

"Still
The Second
Best Thing
About Payday"

The NIH Record

NAACP, BIG Form Coalition

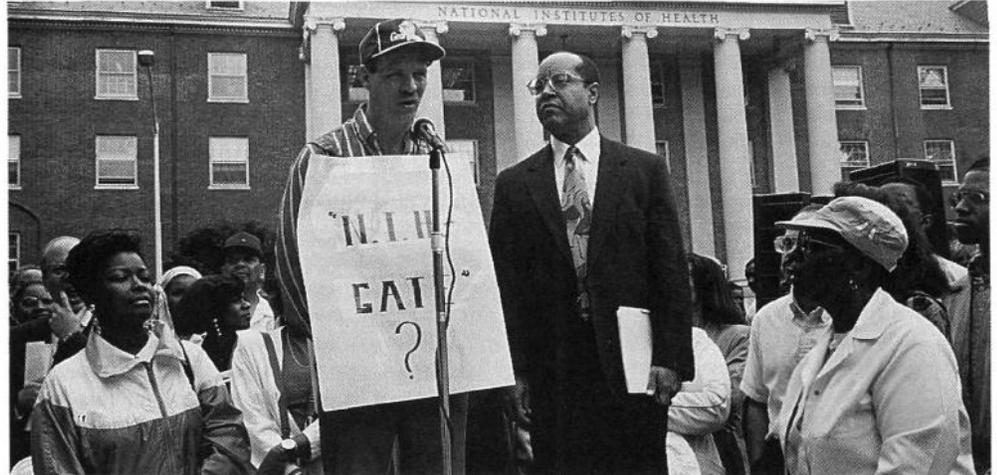
Discrimination, Unfair Promotion Practices Protested at NIH Rallies

By Carla Garnett

Montgomery County's chapter of the NAACP, members of NIH's chapter of Blacks in Government, and more than 100 other NIH employees and advocates rallied against discrimination and unfair employment practices at the agency May 4 and May 18. The demonstrations followed a recent NAACP-BIG news conference that described complaints of favoritism, racism, and reprisal and retaliation by several NIH employees and former employees; seven Black women and one white man, representing more than 200 complaints, raised allegations at the conference.

At noon on an overcast May 4, about 10 or 15 people gathered around a picnic table on the lawn in front of NIH's main administration building. By 12:15, though rain threatened, the assembly had multiplied more than tenfold and the president of the Montgomery County NAACP, Greg Wims, had exited the building, calling for the group's attention.

"We have just come out of a very good meeting with [NIH director] Dr. [Bernadine] Healy," he said, using the picnic bench as a podium, "and I feel confident that our concerns will be addressed in a timely way. Dr. Healy



Mike Davis (l), shown here sharing the picnic table-turned-podium May 4 with BIG President Vince Thomas, wore his assessment of some employment practices on his chest. Flanking them are Doris Lee (far l) and Maggie McSweeney-Johnson, who have filed EEO complaints against NIH.

has said she is committed to ending these practices at NIH."

After about 20 minutes, the group heard from the director herself that such behavior could not and would not be tolerated at NIH.

"I do understand that there is a problem here," she said, climbing atop the table to stand beside Wims and NIH-BIG President Vince

Thomas. "We don't have a total diagnosis yet, but we are committed to getting it. We're committing ourselves to action. I have gathered my staff here and told them I am leaving June 30, so we're going to work real fast."

Healy said she has formed a task force, cochaired by NIH deputy director for extramural research Dr. John Diggs and NIH Senior (See PROTESTS, Page 4)

Departing NIH After 19 Years

Diggs Vows To Serve Public from Private Sector

By Carla Garnett

In the mid-1950's, a young man in Martin, Tenn., gave serious thought to mapping out his future. Though the various avenues he would travel weren't crystal clear at the time, his goal was basically set in stone: Dr. John W. Diggs wanted to serve the public and, toward that end, he would carve a place for himself in the federal government.

Now, after 33 years of government service—19 at NIH—Diggs has made another life-altering decision: In mid-June he will leave his post as NIH deputy director for extramural research to enter the private sector as vice president for biomedical research at the Association of American Medical Colleges. His commitment to serving the public—by strengthening the nation's interest in biomedical science—remains foremost in his mind.

"Very early in my life," he said, "I knew that I wanted to spend the major portion of my professional career in public service...and I have. During my federal career, I have been privileged to have played a key role in a variety of initiatives. The AAMC now affords me the opportunity to assume new challenges...where I hope to be able to make equally significant contributions from a different vantage point."



Dr. John Diggs

As part of his new job, Diggs will oversee the activities of AAMC's council of 96 academic societies. He will shape the research agenda for the association, addressing such thorny issues as scientific integrity and misconduct, conflict of interest and use of animals in research.

"NIH is the greatest institution in the world," he said. "I know I will be leaving one of the greatest groups of scientists and a scientific culture that will be hard to match. I also know that [AAMC] has the same tradition of excel-

(See DIGGS, Page 5)

Task Force on Genetic Information, Insurance Delivers Report

A task force created to assess the impact of emerging genetic information on health insurance coverage presented its report to the joint NIH-DOE working group on the ethical, legal, and social implications (ELSI) of human genome research at the group's regular meeting on May 10. Among its seven recommendations, the report concludes that genetic information should not be used to deny health insurance to anyone and that health insurers should consider a moratorium on the use of genetic tests in underwriting.

An important outcome of modern human genetics research will be a vast increase in the kind and amount of genetic information available about individuals. Genetic information in the form of genetic tests can help predict a person's risk of disease and may alert that individual to take measures to prevent or lessen the consequences of the disease. "At the same time," the report states, "such predictive genetic information could...enter into decisions whether to seek (on the part of individuals) and whether to sell (on the part of insurers) health, disability, and life insurance."

