

"Still
The Second
Best Thing
About Payday"

The NIH Record

Veterinary Program: A Valuable Resource at NIH

By Kathleen Canavan

In the fast-paced world of biomedical research, appropriate resources are extremely important to an investigator's ability to make discoveries.

Animal resources, in particular, play a major role in the facilitation of biomedical research at NIH. Through NCRR's Veterinary Resources Program (VRP), NIH researchers have access to a wide range of laboratory animal services.

VRP's staff contributes to NIH intramural research by procuring, housing, and maintaining laboratory animals at eight centralized holding facilities in Bethesda and a number of facilities at the NIH Animal Center in Poolesville. Additionally, VRP provides technical consulting services to meet individual research needs in studies involving nonhuman primates, dogs, cats, rabbits, rodents, and livestock.

"VRP supports 70 percent of all NIH intramural research using animals," said Dr. Marlene Cole, director of VRP. "When one considers that more than 40 percent of the research projects conducted and supported by NIH have a laboratory animal component, a

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CFC Campaign Kickoff 1993 Slated for Oct. 6

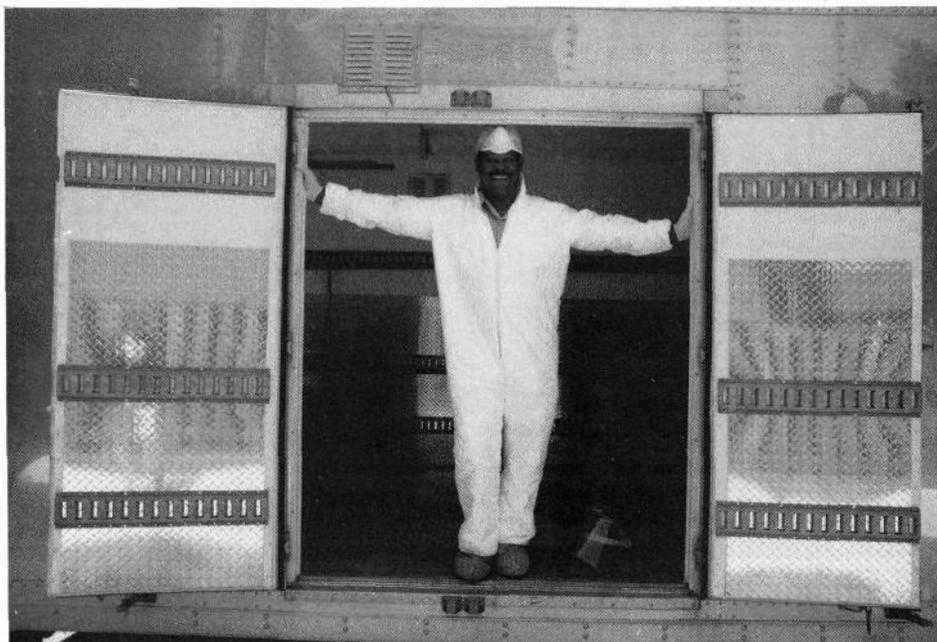
"You Make It Happen" is the theme of the 1993 Combined Federal Campaign (CFC), which will kick off on Wednesday, Oct. 6 at 11:45 a.m. in front of Bldg. 1. Featured on the agenda is food, music and fun—not to mention a great cause. The National Eye Institute is the sponsor institute of this year's CFC.

This year, more than 2,000 voluntary agencies will participate in the CFC, which provides services to millions of those in need of help, here in our country and throughout the world. Area keyworkers will be distributing the CFC *Catalog of Caring*, which lists the many charities to which NIH'ers may designate their CFC contribution.

No NIH CFC kickoff is complete without the annual walk/run, organized through a joint effort with the NIH R&W Association, the NIH Health's Angels Running Club and the CFC. Those interested in walking or running may register for the event at R&W gift shops as well as at sign-up desks located outside the cafeterias of Bldgs. 10 and 31. Registration ends Oct. 1.

Categories for the walk/run are as follows: male, 39 and under; female, 39 and under;

(See **CFC KICKOFF**, Page 2)



Frank Coleman is one of three animal transport operators responsible for handling all laboratory animal moves on campus. Strict guidelines govern the average 200 animal moves a month made by operators.

High Rates of Unintended Pregnancy Examined

By Robert Bock

Researchers from around the nation met at NIH recently to describe their findings on the reasons for the current high rates of unintended pregnancy in the United States and to outline future research on this topic.

Entitled "Negotiating the Paths to Parenthood," the workshop was sponsored by the Center for Population Research, NICHD.

The title of the workshop was carefully chosen, said workshop chair Dr. Constance Nathanson, director of the Hopkins Population Center at Johns Hopkins University School of Hygiene and Public Health in Baltimore.

"Not so long ago, there was only one socially approved path to parenthood," Nathanson said. "It progressed through decorous courtship, through marriage, to children, after a reasonable—not too long, not too short—interval."

Today, however, society is beginning to recognize that there are multiple alternative paths to parenthood. These paths may not necessarily lead through marriage, and may even be traveled by pairs of the same sex.

When researchers design their studies, Nathanson said, they should avoid focusing only on the traditional path of courtship, marriage and children. Rather, they should be more process-oriented,

(See **PREGNANCY**, Page 6)

DCRT Puts NIH in the Computer 'SEWP'

By Luella LeVec

DCRT has made the acquisition of new high-power computer workstations for NIH scientists much easier, thanks to its involvement in a recently awarded \$800 million NASA Scientific Engineering Workstation Procurement (SEWP) contract.

The 5-year, indefinite delivery, indefinite quantity contract for up to 13,700 workstations and supporting equipment is considered one of the federal government's largest workstation buys. Ten percent of the NASA contract (which is actually a series of nine contracts) may be bought by other federal agencies, a policy encouraged by the General Services Administration. DCRT, upon learning of the developing contract, followed its progress and even helped evaluate its technical aspects, ensuring that NIH would be ready to take advantage of its benefits. The NIH Division of Information Resource Management Oversight and Clearance (DIOC), under Director Marie Monsees, administers the actual workstation buys through the contract now in place.

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CFC KICKOFF (Continued from Page 1)

male, 40 and over; and female, 40 and over. Certificates will be presented to all registered participants following the event.

Providing music will be the Questet Jazz Trio. Lunch will be served by Domino's Pizza for \$2, which includes a large slice of pizza and a Coke. In addition, Chinese food will be available for \$5. Sodas are available for 50 cents each.

Feeling lucky? Don't miss the free raffle. Grand prize is a 20-inch color television (courtesy GEICO). Other prizes include tickets to a Washington Capitals game and a Washington Bullets game, and Cineplex Odeon movie tickets. "Hoops," the Bullets mascot, will be on hand to encourage participation. Raffle forms will be available at the kickoff event (or at any R&W through Oct. 4). You needn't be present to win.

Can't afford the time it takes to join the kickoff? You can't afford not to be there. . . "You Make It Happen."



NIH's 1993 CFC team includes (from l) Randy Schools, general manager, R&W Association; Judy Duff, deputy executive officer, NEI, this year's NIH CFC sponsor institute; and John Mahoney, NIH deputy director for management and 1993 CFC coordinator.

Fall Computer Training Opportunities Offered

September starts the traditional school year and also kicks off the DCRT Computer Training program for the fall term. Highlights of the upcoming term include new classes in computer security and disaster recovery, a more complete program of networking courses, a new five-part series on statistical data analysis, and the widest range of Mac and PC classes ever offered. As always, these classes are open to all NIH employees and to anyone else with a DCRT account, and there is no charge to attend.

Computer security, privacy and security of data, virus protection, and disaster recovery will be covered in seminars offered during the fall term. Every user of computers and computer services needs to be aware of his or her responsibility in these areas and the appropriate techniques to use. Registering for any of these seminars requires only a phone call to the training program, 62339. The training staff will also be glad to advise you on which classes would be most appropriate for you.

Members of the DCRT Network Systems Branch (NSB) will be giving three new classes: "Introduction to Networks," "How to Set Up a LAN," and "Advanced Networking Topics." Together with returning classes (such as "LAN Concepts," "Network Services," "Using the Internet," and "BITNET"), these offerings cover the entire range of network services available at NIH. They vary in the depth and scope of what is covered, so there is a class that is exactly what you need to answer your questions or get you started in the right direction in the world of networking.

