National Institute on Drug Abuse contributed \$2 million to the 1992 funding.

The new AIDS Clinical Trials Group has the potential to enroll more patients in trials than the old ACTG. Moreover, the trials group will emphasize the enrollment of women, minorities and injection drug users. Other changes, including centralized laboratories that serve several sites and an incentive plan that ties funding to enrollment of patients and completion of trials, will increase the cost effectiveness and efficiency of the studies.

"We will be reviewing the performance of the units on an ongoing basis," explains Dr. Daniel F. Hoth, director of the NIAID Division of AIDS, which is responsible for the program. "And, funding will be linked to effectiveness. Top performing sites may be given additional funds."

The new trials group includes core laboratories that have state-of-the-art equipment to test blood samples and other specimens and to study viruses and aspects of the immune system. In addition to the units and the laboratories, there is a coordinating center that monitors individual units and collects, analyzes, and stores data.

The NIAID clinical trials effort began in June 1986, with 14 centers for adult studies. By 1991, the trials group included 47 units, with 15 pediatric, 20 adult and 12 combining pediatric and adult investigations.

DCRT Computer Training Classes

Classes	Dates
Intermediate PC-DOS	3/19, 20
SAS Fundamentals I for Programmers	3/23, 25
Fundamentals of Unix	3/23, 24
ENTER MAIL	3/25
Macintosh System 7 Overview	3/25
BITNET	3/26
Managing Data Effectively	3/27
C Language Fundamentals	3/30-4/3
Topics in Flow Cytometry	3/30, 31
Convex Questions and Answers	3/31
Macintosh Software for the Scientist	4/1
UNet, LAN, and Mainframe Mail Connectivity	4/2
Network Services	4/3
C Language Data Structures	4/6-8, 14-15
Introduction to COMPRO Utilities	4/6, 8
Unix Commands	4/7
SAS Fundamentals II for Programmers	4/8-10
Macintosh Dial-Up and Network Connectivity	4/9
Windows Optimization	4/10
Beyond Basic WYLBUR	4/13-17
Andrew File System	4/13

Classes are offered by the Computer Center Training Unit, DCRT, without charge. Call 496-2339 for more information.

Stride Program Seeks Applicants

The 1992 Stride program, offered by the NIH Training Center, is accepting applications starting Mar. 23 and closing May 1. The program is designed to provide employees with an opportunity for career change and advancement, while at the same time help NIH meet its staffing needs. The program provides participants with a combination of on-the-job training, academic courses, and selected short courses to prepare individuals for placement in targeted administrative positions.

The occupations targeted for this year's training are:

ICD	Entry Position	Target Position
NCNR	GS-303 program asst.	GS-343 program analyst
NINDS	GS-303 grants technical asst.	GS-1101 grants management specialist
NIAID	GS-303 administrative technician	GS-341 administrative assistant/officer
NCHGR	GS-303 grants technical asst.	GS-1101 grants management specialist
OD	GS-303 committee management asst.	GS-301 committee management specialist

To be eligible, you must have 1 year of service at the GS-5 through GS-8 level and be a full-time employee prior to May 1. Applications must be completed and received in the NIH Training Center, Executive Plaza South, Rm. 100 by close of business on May 1. Application packets are available from the Training Center or at one of the information sessions listed below.

Mar. 30	Westwood Bldg., Rm. 428	11 a.m.-12 noon
Apr. 2	Federal Bldg., Rm. B119	11 a.m.-12 noon
Apr. 3	Bldg. 10, Medical Board Rm.	11 a.m.-12 noon
Apr. 7	EPN, Conf. Rm. G	11:30 a.m.-12:30 p.m.
Apr. 9	Bldg. 38A, Rm. BIN30B	11 a.m.-12 noon
Apr. 10	Solar Bldg., Rm. 2B05	11 a.m.-12 noon
Apr. 20	Bldg. 31, Conf. Rm. 4	11 a.m.-12 noon

Previous graduates of the Stride Program include Jackie O'Neil and Maynard Hurd. O'Neil, from the class of 1990, describes it as "wonderful. It helped me to move into a career ladder position with promotion potential up to grade 12." She entered the program in 1987 as a grade 6 secretary from ORS's Division of Engineering Services and is now an EEO specialist at grade 9.