(See NCHGR, Page 2)

NCHGR*(Continued from Page 1)*

The ELSI working group formed the task force on genetic information and insurance in May 1991, to define and offer solutions to the dilemmas surrounding the potential health benefits of genetic information and the potential harm from using that same information to deny health insurance. Health insurance, usually through employers, is the main mechanism in the United States whereby people gain access to health care.

Headed by Dr. Thomas Murray of Case Western Reserve University, the task force consists of representatives from the working group as well as from the health insurance industry, genetic disease organizations, health policy scholars, and genetic services providers.

Until recently, information about an individual's risk of disease was obtained primarily from the family medical history; genetic testing options were limited and detected only a small number of relatively rare diseases. But in the past 5 years, as genetics research has accelerated, more than 50 new tests for genetic conditions have been developed. Tests for susceptibility to common diseases such as cancer and heart disease are currently being developed. Because the amount and kind of genetic information available to insurers is likely to increase, "barriers to adequate health care coverage will grow for a substantial number of Americans," the report says.

In the report, both insurance companies and consumers express concern over the potential for misuse of genetic information. People might decline genetic tests that could help detect early, treat, or even prevent disease if they believe insurers, who have access to their medical records, could use the test results to reduce or deny coverage. Insurers are concerned that people who learn of a susceptibility to a disease by way of genetic tests will purchase additional coverage at a price that does not reflect the likely cost of claims by that individual when he or she becomes ill.

Furthermore, the report says, defining information in a medical file as genetic or non-genetic, for the purpose of disclosure to insurance companies, will become increasingly difficult as genetic research links measurable characteristics, such as high cholesterol, to gene function. And many diseases are known to result from combinations of genetic and environmental influences. "It is unrealistic to believe that insisting on physical segregation of genetic from nongenetic information in the medical record would in practice keep information from underwriters. Nor would it be an effective means of assuring that people with genetic health risks have access to health care coverage."

The report makes the following recommendations, which, according to the task force, should be taken as a package. "If we desire a health care system that does not erect barriers to

participation for people whose genes place them at increased risk for disease, then nothing short of the comprehensive changes recommended in this report is likely to prevent that exceedingly undesirable outcome."

In anticipation of fundamental reform in the financing and delivery of health care in the U.S., the task force on genetic information and insurance offers the following recommendations. The recommendations concern health care coverage and should not be applied uncritically to other forms of insurance, such as life or disability income insurance.

1. Information about past, present or future health status, including genetic information, should not be used to deny health care coverage or services to anyone.

2. The U.S. health care system should ensure universal access to and participation by all in a program of basic health services that encompasses a continuum of services appropriate for the healthy to the seriously ill.

3. The program of basic health services should treat genetic services comparably to non-genetic services, and should encompass appropriate genetic counseling, testing and treatment within a program of primary, preventive and specialty health care services for individuals and families with genetic disorders and those at risk of genetic disease.

4. Insurance premium rates for individuals and families for the program of basic health services should not be affected by information, including genetic information, about an individual's past, present or future health status.

5. Participation in and access to the program of basic health services should not depend on employment.

6. Participation in and access to the program of basic health services should not be conditioned on disclosure by individuals and families of information, including genetic information, about past, present or future health status.

7. Until participation in a program of basic health services is universal, alternative means of reducing the risk of genetic discrimination should be developed. As one step, health insurers should consider a moratorium on the use of genetic tests in underwriting. In addition, insurers could undertake vigorous educational efforts within the industry to improve the understanding of genetic information.

Copies of the full report are available from: Ethical, Legal, and Social Implications Branch, NCHGR, Bldg. 38A, Rm. 617, phone 20911 fax 21950. □

See the O's, Help Kids

The Camp Fantastic Annual Bull Pen Party is scheduled for Aug. 7. Tickets are \$18 each and include the game ticket and a hamburger/hotdog feast. You must provide your own transportation to the stadium. All proceeds benefit the camp for kids with cancer. Call 66061 to reserve your tickets today. □



Dr. Geoffrey P. Cheung recently joined NCRR as a program officer for the General Clinical Research Centers (GCRC) Program. He is responsible for the administration of a portfolio of GCRC grants. He earned his Ph.D. in biochemistry from Oregon State University, and was an NIH postdoctoral fellow at the University of Wisconsin School of Medicine in the physiological chemistry department. Before coming to NCRR, he served as a program administrator for the Minority Biomedical Research Support Program at NIGMS. Prior to that, he was assistant director for operations and program procedures in the Division of Extramural Activities, NIAID.

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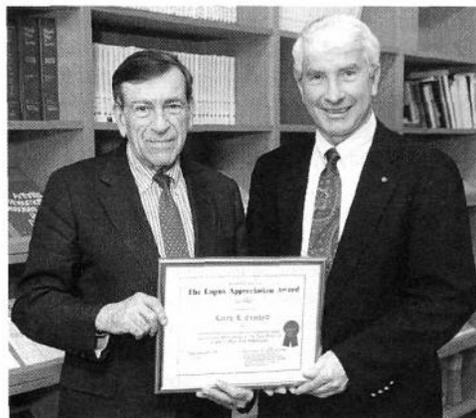
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Lupus in Black Women Is Focus of Task Force Meeting

By Barbara Weldon

We are making a special educational effort to raise awareness of lupus in young Black women and to encourage them to seek a doctor if they have symptoms of the disease," said Dr. Lawrence E. Shulman, NIAMS director and chairman of the task force on lupus in high risk populations, at a recent meeting of the task force in Rockville.

Lupus is a serious health problem that mainly affects young women of childbearing age, at a ratio of nine women to each man. Although people of all races may get the disease, it is three times more common and also more severe in Black women than in white women. Many in the African-American and other communities have never heard of the disease. As a



NIAMS director Dr. Lawrence E. Shulman (l) presents Larry R. Crockett of the school of business administration, University of Michigan, and a member of the task force, the first Lupus Appreciation Award "for outstanding contributions in expanding lupus research and participating in the task force on lupus in high risk populations.

result, lupus often goes undiagnosed until serious complications arise.