Statistics grand rounds for the fall will continue the series of lectures and workshops that began this summer. Students are encouraged to join at any time and to come to all of the topics they find of interest. The fall series will be held in Lipsett Amphitheater with

"Multiple Comparisons, Simultaneous Headaches" on Oct. 6, "Repeated Measures and Still No End in Sight" on Nov. 2, "Outliers, Outlaws, and Representatives" on Dec. 2, and "Nonlinear and Not Nice" scheduled for Jan. 6.

New Personal Computing Courses

New courses in personal computing include "OS/2 2.1 Overview," "INTERLNK: Connecting Two PCs with DOS," and "Customizing Your Mac." These join such popular returning courses as "Getting Started with Windows," "Advanced DOS," "Memory Management on the PC," and "Running SAS Software in the PC-DOS Environment."

Application of computing directly to the needs of NIH research will be addressed in several classes including "Molecular Modelling with Quanta," "Topics in Analytical Cytology," "Analyze Workshop," and "SYBYL."

Finally, following a successful pilot class during the summer term, a 4-day class, "Structured Systems Analysis and Design: Methods and Tools" will be offered for systems analysts and designers, data analysts, and project leaders who need to learn current methods for analyzing and designing software systems.

For more information on these and many other classes given this fall, request a copy of the *Computer Training Courses and Seminars* brochure from the DCRT Technical Information Office, Bldg. 12A, Rm. 1017, phone 65431. The same information will be available online through Gopher and WYLBUR's ENTER TRAINING command. Members of the DCRT Computer Training support staff will be glad to answer any questions you may have about course selection or enrollment; call 62339. □

High Cholesterol Vols Needed

NHLBI's Cardiology Branch is seeking volunteers with high cholesterol (over 250) for a study assessing the effect of vitamins on the cardiovascular system. Participants must not be taking vitamins or cholesterol-lowering medications. If interested, call Diane Badar at 68033 or page 104-3741-7 (digital). □

The NIH Record

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Neural Networks Applied to Cancer Detection, Staging

Lister Hill National Center was the site for a recent workshop on "Computer Applications for Early Detection and Staging of Cancer," sponsored jointly by the NCI Early Detection Branch and the American Joint Committee on Cancer. Many of the talks focused on applications of artificial neural networks (ANN), which allow manipulation of large amounts of complex data.

Dr. Daniel R. Masys, director of the Lister Hill National Center, provided a brief history of the federal high performance computing and communications initiative, which supports technology development. He sees high performance computing being applied to oncology in high-speed digital networks, computerization of patient records, telemedicine technologies, and computer-assisted medical imaging.

Dr. Maryellen L. Giger of the University of Chicago discussed the use of ANN in mammography. Using digitized mammography images, computer-enhancement and filtering of data, and analysis with ANN, Giger and her colleagues are developing a computerized assist for radiologists interpreting mammograms.

ANNs are also being used to computerize Pap tests, according to Dr. Laurie J. Mango of Neuromedical Sciences, Inc. of New York. Her PAPNET cytological screening system is

semiautomated and interactive, and combines algorithmic image processing with neural networks. The system is already used in Europe.

Dr. Phillip S. Maclin of the University of Tennessee uses neural networks to classify hepatic masses on



Dr. Laurie J. Mango

ultrasonography images, magnetic resonance images, and other laboratory tests. He reported 71 percent accuracy, compared to 50 percent scored by a group of radiology residents in training. Dr. William H. Wolberg of the University of Wisconsin described an interactive computer system that evaluates the cytological features of digitized data from scans of breast cells of fine needle aspirates. The estimated diagnostic accuracy was 97 percent.

Estimating cancer patient survival, based on individual prognostic markers, was also discussed at length at the workshop. Dr. Peter M. Ravdin of the University of Texas used ANN to interpret and predict probable clinical outcomes for breast cancer patients. Speakers cautioned that the accuracy of ANN in such applications depends on the quality of input data on clinical, demographic, and prognostic factors. Ultimately, the systems promise to greatly enhance clinical evaluations. However, much further research is still needed to identify



Workshop participants included (from l) Pete B. Snow, L. Peter Fielding, Harry B. Burke, Peter Ravdin, Laurence Freedman, James L. DeLeo and Sudhir Srivastava.

the best predictive parameters, as well as to devise optimal methods for collecting, reporting, and analyzing such data from patients.

A workshop summary is being prepared for publication in the *Journal of the National Cancer Institute*. □

Power Plant Complex: A Hidden Workhorse

If you are like most people at NIH, you've probably never given much thought to how your work space is kept warm in the winter and cool in the summer, how those Burn Boxes you use are disposed of, or where the compressed air in your labs comes from.

Normally, large buildings are built with their own boilers, chillers and air compressors. Here at NIH, however, a central Power Plant produces steam, chilled water and compressed air that is distributed throughout the reservation via an underground piping network. Located in Bldgs. 11 and 34, the NIH Power Plant is the responsibility of the Division of Engineering Services (DES), Office of Research Services.

The plant is operated 24 hours per day, 7 days per week (including holidays) at a cost of \$8 million per year. Enough steam is produced in the plant to heat approximately 20,000 homes in the Bethesda area during the coldest months of the winter. The installation of a fifth boiler, needed to meet additional heating requirements of new buildings, is slated to begin soon and should take about 2 years to complete.

In addition to the boilers, there are two major refrigeration plants at NIH. The combined capacity of the two plants is enough to cool those same 20,000 homes, and to deliver us a monthly electric bill in the summer that can exceed \$1.5 million. In order to meet growing demands, a number of the original cooling units are being replaced. When the last two units become operational in 1997, the plant will have grown from its original 5,000-ton capacity (1952) to a capacity of 48,000 tons, making it one of the largest refrigeration plants on the East Coast.

The Power Plant complex also houses the NIH incinerator plant, which consists of three

Healthy Volunteers Needed

Healthy women and men between the ages of 35 and 65 are needed to participate as control subjects in NIMH studies of cognitive processes in different types of mental illness. No drugs or invasive procedures are involved. Volunteers will be paid. For information call Laura or Susan, 67674, between 9 a.m. and 4 p.m., Monday-Thursday. □

medical pathological waste (MPW) incinerators. In order to keep up with MPW generated by the Bethesda and Poolesville campuses, all three units are in operation 8 to 12 hours per day, 5 days per week, and incinerate approximately 5 tons of waste each day.

Also located in the Power Plant complex is the air compressor plant and Bldg. 10's emergency diesel generator units. During any unscheduled loss of normal Pepco electrical power, the emergency diesel generator units are designed to start automatically and provide electrical power to the Clinical Center.

As you can see, the NIH Power Plant is the heart of the utility services for the NIH campus. Any major equipment failure can result in the shutdown of buildings, as happened in midsummer when a major Pepco electrical failure disabled most of the refrigeration plant. But whether it's the heat of summer or the chill of winter, you can be sure that the 70 men and women of the Power Plant and employees of the building operating sections of DES are working around the clock to keep your work environment as safe and comfortable as possible.—Heidi Munger □

Normal Volunteers Sought

NIMH needs normal volunteers for a study of brain function. They must be between ages 40 and 80, be taking no medications, and have no history of major medical or psychiatric illness. Procedure involves mapping brain structure with magnetic resonance imaging (MRI), and mapping brain function with positron emission tomography (PET) while subjects perform various problem-solving tests. The PET scan involves exposure to an amount of radiation within both NIH and FDA guidelines. Volunteers will be paid. Contact Dr. Giuseppe Esposito, 23683, or Jill Ostrem, 23682. □

ANIMALS

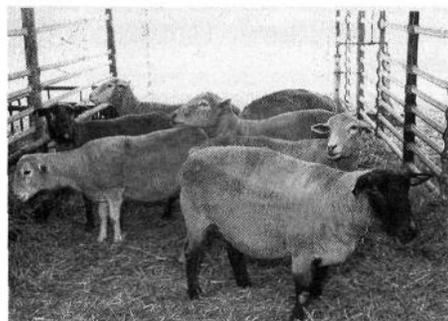
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comprehensive animal support system becomes essential."

VRP recently completed a large reorganization effort to increase efficiency by grouping similar functions and streamlining operations.

Under the new system, VRP is divided into two branches. The Research Animal Branch is the component of VRP that directly supports the ongoing laboratory animal research conducted by the ICDs. It is comprised of three sections: the rodent and rabbit section, the primate section, and the carnivore and ungulate section. Animals are quarantined, housed, and cared for in accordance with the Animal Welfare Act and the *NIH Guide for the Care and Use of Laboratory Animals*. In addition to laboratory animal care, this branch also provides research scientists with space to conduct technical procedures.