"One of the things I really liked about the Stride Program," she says, "was the unlimited training offered through the Training Center and at local colleges." She now works in the Program Planning and Evaluation Branch of OD's Office of Equal Opportunity and currently serves as president-elect of the Bethesda chapter of Federally Employed Women.

Hurd, a grants management specialist for NCR, says, "I was really surprised when I was selected for the Stride Program because I was only about 5 or 6 years away from retirement." He had worked for more than 20 years as a supervisor of the comparative medicine



Jackie O'Neil

unit for the Division of Research Services, but had always been interested in administrative functions. A GS-9 at the time, he was willing to take a downgrade to be accepted in the program as long as there was not a monetary loss.

"It was well worth the effort and downgrade," he says. "After 3 years in the program, I am now a GS-11 grants management specialist working for NCR. I highly recommend the Stride Program as a way for employees to change careers and get into a career ladder position at the same time." □

Cancun Trip Set for October

Join R&W in sunny Cancun Oct. 22-25 for 4 days at a great price. The package includes roundtrip airfare from BWI, hotel accommodations at the Las Velas Resort, all meals, snacks and drinks, windsurfing, sailing, scuba lessons, snorkeling, kayaking, pedal boats and canoes, hotel tax and baggage handling, and more. All this for only \$544 per person.

The Las Velas Resort prides itself on its facilities, which include tennis courts, two pools, a 40,000-square-foot white sand beach, water sports, gymnasium and sauna, evening entertainment, and two restaurants.

For more information or a detailed flyer, contact the R&W activities desk in Bldg. 31, 496-4600. □

Camera Club Holds Contest

The NIH R&W Camera Club kicks off its 1992 NIH-wide competition on Apr. 14 outside Lipsett Amphitheater in Bldg. 10. Entrants may bring their color or black/white photos or slides from 11 a.m. to 1 p.m., or from 5:30 to 7 p.m. Judging will begin at 7:30 and is expected to last until 10 p.m. All but professionals may enter this contest, the rules for which may be obtained at any R&W. □

NIGMS Grantee Wins NC Award

Dr. Mary Ellen Jones, an NIGMS grantee and former member of the National Advisory General Medical Sciences Council, recently was awarded the 1991 North Carolina Award in Science by the governor of the state for her work in biochemical pathways that are essential to living organisms.

Jones is Kenan professor and former chair of the department of biochemistry and nutrition in the School of Medicine at the University of North Carolina, Chapel Hill.

A native of Illinois, she received her undergraduate degree from the University of Chicago and her Ph.D. from Yale University. In her postdoctoral studies with Nobel laureate and mentor Dr. Fritz Lipmann, she identified carbamyl phosphate as an important biosynthetic intermediate. These results were published with Lipmann and Dr. Leonard Specter.

Other honors Jones has received include election to the National Academy of Sciences, the American Academy of Arts and Sciences, the presidency of the American Society of Bio-



Dr. Mary Ellen Jones

logical Chemistry, and the Wilber Lucius Cross Medal from Yale for being a "gifted investigator of the chemistry of life."

The North Carolina Awards, which are the highest in the state, are designed to recognize "notable accomplishments by North Carolina citizens in the fields of scholarship, research, the fine arts and public leadership." □

Male Subjects Needed

Earn up to \$260 for participating in a study of commonly prescribed drugs. Requires 10 to 15 minutes in the morning between 8:30 and 10 a.m. over a 3-week period. Must be male, right-handed, between ages 21-40, in good health, and not active-duty military. Call (301) 295-3672 for more information. □