In lupus, something goes wrong with the body's immune system. If left untreated, lupus may damage the skin, joints, kidneys, lungs, heart, nervous system, and blood vessels.

The purpose of the task force is to develop educational strategies directed to patients, the public, and health professionals designed to improve the outcome of lupus in populations at high risk of developing the disease. The task force is currently focusing attention on young African-American women. It has developed an awareness campaign to help community organizations plan educational programs targeted to young Black women.

At the meeting, Dr. Vivian Pinn, director of NIH's Office of Research on Women's Health, and Dr. John Ruffin, NIH associate director for minority programs, described what these offices do and how they might assist the task force. Both Pinn and Ruffin share the task force's interest in increasing awareness about lupus.

The chairman of the task force's professional education subcommittee, Dr. Naomi Rothfield, chief of the division of rheumatic diseases at the school of medicine and health, University of Connecticut in Farmington, said that the committee's major objective is to increase current levels of knowledge about lupus among primary care physicians, nurses, and other allied health professionals.

"Health care professionals should be educated to care properly for lupus patients, since early diagnosis and appropriate treatment significantly improve health outcomes for lupus patients," Rothfield said.

The committee suggested that a continuing education course be developed for primary care physicians and nurses, an existing nurses handbook be updated to reflect recent research results, and review articles on lupus, written by members of the committee, be placed in strategic medical journals.

The task force has already developed and launched a campaign to reach young Black women at risk of lupus. The primary tool for this effort is a Lupus Awareness Kit designed to help community organizations put on educational programs. The key component of the kit is a booklet entitled *What Black Women Should Know About Lupus*. More than 80,000 copies of the booklet have been distributed to the general public and to libraries, churches, community and day care centers, and even to soup lines in Detroit.

The task force has initiated collaborations with the National Medical Association, composed of Black physicians, the National Black Nurses Association, and the Baltimore-Washington Conference of the United Methodist Church, which includes 738 Methodist churches in the Baltimore-Washington area.

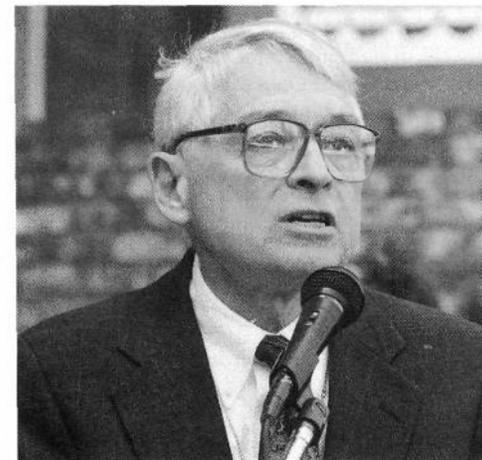
John Huber, executive director of the Lupus Foundation of America and a member of the task force, said, "Partnership is the key to task force success." He added that government agencies should bring together the experts and provide the means to develop these partnerships while the voluntaries, such as the LFA and the American Lupus Society, "should provide the resources, the message, and the volunteers." He suggested that the Lupus Foundation and the Lupus Society hold workshops for local chapters, using the lupus kit as a teaching tool, about how to approach minority and other underserved populations.

Dr. Matthew Liang, director of the NIAMS-funded Robert B. Brigham Multipurpose Arthritis and Musculoskeletal Diseases Center at Brigham and Women's Hospital, Boston, said, "The principal strength of the task force is the people committed to increasing lupus awareness. NIAMS has created the networks needed to get the job done." □

Bond Kick-off Draws Crowd

Despite a Chicago-like chill and steady winds, the recent kick-off of the NIH U.S. Savings Bonds campaign drew a hearty crowd. More than once the Richard Montgomery High School jazz ensemble's music sheets sailed across the lawn of Bldg. 31A, but the band never lost a beat.

Raffle winners were Lynell Brothers of NIDDK, who won a \$15 gift certificate,



"Besides being a great way to save for an education or a hot rod Lincoln, savings bonds help reduce the national deficit and make America stronger," said Dr. James Snow, director of NIDCD, the sponsor institute of this year's NIH savings bonds campaign.

courtesy of R&W. Linda Smith of the NIH Federal Credit Union won two Bullets tickets. Buck Wong of NIDCD won 4 tickets to the Baysox, the farm team of the Baltimore Orioles. Gwen Davis of NIDCD won the other set of Baysox tickets. Robert Ostrowski of the Division of Safety won two Capitals tickets. Shirley Quander of NEI won the auto safety kit, courtesy of GEICO.

"Take Stock in America" and buy bonds today. For details on purchasing savings bonds, see your area canvasser. □

AAAS Elects Two NIH's

Two NIH scientists are among the 195 new fellows elected to membership in the American Academy of Arts and Sciences, which recently held its 213th annual meeting.

The honorees are Dr. William E. Paul, chief of the Laboratory of Immunology, NIAID; and Dr. Martin Rodbell, chief of the signal transduction section in NIEHS' Laboratory of Cellular and Molecular Pharmacology.

The academy, which includes more than 3,800 fellows and foreign honorary members, was founded in 1780 by John Adams and other leaders of the young republic; they chartered the learned society "to cultivate every art and science which may tend to advance the interest, honor, dignity, and happiness of a free, independent, and virtuous people." □

PROTESTS

(Continued from Page 1)

Policy Advisor and Counselor to the NIH Director Sandy Chamblee, that will be an "action force" to work with the NAACP-BIG coalition to identify specific issues and concerns.

"We want you to know that we understand what [Wims] is telling us," she stressed, calling the NAACP president a "great champion to have. We want him to keep our feet to the fire. The great thing about this country is that people can stand up for what they believe in. I believe in standing up for what I believe in. Mr. Wims is your champion, but we want to be your champion too."