The Scientific Services Branch is comprised of the laboratory sciences section (LSS); the surgery, radiology and pharmacy section; and the genetic resources section. The LSS serves



The NIH Animal Center in Poolesville houses many animal species, including sheep.

as the central animal diagnostic laboratory at NIH. Diagnostic services include bacteriology, serology, parasitology, necropsy, pathology, and genetic monitoring. This section also provides technical consultative services in animal behavior, nutrition, and diet analysis.

LSS monitors the health of all intramural research animal colonies through the Animal Health Surveillance Program. In state-of-the-art diagnostic laboratories, VRP personnel regularly perform tests to ensure that animal colonies are contagion-free and healthy. VRP checks the research animals and their environments for parasitic, bacterial and viral infection, and keeps extensive records on the health status of each animal colony.

Surgical needs are met by the surgery, radiology and pharmacy section, which provides centralized facilities and services for aseptic surgery and radiographic procedures on research animals, as well as preoperative and immediate postoperative care for surgical patients. This section also offers consultative and collaborative services in experimental surgical and radiographic procedures.

VRP also manages the NIH Animal Genetic Resource, which supplies scientists here and around the world with a large selection of genetically defined small animal models. The resource provides more than 300 rodent and



Veterinary Resources Program director Dr. Marlene Cole hopes to see VRP take a proactive approach to providing laboratory animal resources to the NIH community.

rabbit strains, congenics, recombinant inbreds, stocks, and mutants to use in studying human disease.

The collection is internationally recognized. The World Health Organization has designated it as a Collaborating Centre for Defined Laboratory Animals, and the International Council for Laboratory Animal Science has designated it as a Nude Mouse Repository.

VRP created a client relations office under the new plan to ensure that program services meet the needs of intramural researchers.

"VRP is very enthusiastic about creating an outreach program that will constantly evolve and keep us in tune with NIH researchers," said Pam Dressell, client relations specialist and head of the new office.

In addition to providing client relations, the office also operates VRP's animal transportation service. Three highly trained animal transportation operators move research animals under strict guidelines. These regulate everything from decontamination of vehicles between moves, to maintaining proper vehicle temperature, to loading and securing animals, to preventing transit-related spread of disease.

The drivers support investigators by making

about 200 animal moves a month, both on and off campus. In addition to their regular, day-to-day moves, the unit recently relocated more than 200 research animals to a new animal holding facility in Bldg. 49.

Animal procurement is another major service VRP provides the NIH community. Large animals such as nonhuman primates, dogs, cats, and livestock are procured through the Research Animal Branch to meet the individual investigator's requirements. The animals undergo prescribed procedures for quarantine and isolation to ensure that they are disease-free and in a physical condition necessary to meet research criteria.

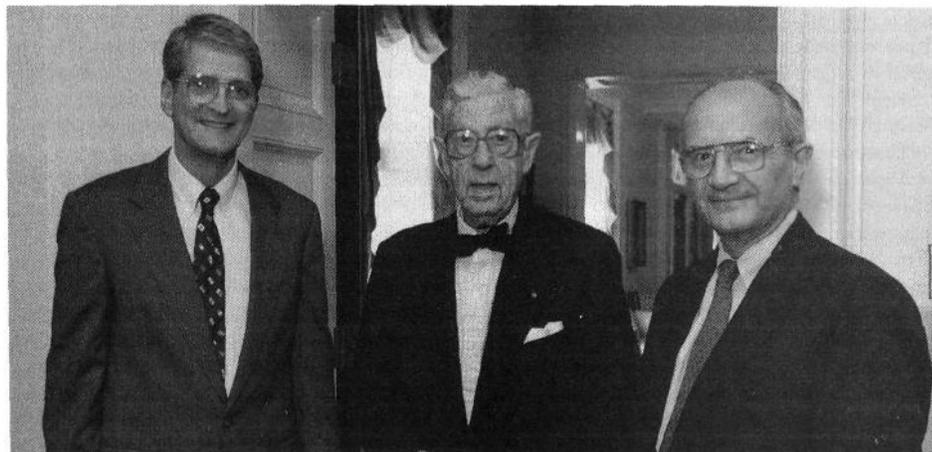
Rodent and rabbit procurement is managed by the ordering and contracts unit using supply-and-demand contracts maintained with commercial laboratory animal breeders. ICD investigators identify the required species and strain, and place their orders by fax.

"VRP is geared toward giving NIH researchers the best animal support services and resources available," Cole said.

To further that goal, VRP is undergoing extensive reconstruction and renovation of existing animal facilities in order to modernize and attain full accreditation from the American Association for Accreditation of Laboratory Animal Care.

In order to address the future needs of biomedical research, VRP established the central facilities advisory committee with senior scientists representing each ICD. The committee—which is chaired by Dr. Susan M. Sieber, deputy director of NCI's Division of Cancer Etiology—discusses emerging scientific initiatives at NIH, and makes appropriate recommendations so that the VRP director can plan resources to meet those needs.

"We (VRP) intend to take a proactive role in facilitating NIH research by anticipating changes in emerging scientific initiatives rather than reacting to them," Cole said. "Taking this approach, we plan to provide a centralized service that is flexible, efficient, and innovative—a service that will be a cornerstone to NIH intramural biomedical research." □



Dr. James Shannon (c), director of NIH at the time of the founding of the Fogarty International Center in 1968, returned to NIH recently to attend a reception honoring the center's 25th anniversary. Dr. Philip E. Schambra (l), current FIC director, and Dr. Claude Lenfant, NHLBI director and a former FIC director, were among those attending.

CONTRACT

(Continued from Page 1)

"We feel that acquisition mechanisms like the NASA SEWP contracts are extremely important to NIH," says DCRT Deputy Director Bill Risso. "They will offer NIH scientists easy access to the workstation technology at extremely aggressive prices." This, he says, is in line with DCRT's policy of making the latest technology available to NIH scientists.

ALW Users Targeted

Workstations, explains Risso, are high-performance computing and graphics machines—and generally use the UNIX operating system. They have been an important part of NIH's computer arsenal, and DCRT has advocated their use for years through its Advanced Laboratory Workstation (ALW) program. The division's Keith Gorlen has championed this concept for NIH since the earliest days of network and workstation availability.

"The ALW system puts workstation technology on a basis that is much more useful for scientists," says Risso. "It's a method of providing support, guidance, and service for UNIX workstations from a central location to relieve individual scientists from many system administration chores." Gorlen expressed his own delight with the SEWP contracts: "We look forward to seeing users order new workstations from the SEWP contracts, and replace or upgrade those that are obsolete. SEWP should make buying ALW workstations cheaper and much easier. We'll also be buying machines at DCRT to do development for successor technology."

DCRT an Early Player

DCRT's involvement with the SEWP contracts began in 1990 after the division's Cindy Cenname discovered that the acquisition was in process. Cenname, who has since moved to the NIH Office of Information Resources Management, was involved in a 1989 workstation buy with DCRT's Richard Feldmann, who has been very active in promoting the technology for molecular modeling and visualization. "I realized that future acquisitions like this would be necessary," she said. "And that's why I was researching a lot of contracts and investigated NASA's efforts as a possible vehicle for NIH to see if we could piggyback on the SEWP contracts and order from them."

"My first call to NASA about the SEWP contracts was in September 1990, and the answer was no. Then, 10 months later, I was surprised—and impressed with NASA—when they remembered my call and phoned to say that there would be a 10 percent set-aside through which non-NASA agencies could order from SEWP contracts."

DCRT immediately volunteered staff from the ALW project for NASA's technical evaluation committee. DCRT's Jim Sullivan, computer engineer, and Steve Bailey, computer systems programmer, labored all last summer on that committee at Goddard Space Flight

Center in Greenbelt in what they both agreed was "a gruelling process."

"It was all very secret," Sullivan said. "We had to sign nondisclosure forms that we wouldn't talk about this when we left. We were in a basement at Goddard and we had to go through two locked doors. Nothing left the rooms. If we had any paper, it all went into a burn bag, which got sealed and was thrown into an incinerator. All of this security was to protect the bidding companies as well as the process of the contract."



What's in the SEWP?

The SEWP contract, which took NASA 4 years to develop, is in essence nine contracts covering seven different classes of computers. "Seven of the contracts were for workstations providing computational graphic capability to our scientific and engineering activities and two were for supporting equipment like X terminals and printers and networking equipment," according to Lynne Hoppel, NASA contracting officer.