Adding that she hopes the task force forges a new bond and a new culture within the agency, Healy said the collaborative effort to solve these problems is about "hope."

"If NIH cannot be an example—within the federal government—of making people's lives better," she concluded, "then I don't think any of us has a chance."

Wims, again addressing the crowd, thanked Healy for her commitment to work quickly on the problems and said he was encouraged by her personal attention to the issue.

"All of the things that Mr. Wims has identified that he is opposed to—discrimination, reprisal, favoritism—we are opposed to also," said Diggs. "This is a wonderful opportunity for us to work together to identify some very serious problems and flush them out."

The following Friday, May 7, the NAACP assembled a group of lawyers at the Pooks Hill Marriott Hotel in Bethesda to handle on a *pro bono* basis more than 125 new complaints from NIH employees. On Tuesday, May 18, ralliers returned to NIH again in full force despite wet weather; they gathered to find progress had been made on one of their key goals—Wims announced that a congressional hearing had been arranged by Rep. Bill Clay (D-Missouri). Crowding into Bldg. 1's Wilson Hall at noon, the group reinforced its commitment to see quick, decisive and positive action taken by the NIH administration.

"Dr. Healy, your house is in disarray," intoned Thomas, who delivered a powerful speech to supporters that was frequently interrupted by cheers and ovations. "BIG says no more reprisals...If identifying inappropriate behavior in the workforce is wrong, then the Office of Equal Opportunity serves no purpose."

Both Wims and Thomas agreed, however, that Healy has already taken larger than ever strides to repair the situation. Not only has she met personally with NAACP and BIG officials and established the task force on fairness in employment practices—which will hold its first meeting on May 27—to diagnose the problems, but also she has directed members of her senior staff to follow her lead.

Dr. Leamon Lee, director of NIH's Division



Healy met with Montgomery County NAACP President Greg Wims to discuss allegations.

of Financial Management, will assume interim leadership of the Office of Acquisitions Management where a number of the allegations took root. A self-described "unorthodox manager," he vowed to deal quickly and fairly with employees who have problems with their supervisors. "My track record speaks for itself," Lee said at the second rally in as many weeks. "I don't believe any ethnic group is looking for a handout or gift, they're looking for fairness."

Claiming that NIH is famous for forming committees and task forces, Thomas nevertheless acknowledged that this time seemed different and better. "Healy asked NAACP and BIG to be a part of this task force. That's never happened at NIH before. I see movement."

The complaints in question are numerous and varied, spanning, in some cases, two to three decades in which complainants say little or no action has been taken toward resolution.

"I was one of the first Black nurses at NIH," said Maggie McSweeney-Johnson, who until 1986 worked at the Clinical Center's outpatient clinic. "I have several formal EEO [equal employment opportunity] complaints lodged against NIH. I worked here for more than 30 years and only received one grade raise in that time."

Although she is not one of the seven women profiled in recent NAACP-BIG reports, McSweeney-Johnson said she came to the rally to support them. Her formal complaints are still pending even though she has left NIH.

Another former employee, David Russell, told the crowd his story. He said he and a co-worker—a white man—were both injured and given light-duty assignments during their recuperation. After 1 year of light duty, Russell was fired; the other employee, however, remained on light duty assignment for nearly 3 years and was then promoted to a position as a parts manager.

Sylvia Stewart, a 30-year government worker and former NIH-BIG president, and McCauley Stancil of the National Library of Medicine, both have formal EEO complaints lodged against the same office within NLM.

"It seems as though whites are promoted without competition," Stancil said.

"The problem is that I was in a field dominated by white males," agreed Stewart. "Several times I was rated highly qualified, but I was never selected [for promotions]."

Mike Davis, a shipping and receiving employee who is white and has filed several grievances involving reprisal and retaliation against NIH, said his employment problems with the agency started in 1989 after he joined an employees' union.

"I was elected to be union representative," he recalled, "and most of the people I was representing were Black. When I began speaking out on their behalf, I began to run into all sorts of paybacks." Most recently, the 21-year GS-6 NIH worker said, he applied for a position for which he was rated highly qualified. He did not get the position, a result he says is typical of the treatment he has received in the 4 years since he first spoke out.

"This is a landmark day for employees at NIH," he said, speaking to the May 4 assembly. "It's wonderful that Dr. Healy is willing to go out on a limb for us. Let's stop the hurt and start moving forward. We have a commitment to EEO, let's see if they have a commitment to us."

Davis was part of the group that took their complaints to the county's NAACP chapter, a move that prompted the news conference last month to announce the formation of a coalition with NIH's BIG chapter. Two of the coalition's three main goals will be to settle the more than 220 actions by NIH employees last year—plus the 120 or so claims filed May 7—and to ensure that proper disciplinary action is taken against managers and supervisors found to have violated discrimination regulations.

The third coalition goal—to launch an investigation into the theft of an independent EEO report—underscores another bone of contention at the agency and still remains a mystery.

More than 18 months ago, NIH's Office of Equal Opportunity hired an independent investigation firm, Drew Dawn Enterprises, to look into allegations by NIH employees of unfair promotion practices by some managers and supervisors. Under condition of complete confidentiality, some employees discussed personal grievances or incidents they had witnessed. Names were encoded to ensure privacy.

Last September, Drew Dawn's office was burglarized; all that was stolen was a copy of the report and the list that decoded the names of the employees who had been interviewed. After the theft, some of the interviewed workers reported receiving harassing phone calls or being overlooked for promotions. The NAACP-BIG coalition has called for an FBI investigation of the theft. Dr. Jay Moskowitz, NIH principal deputy director, told the second rally that the HHS inspector general has been

asked to look into the incident.

At least one other NIH organ has joined in the efforts of the coalition—NIH's Black employees advisory committee (BEAC). BEAC Chair Wesley White told rally supporters that his committee has launched a petition-signing project to stop plans to move NIH's Office of Equal Opportunity off campus to Executive Plaza facilities.

Aside from making OEO less accessible to the more than 14,000 employees who work on NIH's main campus, White said, the move would push the main employees' advocacy office farther away from the seat of NIH power.

"Many employees and managers will likely come to the conclusion that moving the OEO offices off campus means that employee concerns are less important," he said, eventually leading to an "out of sight, out of mind" mentality.

OEO Director Diane Armstrong said in a later interview that she understands where the protesters are coming from, but that they should also consider other facts about the move. Currently, she said, her staff is divided into four offices on the second floor of Bldg. 31's B wing; in the new office her staff would be united in larger space. The cohesiveness the move would give OEO is definitely more beneficial than the current segmented situation. Also, she said, an office off the main campus would allow employees more privacy to visit OEO. Those with complaints or other EEO business would not feel they have an audience when they enter or leave OEO.

"I think it's a positive move," Armstrong said. "We'll all be centrally located. In addition, we intend to remind all supervisors by memo that they have a responsibility to allow employees reasonable time to come to our offices, no matter where they are."

Alternatives are also being considered, she said, that include moving the main part of OEO, but possibly establishing a satellite office on campus.

Jalil Mutakabbir, NIH Black Employees Program manager and OEO staff member, told the May 4 rally her door in Bldg. 31 is open. The perception that going to EEO never works is wrong, she said.

"If you are having a problem," she said, "I want to know about it. I want to know what is going on with your performance appraisals and reviews. We can't help you if you don't come to us." □

Camp Fantastic Barbecue, June 16

NIH's popular outdoor event, the Camp Fantastic Barbecue, will be held Wednesday, June 16, 11:30 a.m. to 2 p.m., rain or shine in the courtyard of Bldg. 31. The BBQ will feature music by Streetlife, clowns, and a grilled chicken lunch. Tickets must be purchased in advance at any R&W location for \$5. Also, volunteers are needed to assist with BBQ logistics. Call 66061 to help out. □

DIGGS TO LEAVE NIH FOR PRIVATE SECTOR (Continued from Page 1)

lence in promoting a research and health agenda."

No stranger to laboratory research, Diggs in 1974 left a 16-year bench-science career at Walter Reed Army Institute of Research to come to NIH's National Institute of Neurological and Communicative Disorders and Stroke as a health scientist administrator. He remembers missing the bench back then, but also quickly adapting to NINCDS, which was involved in pioneering PET research.

"Anyone who has been at the bench misses it when he or she leaves," Diggs said, smiling. "I look back with excitement at those days when I was pursuing my own ideas in science, tracking down every lead toward a conclusion. That excitement was replaced by the rewards of being at NIH, though. It was just as exciting to be involved in the establishment of the first seven centers in positron emission tomography."

After rising to deputy director of NINCDS's Extramural Activities Program in 1980, Diggs joined NIAID as director of its extramural programs in 1982. Amid developing cutting-edge strategies for the government's attack on AIDS, Diggs said he is proudest of his efforts to recruit minorities into AIDS research and of his part in accelerating the review process for AIDS grant applications.

In 1990, he assumed his current role—deputy director for extramural research at the world's largest biomedical research facility. As Diggs reviewed the last 19 years, he said many things in science have changed since he was in the lab. And not all the changes have been good.

"Those who enter biomedical research these days enter under a great deal more stress," he said. "We are in a situation where people who are not trained in scientific research are getting more and more involved in shaping the research agenda." NIH, he said, along with other federal agencies, is facing severe budgetary constraints, which will necessitate reevaluating research capacity and the use of critical technology. But, he also acknowledged, this is the role of the scientific community.

"The competition for tax dollars is very keen," Diggs explained. "We have more who are trained for science than we have dollars to fund them. NIH is no longer the 'favored child'; rather it is now one of many favored children. In other words, we are still the best game in town, but we're no longer the only game in town."

New "favorite children" in the fight for congressional appropriation funds, he surmises, are research agencies pursuing theories in space and the environment. In Diggs' estimation, such industries are edging out biomedical research mainly because they are doing better at translating their investment in terms of economic returns.

"We also may need to translate to the public the impact of the new knowledge we develop

here," he said. "At the same time, we must emphasize the importance of basic research and the influence [our work has] on quality of life, on reducing the burdens of illness and disease. We have to do a better job of communicating with both Congress and the public. The space program, for instance, has been very vigorous in its efforts to educate the taxpayer."

Perhaps it is this unfamiliar, time-consuming proposition of public education in exchange for tax dollars that in recent years has contributed to a still-unchecked problem for intramural NIH—the so-called "brain drain" wherein some of NIH's top researchers have left the agency for private industry. Diggs addressed the issue.

"Increased regulations coupled with the burden of new federal guidelines and other restraints federal employees must work under have definitely made a federal career in science less attractive," he said. "There used to be a greater degree of freedom for scientists to pursue their individual interests. There is no longer the predictability or the stability [of funding] in research that existed in years past."

Before he leaves, Diggs hopes to help return a little stability to NIH's research field. One of the projects he said was most rewarding was helping to shape NIH's Strategic Plan, a document framed by NIH director Dr. Bernadine Healy and a team of NIH's top policymakers. The multifaceted plan, Diggs said, tackles the present—where biomedical research is extending far beyond pure excellence in science into ethical and sociological considerations—and launches the agency decades into the future.

"I feel very fortunate to have worked on the Strategic Plan with Dr. Healy," Diggs said. "She recognizes the need to nurture and expand NIH's intellectual capital base and the plan reflects that. We have devised a plan that seeks to build and maintain a strong talent pool. It outlines specific strategies for recruitment and retention, including the need to attract a diverse corps of women and minority researchers.