The winning SEWP vendors, and classes they competed in, are:

- Sun Microsystems Inc., Class I, for electronic computer-aided engineering (CAE) and computer-aided design (CAD) systems;
- Hewlett-Packard, Class II, for mechanical CAE/CAD;
- Harris Computer Systems, Class III, for real-time multiprocessing systems;
- IBM Corp.'s family of RISC System/6000 workstations, Class IV, for network data servers;
- Silicon Graphics Inc.'s Indigo and Crimson lines, Class V, for high performance 3-D graphics systems, and Class VI, for computer servers;
- Digital Equipment Corp., Class VII, for general-purpose workstations;
- Government Technology Services Inc. will provide X terminals and printers, while networking equipment was awarded to Unisys Corp.

Bailey and Sullivan served in groups of six persons each: Bailey on the file server class of machines and Sullivan on cycle servers. They evaluated responses from vendors who had responded with bids to detailed specifications or requests for proposals (RFPs) in solicitations sent out by NASA to vendors in February 1992.

"It was a nice RFP to work with," commented Bailey. "The process of doing the technical evaluation is directly related to how well the RFP is written, because clarity is vital in getting a proper response from vendors. Writing RFPs is a time-consuming process. With SEWP, we

were able to go in on the final leg of an RFP when all the hard work of writing the requirements had already been done by NASA."

First of Many?

DCRT believes that the use of NASA's SEWP contracts will be the first of many arrangements to purchase computing equipment from other agencies' contracts. According to Art Schultz, DCRT Information Resources Management officer, "We are glad to use the SEWP contracts to cut down on time involved in the procurement process and to take advantage of NASA's competitive prices. SEWP may be the first in a series."

He says that DCRT is now investigating a contract similar to SEWP that the Air Force is working on. "We gave the Air Force some information about our projected needs over the next 5 years and they plan to use that as part of their total requirements."

DIOC Helps Make SEWP Work

The price of the machines on the SEWP contracts is very low, particularly for some specific configurations, and they represent some of the most popular technology available today. Add to these advantages a different look in the ordering process itself, courtesy of some timely help from DIOC. Recognizing the contract's value, DIOC negotiated an agreement with the HHS secretary's office and PHS to be the point of contact for SEWP not only for NIH, but for the entire department. This means, says Monsees, "that we have taken on, in addition to our normal IRM clearance responsibilities, all expenditure tracking and reporting, as well as order development and placement responsibilities for these contracts." DIOC is also identifying other government-wide agency contracts that may be useful to NIH.

For ICDs to take maximum advantage of the contract, they must move quickly. "Access to these government-wide agency contracts is limited. Individual agencies are not guaranteed access other than on a first-come, first-served basis," says Monsees. "We expect the non-NASA agency limit will be reached early in FY 1994."

Requests for these contracts should reach DIOC as soon as possible so they can be placed with NASA. DIOC's George Caponiti (24455) and Cindy Cenname (24450) are available to assist ICDs in placing their SEWP orders. "Each SEWP order must be for at least \$25,000, and no more than \$1 million," adds Monsees, with a reminder that ICDs "should allow an appropriate amount of time to go through normal ADP/FIP (federal information processing) clearance procedures."

One Final Tip

DCRT's Gorlen has a final word of advice for those prospective SEWP buyers with an interest in advanced laboratory workstations. "Call us at 61111 before you place your order," he says, "because the ALW system doesn't support all models available on the SEWP contract, and certain configurations are particularly good buys." □

PREGNANCY

(Continued from Page 1)

investigating how those paths are chosen and negotiated, and what makes the negotiations successful or unsuccessful.

Dr. Christine Bachrach and Arthur A. Campbell, deputy director of the Center for Population Research, reviewed recent trends in sexuality, contraception, marriage and childbirth among Americans. Head of the Demographic and Behavioral Sciences Branch of the center, Bachrach cited studies showing that, since the 1970's, the average age at which Americans first have sex has been steadily declining, with sex before marriage becoming the norm. In contrast, the average age at first marriage has risen steadily. Coinciding with the delay in marriage has come an increase in cohabitation, as more and more couples have begun living together before marriage.

"There is a wider gap between love and marriage," Bachrach noted, "but that gap has been at least partially filled by sexual relationships that share at least some of the characteristics of marriage."

Along with the delay in marriage has come a delay in childbearing, with the mean at which women first give birth surpassing age 25. Of women born in 1935, about three-fourths gave birth to their first child before age 25. But of women born in 1965, fewer than half had given birth by the time they reached the same age.

Bachrach pointed out, however, that this average obscures considerable variability. Women born in the 1930's tended to become mothers during a comparatively narrow span of their reproductive lives. Among women born more recently, those who have become mothers gave birth for the first time over a broad range of ages. Many others have remained childless.

"We worry now not only about the risk of too early childbearing, but too late childbearing," Bachrach said. "An increase in attention to problems of infertility, and our increased national investment in treating them, coexists with a myriad of programs for adolescent mothers."

The trend toward earlier sex and later marriage has resulted in an increase in births to unmarried mothers, Bachrach added. Currently, one out of every four births occurs outside marriage, as does one of every three first births.

As these statistics would suggest, effective use of contraception remains a problem. Bachrach noted that in the U.S., more than half of the 6 million pregnancies that occur annually, and four-fifths of pregnancies to American teens, are unintended. About 1.6 million abortions are performed each year, representing 44 percent of unintended pregnancies.

The failure rate for contraception varies with the method used, Bachrach explained. Under conditions of actual use for 12 months, failure rates range from 6 percent for oral contraceptives to 25 percent for spermicides. Part of the problem is method failure.

"There is no perfect, reversible method," she said. "However, another reason for contrac-

ptive failure is the users themselves."

For example, some individuals may not be consistent in their use of a method. Others may have difficulty negotiating the method to be used, or may have difficulty integrating the method into an unfolding sexual event. Problems may arise not only in choosing a method but also in choosing between preventing pregnancy and preventing sexually transmitted diseases.

Bachrach called for a concerted effort to reduce the high rates of unintended pregnancy and abortion, through the delivery of reproductive health services, the development of



When researchers design their studies, they should avoid focusing only on the traditional path of courtship, marriage and children. Rather, they should be more process-oriented, investigating how those paths are chosen...

better contraceptive methods, and by educating young people to strengthen skills for sexual and contraceptive decisionmaking.

Dr. Jacob Klerman and Dr. Catherine Jackson, both economists with the Rand Corp. in Santa Monica, Calif., presented an economic perspective of the paths to parenthood.

The two researchers postulated a "rational choice" model, stating that women make decisions in their own best interests, as they perceive them, regarding matters of sexual relations, contraceptive practices, marriage, pregnancy and abortion. These decisions can be affected, on a large scale, by governmental policies.

The researchers hypothesized that an increase in funding for Aid to Families with Dependent Children (AFDC) would increase the birth rate, and that Medicaid funding for abortions would reduce the birth rate, as would a strong job market for women.

The researchers analyzed the rate of births to teenage mothers in numerous counties throughout the U.S. They concluded that as AFDC payments go up, so does the birth rate. This finding is in contrast to a number of earlier studies.

The researchers were unable to determine if public funding for abortion had an effect on birth statistics. Klerman explained that it is possible that women are finding other, non-

Medicaid, ways of paying for abortion. The researchers also were unable to determine whether wages had much of an effect on birth rates.

Dr. Janie V. Ward, an assistant professor of Afro-American studies at Simmons College in Boston, called on the research community to design projects and programs to meet the needs of unmarried African-American mothers.

After alluding to numerous statistics on the shortage of marriageable Black males, Ward pointed out that for many young Black women, marriage is simply not an option. Citing one of her own studies, she added that while most Black families would prefer that their children marry before having children of their own, they recognize that marriage is not always possible. These families have prepared themselves to accept the choices their children make, and to support them accordingly.

Similarly, she said, researchers and program planners must realize that admonishing young African-American women to adhere to the traditional path of finishing school, marrying, and then having children is out of touch with the reality they experience. A more helpful approach would be to find ways to help young Black women stay in (or return to) school, secure employment, and postpone second pregnancies, Ward said. Other useful programs would help young women to begin thinking about how to make enough money to adequately support a child, and to acquire the skills needed to manage work and parenting.

Dr. Henry P. David, director of the Transnational Family Research Institute in Bethesda, described societal attitudes toward sexuality and contraception in Denmark and The Netherlands, and compared them to attitudes in the U.S.

Despite similar levels of adolescent sexual activity, he said, the current birth rate for teens in the U.S. is about five times higher than it is in Denmark and about 10 times higher than in The Netherlands.