"We find fewer and fewer people choosing careers in science—federal or otherwise," he continued. "We must find ways to extend the pipeline and reverse current trends."

That brings Diggs full circle. Having helped craft a document that will be the cornerstone of the country's grandest biomedical research enterprise, Diggs has served the public probably more than the young Tennessee idealist ever imagined. His challenge now will be to continue to serve the public while sitting in the private sector.

"Many people outside government have only vague notions about the commitment and dedication of the federal worker," he concluded. "They don't seem to understand people with a passion for government. Any accomplishments I've had, I owe to a dedicated and competent staff and a loving and supportive family." □

The NIH Life Sciences Education Connection



Left photo: Dr. Bruce Alberts, president-elect, National Academy of Sciences, and Dr. Ruth Guyer, NIGMS, discuss the role that the scientific community can play to enhance kindergarten through high school science education reform efforts. Alberts was the keynote speaker during a recent workshop for scientists sponsored by the Office of Science Education Policy. He is also chair of the NIH director search committee. Right photo: Scientists and teachers work together to explore the "partnerships and possibilities" that can emerge as a result of their collaborative efforts during the recent workshop.

The last week of April was very busy for many people at NIH as efforts were under way to celebrate Maryland Science Week and National Science and Technology Week. Two such activities were the "Mysteries of NIH: Building Collaboration with Maryland Colleges and Universities," which attempted to "demystify" the NIH funding process and

help educate the schools' faculty about NIH research and education programs; and the Office of Science Education Policy's workshop, "Scientists and the Schools: Partnerships and Possibilities," which aimed to help scientists learn more about the role they can play in science education reform efforts.

NLM's EEO Committee Develops Work Plan



NLM EEO advisory committee members include (seated, from l) Cheryl White, Cynthia Gaines, Mary Lee Finzel, Lucie Chen, Eileen Murtagh, Martha Glock. Standing are (from l) Fu Sen Hu, Kimberly Hardy, Jacque-Lynne Schulman, Peggie Tillman, Charleta Brown, David Nash, Britonya Jackson, Connie Mantzurani, Diane Hairston, Kimberly Harrison, Eduardo Tello.

The National Library of Medicine's EEO advisory committee recently developed a work plan for 1993. The committee's purpose is to advise the NLM director on issues relating to equal opportunity and affirmative employment at the library.

The committee has four operating subcommittees: recruitment, career development/training, public relations/communications, and outreach. Goals for this year include a second Career Day program, a cultural diversity and minority health seminar, establishment of an Adopt-a-School program, and sponsorship of an EEO awareness program.

Last year, the committee had a successful Career Day and cultural diversity seminar with Dr. Edwin Nichols as speaker. The committee

also established an EEO newsletter and developed a minority applicant locator file. The library's EEO advisory committee meets the third Tuesday of each month from 1:30 to 3 p.m. For more information, contact committee Chair Cynthia Gaines, 61131. □

NICHD Sponsors Conference on Calcium, Neuronal Plasticity

The NICHD will sponsor a conference on Calcium and Neuronal Plasticity on June 7-8 in Lister Hill Center, Bldg. 38A. It will begin at 8:30 each morning and conclude at about 6 p.m. each day.

The focus of the conference is on the critical role of intracellular calcium in mediating use-dependent changes in nervous system structure and function during development and in adult organisms. Spatial and temporal dynamics of calcium influx into neurons (and glia) through voltage-sensitive calcium channels and NMDA channels will be addressed in relation to several forms of synaptic plasticity, including LTP and LTD, synaptogenesis and synapse elimination. Regulatory mechanisms maintaining intracellular calcium homeostasis, and intracellular targets of calcium will be addressed. The program includes results of research on synaptic plasticity in the hippocampus, visual system, neuromuscular junction, and cell culture preparations relating to actions of calcium on growth cone motility, synapse elimination, neural cell adhesion molecules, synaptic transmission, nitric oxide and expression of immediate early genes during neural circuit development and synaptic modification.

For more information contact conference organizers Drs. Phillip G. Nelson or R. Douglas Fields, 480-3209. □

June Is Sun Awareness Month

The Occupational Medical Service (OMS), Division of Safety, is planning a health education program for the month of June—Cancer in the Sun Awareness. Information on skin cancer, its warning signs and risk factors, and methods of protection will be available in the OMS health units in Bldgs. 10, 13, Westwood, EPN and Federal.

Two videos, each lasting approximately 20 minutes, will be shown in the OMS clinic in Bldg. 10, Rm. 6C306, on Wednesdays during the month of June. The videos can be viewed at 9, 10, and 11 a.m. and 1, 2, and 3 p.m.

If you are interested in learning more about the warning signs of skin cancer and risk factors for malignant melanoma, plan on stopping by the OMS to view one of the videos and pick up some literature.

Inga Tokar, a clinical research nurse in the Clinical Center dermatology clinic, will be available to answer questions regarding skin cancer. She may be reached at 66421. □

NIH's Invited To Discuss Master Plan Alternatives

All NIH employees are invited to attend a presentation of the NIH master plan development alternatives on Thursday, May 27 at noon in Masur Auditorium, Bldg. 10. The new master plans will establish the goals, objectives, concepts, and standards for the development and future character of the Bethesda campus and the NIH Animal Center in Poolesville over the next 20 years. At this meeting, the planning staff will explain several alternative development scenarios they have identified. This is one of the most important stages; NIH's input will guide the development of the master plans. For more information, contact Stella Serras-Fiotes, 65037. Sign language interpretation will be provided.



TRAINING TIPS

The NIH Training Center, Division of Personnel Management, offers the following hands-on courses:

<i>Personal Computing Training</i>	66211
<i>Course Titles</i>	<i>Starting Dates</i>
Welcome to Macintosh	6/7, 6/24
Intro to WordPerfect 2.0 (Mac)	6/21
Intro to Microsoft Word 5.0	6/9
Excel - 4.0 Level 1	6/22
Excel - 4.0 Level 2	6/8
Excel - 4.0 Level 3	7/15
Excel - 4.0 Level 4	6/28
Lotus for Mac - Levels 1 and 2	Upon request
Intro to Filemaker PRO	6/14
FoxBASE 2.01-Levels 1 and 2	Upon request
Advanced PageMaker	6/15
Quark Xpress - Level 1	6/2
MORE III	Upon request
Aldus Persuasion	6/17
HyperCard Authoring & Scripting - 1	6/10
3 Com PC Network Management	Upon request
Intro to Personal Computing for New Users	6/16
Disaster Recovery and Data Security for the PC	6/18
Introduction to DOS	6/4, 6/21
Introduction to Windows 3.1	6/7, 6/29
WordPerfect for Windows	6/21
PageMaker for Windows (NEW)	6/10
Introduction to WordPerfect 5.1	6/22
WordPerfect 5.1 - Advanced Topics	6/8
Printing With WP 5.1 and Laser Printers	6/25
Intro to Harvard Graphics, Rel. 3.0	6/8
Intro to Paradox	6/14
Advanced Paradox	6/23
Intro to dBASE IV	6/28
Introduction to dBASE III+	Upon request
Intermediate dBASE III+	Upon request
Intermediate Symphony	6/29
Introduction to CRISP	6/25
IMPACT for MSCs	Upon request

Mammography Screening Offered at NIH; Free Tests for Low-Income Workers

NIH is again offering low-cost mammography screening at sites on campus and at Westwood and Executive Plaza. This service, provided by the University of Maryland Cancer Center (UMCC), is coordinated through NIH's Office of Disease Prevention. The \$60 cost is reimbursable through any Maryland health insurance company that also pays for breast cancer treatment.

Also, UMCC has been awarded a grant to make mammography screening and diagnostic services available to low-income women free.

Eligibility guidelines follow:

Number of Dependents In Household	Total Household Income
1	\$17,025
2	\$22,975
3	\$28,925
4	\$34,875
5	\$40,825
6	\$46,775
7	\$52,725
8	\$58,675

Questions regarding eligibility may be referred to the program director, Sandee Kolodny-Katz, 1-800-787-0506.

A mammogram is a low-dose x-ray that can detect breast cancer at its earliest, most treatable stage—up to 3 years before other methods. UMCC's screening program has been accredited by the American College of Radiology. Female radiology technologists will perform a clinical breast exam and conduct the mammogram. This combination achieves maximum detection rates. The procedure itself may cause brief, slight discomfort, but is not painful. The results will be read by a board-

certified radiologist and sent to each woman and her physician of choice.

NCI recommends that all women get a mammogram every 2 years between ages 40-49 and annually thereafter. To be eligible to use this service women must:

- ◆ Be asymptomatic—experiencing no current breast problems (not have a lump, or nipple discharge and no history of breast cancer);
- ◆ Not have had a mammogram within the last 12 months;
- ◆ Not have breast implants;
- ◆ Not be pregnant or nursing.

The appointment, which takes approximately 20 minutes, can be made by calling UMCC, 1-800-787-0506. Payment options include a personal check, money order, Visa or Mastercard. Space is limited and requests will be handled on a first-come basis.

Dates and Locations

Wednesday, June 23	All Day	Bldg. 31C parking lot
Thursday, June 24	All Day	Bldg. 10 Convent Dr. shuttle turn
Friday, June 25	8:30 a.m.-12:30 p.m.	Westwood parking lot
Friday, June 25	1-5 p.m.	EPN&S parking lot □

NHLBI's Sally Stanley Mourned

Sally J. Stanley, a member of the NHLBI intramural program for 33 years, died on Feb. 11 after a brief illness. She was 55 years old.

Stanley received a B.S. with honors from William and Mary College in 1960 and immediately after joined what is now the Laboratory of Cellular Metabolism to work with Dr. Robert S. Gordon on free fatty acid metabolism. She subsequently worked with Dr. Martha Vaughan on the regulation of lipolysis by cyclic AMP.

During these studies, it was observed that the effects of cholera toxin result, in part, from an increase in cyclic AMP. These studies led to the demonstration that cholera toxin was an ADP-ribosyltransferase, specifically ADP-ribosylating arginine residues in proteins. Making the assumption that cholera toxin may be mimicking the action of ADP-ribosyltransferases endogenous to animal cells, Stanley, then working with Dr. Joel Moss, identified the intracellular components of an ADP-ribosylation cycle in mammalian tissues, isolating and characterizing NAD:arginine ADP-ribosyltransferases and ADP-ribosylarginine hydrolases, the enzymes that catalyze the opposing reactions in the putative cycle.

Stanley was coauthor of more than 24 publications.

She is survived by her mother and sister. The family requests that donations be made in her memory to the Montgomery County Hospice Society. □

NCRR's Gregory Bowman Dies

NCRR mourns the loss of fellow staff member Gregory R. Bowman, 33, who died of pneumonia Apr. 1. Bowman had been the secretary for NCRR's Biological Models and Materials Research (BMMR) Program since its creation in 1989.

BMMR director Dr. Louise Ramm remembers Bowman as one of the most unflappable people she had ever encountered: "Nothing ever really rattled Greg. Sometimes the office was really hectic, and Greg was usually one step ahead of me. Things weren't done on time, they were done ahead of time," she said. "He was an extremely rare person. I really miss him."

Bowman, who lived in Silver Spring, served in the United States Air Force from 1978 to 1980. His federal civil career began in 1983 when he went to work for the Naval Air System Command as a clerk/typist. He then went on

to work at Walter Reed Army Medical Center and the Department of Navy before joining DRR in 1989. (DRR later merged with DRS to form the current NCRR.)