David attributed the low pregnancy rates in both Denmark and the Netherlands to the widely accepted belief in those nations that sex is part of a normal, healthy life—but only when accompanied by a strong sense of responsibility to prevent unwanted pregnancy.

Both the Danish and Dutch governments offer comprehensive programs in sex education, beginning in the primary years, he said. Counseling and contraceptive services are available without cost, and do not require parental consent. Both births and abortion services are covered under the national health care systems. The media, too, promote healthy sexuality, responsible sexual behavior, and the prevention of unintended pregnancy.

"There is an entrenched consensus that childbearing be limited to wanted pregnancies, and that legal abortion be available when needed to prevent unwanted childbearing," David said.

It is the lack of such a consensus, he added, that is responsible for the high pregnancy rates in the U.S. Sexual innuendo is used to attract attention in advertising, and U.S. television

contains a high content of sexually oriented material. Yet television programs rarely discuss contraception and television networks do not advertise contraceptives.

"It's small wonder that Americans are confused and ambivalent about sexual behavior," David said. "Young people have intercourse, but don't prepare in advance."

David called on the research community to work with politicians and policy planners to develop and implement effective programs, adding that it is time to move away from ambivalence and seek a consensus between public and private values.

In one of the later presentations, Dr. Linda Bearinger, assistant professor in the School of Nursing at the University of Minnesota School of Medicine in Minneapolis, described her research on the impact of a parental notification law on young women who had abortions in 1984.

Bearinger and her coworkers conducted face-to-face interviews with 185 girls ages 13 to 17, on the day of the abortion. The interviews were conducted at four clinics in Minnesota, and two in Wisconsin. The Wisconsin clinics served as controls, as that state did not have a parental notification law.

The researchers found that the Minnesota law did not affect whether the girls talked with at least one parent, Bearinger said. Nearly two-thirds of the girls in each of the two states had notified either one or both parents. Of the girls who notified only one parent, 93 percent notified their mothers.

Fathers seemed to be caught in a "catch-22" situation, she added. Fathers described as distant and detached were not told about the abortion. But loving and supportive fathers were also left out of the decision, as their daughters didn't want to disappoint them.

The Minnesota girls were more likely than the girls in Wisconsin to notify both parents, as the law mandated they either do so or seek court permission for abortion services.

Opponents of abortion believe that if parents get involved in the decision, they will persuade the girl not to have an abortion, Bearinger said. In fact, the opposite is often the case, and many girls said they were coerced by their parents into having an abortion. Moreover, fear of parental disagreement with the decision was only one reason for not notifying parents. Other reasons were fear of creating a family disturbance, preexisting family problems, and parental noninvolvement in their daughter's life.

At the time of the followup interview 1 year later, 95 percent of the girls who had not notified their parents of the decision still had not done so. At the second followup interview 8 years later, this percentage remained essentially unchanged.

Because of the tendency of girls to confide in their mothers about their decision, Bearinger said, clinic personnel should encourage maternal involvement. But as her research also demonstrates, they should be aware of the reasons for nondisclosure.

When asked during the second interview what they would recommend for a teenager considering an abortion, most of the young women advised considering all the options, and talking with someone about their decision.

About 400,000 American adolescents have abortions each year, Bearinger said. With the growing number of teens in the U.S., that number will more than likely increase.

"Due to the paucity of research on abortion decisionmaking and subsequent outcomes, we truly need further studies on how best to meet the needs of the sizeable population of young people making pregnancy resolution decisions."

A summary of the conference can be obtained from the Office of Research Reporting, NICHD, Bldg. 31, Rm. 2A32. □

Normal Volunteers Needed

Volunteers ages 20-55 are needed to participate as age and sex-matched normal controls for chronic fatigue syndrome studies. Volunteers must be in good health, not take medications on a regular basis, be free of chronic medical or psychiatric conditions, not be at high risk for acquiring the AIDS virus, have no alcohol or drug dependency or be pregnant, and be able to adhere to a minimally restricted diet. Also applicants must be able to donate blood and urine samples for routine and research tests. Compensation will be provided. If interested, obtain an application from the Clinical Center Normal Volunteer Office, Bldg. 10, Rm. 1C121. Confidentiality of provided information is assured. □

Mammogram Screening Available to NIH'ers, Spouses

Early detection of breast cancer greatly increases a woman's chance of survival. Regular mammography screening is an important part of an early detection program. To make it more convenient for employees (or their wives) to get a mammogram, NIH is again offering low-cost mammography screening at sites on campus and at the Westwood and Executive Plaza buildings. This service, provided by the University of Maryland Cancer Center, is coordinated through the Office of Disease Prevention, OD. The cost of \$60 is reimbursable through any health insurance company in the state of Maryland that also pays for breast cancer treatment.

NCI describes a mammogram as simply a picture that can detect breast cancer in its earliest, most treatable stage—up to 2 years before other methods. Not all lumps found are cancerous, and the discovery of a lump does not necessarily mean the loss of a breast. NCI recommends that, beginning at age 50, every female employee get a mammogram on an annual basis. For women between 40 and 50, a mammogram is recommended every year or two. To participate, women must:

- Be asymptomatic—experiencing no current breast problems and have no history of breast cancer;
- Not have had a mammogram within the last 12 months;
- Not have breast implants;
- Not be nursing or pregnant.

The screening program has been accredited by the American College of Radiology. A female radiology technologist will perform a clinical breast exam and conduct the mammogram. 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. Mammography screening and diagnostic services are available to low-income women free of charge. Eligibility guidelines are as follows:

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.

The appointment, which takes approximately 20 minutes, can be made by calling 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:

Oct. 18 All day Bldg. 31C parking lot
 Oct. 20 All day Bldg. 10 Convent Dr. shuttle drive
 Oct. 22 8:30 a.m.- 12:30 p.m. Westwood parking lot

1-5 p.m. EPN&S parking lot

For more information, call Susanne Strickland, NIH Health Promotion Program manager, 61105.

Get Vaccinated Against Influenza

Now is the time to consider vaccination to protect yourself from influenza. The Occupational Medical Service (OMS) will provide free influenza vaccination to NIH employees between Oct. 12 and Nov. 19. Annual vaccinations are needed.

Vaccination prevents or reduces the severity of infection with influenza and also decreases opportunities for spread of this virus among patients, visitors and colleagues. The noninfectious vaccine will not cause influenza. *Individuals who are allergic to eggs and egg products should not receive the vaccine.* The vaccine is considered safe for pregnant women, but pregnant women in their first trimester may wish to consult their physician before immunization.

Immunization is recommended for high risk groups listed below:

- Healthcare workers and support staff, especially those who have contact with patients and other employees who routinely visit the Clinical Center;
- Persons age 65 or older;
- Persons with chronic cardiovascular, pulmonary or metabolic disorders, kidney disease, anemia;
- Persons who are immunocompromised.

OMS has scheduled walk-in clinics based on the first letter of your last name (see schedule); no appointments are needed for these clinics. Evening hours will be held on Mondays and Wednesdays from 6 to 8 p.m. on a first-come, first-served basis. Additional information can be obtained from OMS, 64411, or the Hospital Epidemiology Service, 62209.

The CC administration strongly encourages all NIH workers to obtain the vaccine.

Influenza Immunization Schedule 1993

Bldg. 10, Clinic 6, Rm. 6C306 Oct. 12-Nov. 19

Last name begins with:

A-B	Oct. 20	7:30-11 a.m., 1-3 p.m.
C-D-E-F	Oct. 14	7:30-11 a.m., 1-3 p.m.
G-H-I	Oct. 12	7:30-11 a.m., 1-2 p.m.
J-K-L	Oct. 26	7:30-11 a.m., 1-2 p.m.
.....	Nov. 16	7:30-11 a.m., 1-2 p.m.
M-N-O	Nov. 2	7:30-11 a.m., 1-2 p.m.
P-Q-R	Oct. 19	7:30-11 a.m., 1-2 p.m.
.....	Nov. 5	7:30-11 a.m., 1-3 p.m.
S-T	Oct. 28	7:30-11 a.m., 1-3 p.m.
.....	Nov. 9	7:30-11 a.m., 1-2 p.m.
U-V-W-X-Y-Z	Nov. 10	7:30-11 a.m., 1-3 p.m.
Make-Up Days	Nov. 17	7:30-11 a.m., 1-3 p.m.
.....	Nov. 19	7:30-11 a.m., 1-3 p.m.

Evening clinics will be held in Bldg. 10, Oct. 12 - Nov. 19, on Mondays and Wednesdays, 6-8 on a first-come, first-served basis.