"Greg was a very gentle person. He always had a kind word for you," said Sheryl P. Lane, a grants technical assistant in NCRR's Office of Review, and a close friend of Bowman.

Outside of work, Bowman was active in Blacks in Government, a nonprofit organization devoted to the support and advancement of Black civil servants. Additionally, he worked for the Combined Federal Campaign, and regularly volunteered for various committees at NCRR.

Bowman is survived by his parents, Wallace Singletary and Madeline Bowman; his sister, Kimberly Bowman; and two nephews, Rasaan and Erik Bowman.

NIAAA Finds System Success in DCRT Consultation

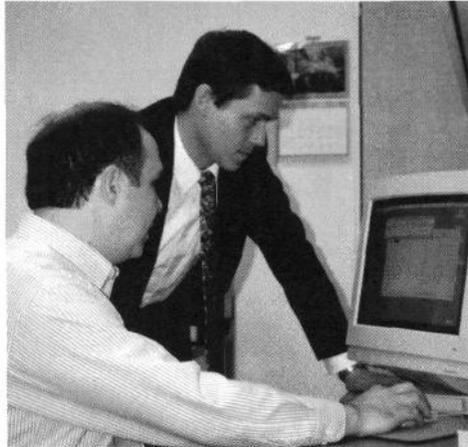
By Ray Fleming

It was a satisfying moment for DCRT computer specialist Terry Sanderson as he watched the numbers jumping across the NIAAA computer monitor. For 6 months he had been working with Etienne Lamoreaux and other scientists from NIAAA, testing a way to manage centrally their considerable volume of clinical and research data.

Obviously, Lamoreaux was pleased with the final results. After trying out the new system, he said, "We have benefited a great deal from our collaboration with DCRT. Terry Sanderson has helped us develop a Clinical and Research Data Management System that not only allows us to integrate data collected from various sources but also allows us to work across multiple platforms equally well. We use Macintosh, OS/2, Windows, and Unix. It will be able to handle large volumes of data, too, and that's important to us."

Back in the spring of 1992, NIAAA came to DCRT's Data Management Branch (DMB) for assistance. The institute maintained a varied clinical program in alcohol research, with large amounts of data to be collected, managed, and analyzed. A problem, however, lay in their dated stand-alone hardware and software, which showed a decided lack of cohesiveness and flexibility. The institute wanted to see what current technology offered them.

"We thought that their situation gave us an ideal way to contribute," remembers Sanderson. "Computer systems have progressed enormously in the past 5-6 years, especially in the area of database management, networks, and rapid programming techniques. System designs that were not cost effective or technically practical before are feasible now. We felt we



DCRT's Terry Sanderson (standing) and Etienne Lamoreaux, NIAAA computer specialist, headed the collaborative team efforts that developed NIAAA's new Clinical and Research Data Management System, which uses the latest computer technology involving networking, rapid programming techniques, multi-platform compatibility, and timely data management and reporting.

had the tools and expertise to sign on as short-term consultants and help them develop their own optimum solution."

By May, a collaborative project was under way. DMB talked with institute staff about their present and future needs, absorbing the details of their scientific protocols and research environment. Sanderson then concentrated on evaluating system technologies that would satisfy NIAAA's requirements. After some study, the choice was clear: client/server technology, in which individual "client" computers use a network to access a central,

function-providing "server," would provide the best solution.

The next step was to evaluate software that NIAAA scientist/clients could use at their desks to access and manipulate data through the server. That meant the chosen software had to run easily in the diverse NIAAA environment, which included both Windows and Macintosh operating systems; and integrate well with the recommended server, Sybase SQL. Furthermore, the software had to be capable of drawing data from the Clinical Information Utility (CIU) and other sources used by the institute. Sanderson returned to his desk and began weighing and examining five software packages, finally deciding to test a new product, Omnis 7.

Early in the project, it had been Sanderson's idea to develop a small prototype system running "live" NIAAA clinical data downloaded from the CIU. In May, he began meeting weekly with institute scientists to select CIU data to run in the demonstration project. By September, he had succeeded in integrating the Omnis client software with both Windows and Macintosh systems and with the client/server technology. DMB then made a formal offer to NIAAA to build the prototype, and they enthusiastically accepted.

"The first thing I had to do then," Sanderson recalls, "was to teach myself the Omnis programming language and become proficient enough to develop the demonstration prototype. It turned out to be a little more difficult than I envisioned, but after a few weeks things started falling into place. As it turns out, I had the demo application completed by early December."

And demonstrate he did. Lamoreaux and his colleagues liked what they saw, and remain convinced that "the DCRT solution is the way to go."

Another bonus resulting from the decision to consult DCRT was the inclusion of a retrieval capability they didn't have before. "David Blessley, at DMB, has been very helpful in allowing us to retrieve crucial data from archived medical records," says Lamoreaux. "We were able to obtain information from the Medical Information System, patient biographic data, discharged diagnostic data, clinical pathology and microbiology data."

NIAAA's Lamoreaux adds, "Developing effective computer systems for biomedical research requires a multidiscipline team effort. Collaborative projects such as those coordinated by Terry Sanderson are one of the best uses of DCRT's resources."

The epilogue? NIAAA has purchased the client software, decided on the client/server solution, and is now obtaining contractors to help build their new system. The institute is also developing a system analysis and design document, and will consult again with DCRT to review the final system design. □



On hand for the recent Bldg. 5 rededication ceremony were (from l) tenants Dr. David Davies and Dr. James Hofrichter, NIDDK director Dr. Phillip Gordon, Dr. William Eaton, DES Director Jorge Urrutia and DES project officer Kristy Long. The building, home to NIDDK's Laboratory of Chemical Physics and Laboratory of Molecular Biology (which had been in Bldg. 2), is to be fully reoccupied by the end of May.