Bldg. 13, Rm. G-904

A-B	Nov. 12	8-11 a.m., 1-3 p.m.
C-D-E-F	Nov. 3	8-11 a.m., 1-3 p.m.
G-H-I	Oct. 22	8-11 a.m., 1-3 p.m.
M-N-O	Oct. 15	8-11 a.m., 1-3 p.m.
U-V-W-X-Y-Z	Oct. 29	8-11 a.m., 1-3 p.m.

EPN, Rm. 103	Oct. 21	8:30-11 a.m., 1-3 p.m.
.....	Nov. 4	8:30-11 a.m., 1-3 p.m.

Fed Bldg., Rm. 10B08	Oct. 28	1-3 p.m.
.....	Nov. 18	1-3 p.m.

Poolesville, Conf. Rms.

Bldg. 102	Nov. 9	8-11 a.m.
Bldg. 110	Nov. 9	noon-2 p.m.

WW, Rm. 11	Oct. 18	8:30-11:30 a.m., 1-3 p.m.
.....	Oct. 25	8:30-11:30 a.m., 1-3 p.m.
.....	Nov. 1	8:30-11:30 a.m., 1-3 p.m.

NIH Training Center Has Open House at New Executive Plaza South Site; Customer Service Stressed

Training and technology were on display at the NIH Training Center's open house, held recently at Executive Plaza South.

NIH employees got a close-up look at how a

streamlined NIH Training Center is meeting tomorrow's challenges today through new, state-of-the-art classrooms, new training programs and a chance to try out the latest in

computer software.

"Both our new URC and new classrooms symbolize the Training Center's renewed commitment to provide the very best in training services," Cassandra Isom, assistant director for development and training, DPM, told open house visitors at a ribbon-cutting ceremony.

Give-Away Winners

In other open house events, Carole Rodill from NLM, Mark Golding from OD and NCI's Roxanne Behringer were winners of a drawing giving away a free training course of their choice. Each won after answering questions about NIH Training Center courses and services that were posted in the classrooms and the new User Resource Center located in EPS.

From the innovative Custom-Tailored Training Program, to personal computer training for individuals, the NIH Training Center is committed to customer service.

For more information call 66211. □



Cassandra Isom, assistant director for development and training, DPM, cuts the ribbon opening the new User Resource Center at EPS.

NIH Observes Fire Prevention Week, Oct. 3-9

Failure to utilize basic fire safety procedures results in avoidable fire-related deaths and injuries. In the United States alone, more than 5,000 people die annually in fires, 80 percent of which occur in the home. This loss is especially tragic as fire prevention and survival tactics are easy to learn and implement. Unfortunately, these fire safety procedures are typically taken for granted since a serious fire "can't happen to me."

This year's Fire Prevention Week theme, "Get Out, Stay Out: Your Safest Response," centers on the importance of having an escape plan and practicing it. Fire Prevention Week is an opportunity for all NIH employees to learn more about fire safety procedures, both at home and at work. The Emergency

observance, a raffle will be held giving away smoke detectors, fire extinguishers and other home fire safety items. The raffle is free with tickets available at the daily exhibit. Winning tickets will be drawn on Friday afternoon in the Bldg. 10 lobby; you do not have to be present to win.

Fire safety displays, brochures, videos and Sparky the Fire Dog will be at the following locations:

Wednesday, Oct. 6, 11 a.m. - 1 p.m., Bldg. 31A lobby

Thursday, Oct. 7, 11 a.m. - 1 p.m., Bldg. 38A lobby

Friday, Oct. 8, 11 a.m. - 1 p.m., Bldg. 10 lobby near the flower shop.

On Friday, the NIH Fire Department vehicles will be on display outside the B1-level cafeteria in Bldg. 10 from 11 a.m. to 1 p.m., weather permitting.

The information provided during Fire Prevention Week can help you, your coworkers and your family learn how to survive a fire. For more information, contact the Emergency Management Branch, 61985. □

Prevention Conference Planned

NIH will sponsor a conference "Disease Prevention Research at NIH: An Agenda for All" Oct. 6-8 in Masur Auditorium, Bldg. 10. The conference will bring together the leaders in prevention research and NIH scientists to chart a course for future activities in prevention research based on the best advice from the scientific community. The conference will address a wide array of issues including obesity, physical activity, diet and nutrition, and ambient environment.

Dr. Philip Lee, HHS assistant secretary for health, will open the 3-day conference by underscoring the important role of prevention and prevention research in national health care reform. Dr. Ruth Kirschstein, NIH acting director, will also address the opening session.

An initial plenary session will examine policy and methodologic issues and four plenary sessions follow, arranged by age span: maternal and child health, adolescent and young adults, adults, and older adults. Numerous concurrent workshops will address broad prevention topics and will feature more than 60 speakers from all areas of medicine.

On the third day, recommendations for future prevention research developed in each workshop will be presented to the audience for discussion. The meeting will adjourn with a summary and closing remarks by Kirschstein.

Conference sessions will run Wednesday, Oct. 6, 8:30 a.m. to 5 p.m.; Thursday, Oct. 7, 8 a.m. to 4:30 p.m.; Friday, Oct. 8, 8 a.m. to 2:30 p.m.

The meeting is sponsored by the NIH Office of Disease Prevention and is supported by all of the NIH institutes, centers and divisions. Cosponsors include CDC, AHCPR, HRSA and SAMHSA.

For more information, contact Carol Sadler at Prospect Associates, (301) 468-MEET. □



Dr. Felix de la Cruz, chief of NICHD's Mental Retardation and Developmental Disabilities Branch, was recently awarded the American Association on Mental Retardation Research Award. He has a long and distinguished career as a researcher and research administrator in the field of mental retardation and for more than 30 years his work has been crucial to developing comprehensive models of diagnosis, treatment and prevention. A leader in reporting various discoveries in the general area of cytogenetics, de la Cruz is particularly well known for his scientific contributions to understanding chromosomal disorders, mainly trisomy 21 (Down syndrome) and fragile X. He was the first to recognize the serious problems associated with maternal phenylketonuria.

Register for Minority Symposium

The 1993 NIGMS Minority Programs Symposium will be held in Atlanta from Nov. 3 to 6. The meeting, hosted by Morehouse School of Medicine, offers students who are participating in the NIGMS Minority Access to Research Careers and Minority Biomedical Research Support Programs the opportunity to network with one another, as well as with college and university faculty, government employees, and industry representatives. In addition to the students, the symposium will bring together faculty members from academic institutions with substantial minority enrollments.

One of the symposium's primary goals is to showcase the students' research at several poster sessions. Meeting attendees will also have an opportunity to participate in various workshops featuring such topics as: preparing for the Graduate Record Exam, financial aid, computational sciences/imaging, the polymerase chain reaction, and proposal writing. In addition, symposia are planned on drug development, AIDS research, cancer research, and bionutrition.

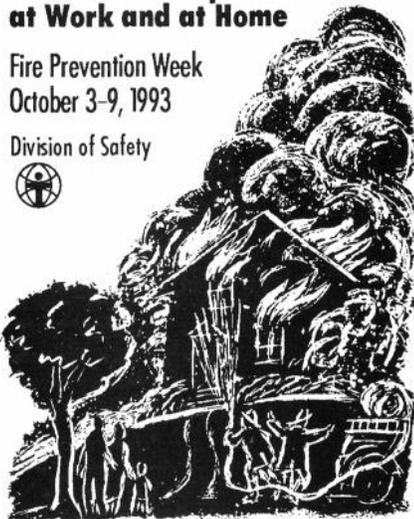
For more information about the meeting or to register to attend or display an exhibit, contact: Dr. Walter Sullivan or Donna Florence, Morehouse School of Medicine, 720 Westview Drive, SW, Atlanta, GA 30310, telephone 404/752-1608, fax 404/755-7505. □

Get Out, Stay Out

Your Safest Response at Work and at Home

Fire Prevention Week
October 3-9, 1993

Division of Safety



Management Branch (EMB), Division of Safety, will host fire prevention exhibits at several locations around campus. EMB staff will be there to answer questions regarding home and work fire safety.

Fire safety information will be available at the exhibits—brochures, videos and home fire safety devices will be displayed. A video produced by EMB, *Evacuation—Your Safe Escape*, illustrates the simple steps NIH employees should follow when the fire alarm sounds. This video is also available in an open-captioned format for the deaf and hearing impaired. Another video, *Survive! Fire in Your Home*, portrays a home fire tragedy, emphasizing the importance of functioning smoke detectors and a workable escape plan. Brochures distributed at the exhibits will cover many fire safety topics including E.D.I.T.H. (Exit Drills In The Home), the selection and use of fire extinguishers, and the installation and maintenance of smoke detectors. Copies will also be available of "The NIH Occupant Evacuation Plan" (Manual chapter 1342).

As part of the Fire Prevention Week

The NIH Life Sciences Education Connection

“Most of the fundamental ideas of science are essentially simple, and may, as a rule, be expressed in a language comprehensible to everyone,” said Albert Einstein. Many scientists believe in this philosophy; Dr. Bruce Fuchs, from the department of pharmacology and toxicology at the Medical College of Virginia, Virginia Commonwealth University, not only believes it, but also implements it on a daily basis.

Fuchs, a research scientist and classroom teacher of medical, graduate, and undergraduate students at VCU, recently joined the Office of Science Education Policy staff for a 2-year assignment.

In addition to bringing his research and formal teaching experience to the policy office, Fuchs has also been active in several areas of science education outreach efforts directed at the general public. He is a strong believer that scientists have a pivotal role to play in communicating science to all members of our society. For the past 3 years he has participated in a Science Museum of Virginia program for school-age children. It was in his work with these children that he began to discover how interested adults are in biomedical research. This discovery led him to spearhead in 1992 a popular free program for adults at the Medical College of Virginia in Richmond entitled the “MCV Mini-Med School.” This program has played to “sold-out” crowds for the past four semesters, and at one point had generated a waiting list of nearly 700 people. The “mini-med students” attend nine weekly 2-hour classes in which they hear lectures covering the basic biomedical disciplines that are taught to “real” medical students during their first 2 years of study. During these sessions they also have the opportunity to have their questions answered, meet with each of the lecturers, tour working biomedical research labs at



Dr. Bruce Fuchs

MCV, and talk to the student and faculty investigators in those labs. Through this process, Fuchs is able to begin putting a face on science—personalizing it in a way that few people had previously experienced.

Because of the enormous success and demand for this type of program in the Richmond area, and in several other states where similar programs had been offered, Fuchs will work with OSEP to explore the possibility of piloting a similar program for NIH.

Another component of education in which Fuchs has been active involves his role in getting scientists to engage in discussions with the general public about the role that animals play in biomedical research. He has spoken about the importance of using animals in biomedical research to groups in industry, schools, and the community at large on behalf of numerous organizations.

In his work as a research scientist, Fuchs is supported by NIMH and NIDA.

Thomas Waldmann Gives First Annual Goldberger Lecture

Dr. Thomas A. Waldmann, chief of the Metabolism Branch, NCI, delivered the first Joseph Goldberger Clinical Investigator Lecture Sept. 1 at the Clinical Center. These lectures, planned as an annual event, were created to highlight intramural clinical research at NIH.

“The first patient was admitted to the Clinical Center in July 1953, and it is especially appropriate to initiate the Goldberger lectures during our 40th anniversary,” said Dr. Saul Rosen, acting CC director. “A named, annual lecture emphasizing clinical research will help to raise the awareness level of the outstanding researchers we have here at the Clinical Center.”

Topic for the first Goldberger lecture was “Adult T-cell Leukemia.” Waldmann’s research has focused on regulation of the human immune response. His landmark discovery of active suppression of immune responses by human suppressor T-cells and macrophages revolutionized thinking about the pathogenesis of immunodeficiency and autoimmunity. Waldmann received his M.D. degree from Harvard University in 1955 and joined NIH in 1956.

When asked what motivated the choice of names for the lecture series, Rosen said it was crucial to honor someone who had substantially contributed to clinical research.

Joseph Goldberger, born in Hungary and raised in New York City, became a PHS commissioned officer in 1899. His research focused on bacteriology and parasitology, including yellow fever, dengue, measles, and typhus. In 1913, the surgeon general asked him to direct a pellagra study. Most of the medical establishment believed pellagra was an infectious disease, but Goldberger’s investigations found the cause was the lack of a nutrient—later identified as niacin—in the diet.

“Dr. Goldberger’s work in the early days of microbiology is a classic example of the application of epidemiologic and laboratory methods to the solution of clinical problems,” Rosen said of the PHS pioneer. □



The PHS Achievement Award was recently presented to the DRG computer migration team. The award was presented by Dr. Doris Wallace of NCI, chair of the NIH automated data processing/extramural programs coordination committee. The award to the DRG team was “for their notable efforts in the development of the IMPAC II system.” Dr. John James of DRG (third from l) also received a PHS Achievement Award for his “important accomplishments and continuing support of the electronic bulletin board system—NIH GRANT LINE.” Shown are (from l) Wallace, Kathy Landre, Marge Costello, Nicholas Suszynski, Dr. Robert Goldschmidt, James Cain. Not shown is Sherry Zucker.

DCRT Computer Training Classes

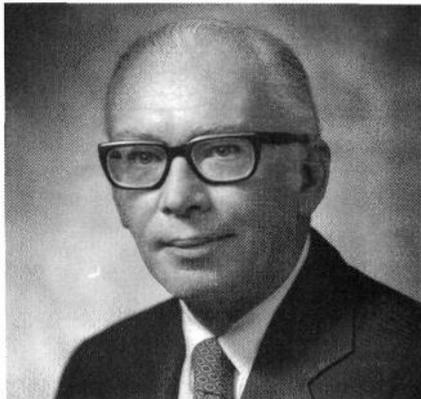
Classes	Dates
Orientation to SAS on the Mainframe	10/1
SAS Fundamentals I for Nonprogrammers	10/4-10/5
Fundamentals of Unix	10/4-10/5
PC <—> Mainframe Comm. with Kermit	10/6
A Look at DOS 6.0	10/6
SAS Fundamentals I for Programmers	10/7-10/8
Relational Database Overview	10/7
Directions in Computing	10/8
Analyze Workshop	10/12-10/14
Andrew File System	10/19
Cluster Computing	10/20
Intro to the Convex Supercomputer	10/20

Classes are offered by the DCRT Training Program without charge. Call 62339 for more information. □

Former NIDR Epidemiology Chief, James Carlos, Dies

Dr. James Carlos, 62, who was chief of the NIDR Epidemiology and Oral Disease Prevention Program before his retirement in 1991, died on July 18 at his home in Naples, Fla., after a long battle with cancer.

He was born in Newark, N.J., graduated from Villanova University, and went on to receive a D.D.S. from Temple University and an M.P.H. from Columbia University. A former resident of Potomac, Md., Carlos joined NIDR in 1967 as chief of the biometry section. He served as associate director of the institute's National Caries



Dr. James Carlos

Program from 1972 to 1984, and as associate director and branch chief of the Epidemiology and Oral Disease Prevention Program from 1984 to 1991. Before joining NIDR, he was an epidemiologist with the state health department in Albany, N.Y.

In 1984, Carlos received the PHS Superior Service Award in recognition of his management contributions to NIDR and his leadership of the National Caries Program (NCP). The NCP, which Carlos considered one of his major accomplishments at NIDR, was the institute's first targeted research program, and the first program at NIH to combine intramural and extramural research under one management. Under his guidance, the NCP promoted school-based fluoride mouthrinsing programs, developed better dental sealants, and advanced the understanding of dental caries. As NCP director, he guided major national surveys that examined the oral health of the U.S. population and documented the nationwide decline in tooth decay.

In 1987, Carlos was awarded the European Organization of Caries Research-Rolex Prize for his many years of effort and achievement in the field of caries epidemiology and the application of research findings to practical use.

He is survived by his wife, Inge; a son, Michael; and a daughter, Andrea.

NIAID Mourns Elaine J. Kraus, Institute Purchasing Agent

NIAID's Intramural Management Branch mourns the loss of Elaine J. Kraus, who died on May 9 at Georgetown University Hospital after a long illness. She was 64.

She joined NIAID in 1974 as a clerk typist in the Laboratory of Clinical Investigation and had served as a purchasing agent in NIAID's Division of Intramural Research since 1977.

MaryAnn Guerra, chief of the Technology Transfer and Intramural Management Branch, says, "Elaine's extensive experience in federal procurement made her an important and critical employee for NIAID business and scientific staff. As procurement oversight became more of a way of life at NIH, Mrs. Kraus continued to work hard to provide effective and efficient purchasing for all staff.

"She was also a valuable resource for the entire NIAID procurement staff by providing daily advice, guidance and support to those new to NIH procurement and even to those who had been here a while," recalls Guerra. "Everyone knew they could go to Elaine and get the answer. She played an important role in implementing new policies to assure appropriate practices were in place, yet never lost sight of the importance of customer service and the mission of the NIAID scientific staff."

Born in Antwerp, Belgium, Kraus came to the United States in 1949. She is survived by Morton Stefan Kraus, of Bethesda, whom she married in 1952, a daughter, Joan Lynne Gelrud, of St. Mary's County, Md., and three grandchildren.

Kraus will be remembered for her take-charge attitude and spirit. After moving to her new country, she decided to find a job in New York City. Like many others before her, Kraus promptly got lost. She could not find

the location of a scheduled interview and sought directions from one of the nearby offices of American Mutual Life Insurance

Co. Her competence, lovely personality and grace must have shown through because they hired her on the spot.



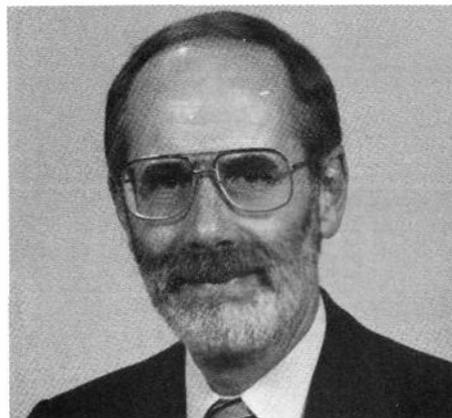
Elaine J. Kraus

Later, from 1949 to 1952, Kraus worked as a customer service representative/stewardess with Sabena Belgium

Airlines. Her service there will be long remembered by the air traffic control staff at JFK (then Idlewild) Airport. She loved to tell the story of how one day she noticed the beautiful flowers on the field of the airport. She decided to pick a few to place at the counter for the customers and promptly proceeded to do so. Little did she know that she was in the middle of a runway and had effectively created chaos for all incoming and outgoing air traffic!

After her marriage and the birth of her daughter, Kraus left the workforce for several years. In 1965 she worked for the import/export firm of L.A. Champon and Co. In 1973, the family moved to the Washington area.

"Elaine will be remembered by all as someone who was always there when you needed her," adds Guerra. "She will be missed by all of us who were lucky enough to be her friends."—James Hadley



Dr. Marcus Fuhrer was presented with the Roger Barker Distinguished Career Research Award at the American Psychological Association convention in Toronto. His outstanding research career spans more than three decades and encompasses a broad range of topics including evaluation of electrodermal activity, psychosocial consequences of spinal cord injury, functional assessment, and independent living. He is director of the National Center for Medical Rehabilitation Research, NICHD.

Two Join FIC Advisory Board

Two new members have joined the advisory board of the Fogarty International Center. They are Drs. Diana S. Natalicio, president of the University of Texas at El Paso, and Robert H. Glew, chairman of the department of biochemistry at the University of New Mexico School of Medicine in Albuquerque.

Natalicio has extensive international experience in the areas of mental health, psychology, language acquisition and bilingualism, and her administrative experience involves the accreditation of non-U.S. institutions, health science policy and resources for biomedical research.

Glew has extensive international experience in biochemistry, nutrition and metabolic diseases. He was a visiting associate professor at the University of Benin Teaching Hospital in Nigeria, and later was a visiting professor at the Usmanu Danfodio College of Medicine at the University of Sokoto, Nigeria. □

'Medicine for the Public' Lecture Series Begins

Alternative medicine, stress, and obesity are among issues that will be covered in the Clinical Center's popular Medicine for the Public lecture series this fall.

The lectures, slated Tuesdays at 7 p.m. in Masur Auditorium through November, are free and open to the public.

Now in its 17th year, the series features physicians and scientists working on the frontiers of medical research at NIH. The lectures, complemented by lively graphics, help people understand the latest developments in medicine.

This year's series opens on Sept. 28 with "Glaucoma: Don't Lose Sight of It." Dr. Carl Kupfer, NEI director, will talk about treating this serious disease, a leading cause of blindness.

On Oct. 5, Dr. Joseph J. Jacobs, director of the newly established Office of Alternative Medicine, will discuss "Understanding the Healing Arts: Alternative Medicine at NIH." Alternatives to conventional medical treatment are getting widespread attention. The anecdotal evidence can be persuasive. But which alternative therapies really work? How do we protect ourselves from quackery? Jacobs will explain how his office hopes to help answer these questions and more.

When confronted with life's daily challenges, some react with anxiety or depression while others take it in stride. On Oct. 12, Dr. Stephen Suomi will present "Upright or Laid-

Back: How We Handle Stress." Suomi, chief of the Laboratory of Comparative Ethology, NICHD, has spent years studying primate groups. He has found that nurturing adults can turn young monkeys at risk for stress into the group's most productive members.

Today's blood supply is safer than ever thanks to rigorous screening of donors and donor blood. But despite all precautions, risks remain. Dr. Harvey Klein, chief of the Clinical Center's department of transfusion medicine, will examine "Blood Transfusions: Issues and Answers" on Oct. 19.



There are about 10,000 spinal cord injuries a year in this country. Dr. Michael Walker, director of the Division of Stroke and Trauma, NINDS, will review research on drug intervention as the direction of the future in his Oct. 26 lecture, "Spinal Cord Injury: New Developments in Treatment."

The 1993 series closes with "Obesity: The Whys and Wherefores" on Nov. 9. Dr. Van Hubbard, director of the Clinical Nutrition Program, NIDDK, offers advice on weight loss and control of this complicated disease that affects one-quarter to one-third of adult Americans.

For details, call Clinical Center Communications, 62563. □

Medications, Supplies Needed For Bosnian Relief Effort

The medical scientists committee, an Amnesty International human rights group at NIH, is participating in AI's nationwide effort to collect donations of medications and medical supplies to send to Bosnia-Herzegovina. In that war-torn area, the health care system has broken down. Hospitals are overflowing with wounded civilians, many of them children, but not nearly enough drugs and bandages are available to meet the desperate need. It is imperative that supplies reach Bosnia before winter sets in.

Until Oct. 29, the committee will be collecting donations of physician's samples and other drugs and medical supplies. All materials collected will be sent to AI's Washington office where they will be repackaged and shipped to Bosnia through a reputable relief organization. There, the medicines will be administered by trained medical personnel at Zenica Hospital, 50 miles northwest of Sarajevo.

The following supplies and medications are urgently needed: dressings; bandages; intravenous injection sets; antibiotics; creams/lotions; ear, eye, respiratory, and gastroenterologic medications; analgesics/anti-inflammatory, vascular and cancer medications.

Other medical supplies and cash contributions are also welcome. Physicians who receive free samples of prescription drugs from pharmaceutical companies may consider donating these items; nonphysicians may donate over-the-counter items. No contribution is too small. However, medications and supplies that are U.S. government property may not be donated by individuals.

To make a contribution or for more information, call Dr. Patricia McKinley, 69291, or Dr. Marissa Bartlett, 65675. □

NHLBI Wins Public Affairs Award

The NHLBI public affairs office recently won an Award of Excellence from the National Association of Government Communicators (NAGC).

NAGC gives the awards annually to individuals or agencies in federal, state, or local government that demonstrate "outstanding accomplishments in public communications during the past year." Of NAGC's three Awards of Excellence for 1993, only one went to NIH.

The NHLBI group, part of the Office of Prevention, Education, and Control (OPEC), was chosen because of its "creative, dedicated, and effective ability to reach the American public with a life-saving message."

OPEC's public affairs activities cover a broad range of multimedia health education efforts, from print and broadcast public service announcements to fact sheets and booklets aimed at diverse audiences. The public affairs group works closely with the institute's seven education programs, which address hypertension, high cholesterol, blood resources, asthma, smoking, heart attack alert, and obesity.

NAGC particularly cited the public affairs group's recent work in disseminating the National Cholesterol Education Program's latest guidelines.

The award will be presented at an NAGC meeting in Alexandria in early December. □

Judo Club Hosts Fall Classes

The NIH Judo Club will hold its fall beginners class on Tuesday and Thursday evenings from 6:15 to 7:30 starting Tuesday, Oct. 12, at the Malone Judo Center in Bldg. 31. The cost for 8 weeks is \$35. For more information call Stephanie Harris, 69490. □



Director of the Office of Research on Women's Health Dr. Vivian Pinn (second from l) presented certificates and a plaque to several members and former members of the advisory committee on women's health issues (ACWHI). Dr. Sharlene Weiss (l) and Emily Gause (second from r) received certificates of appreciation for their work as coauthors of the ACWHI seminar subcommittee, which coordinated the Women's Health Seminar Series on gender differences. Dr. Connie Atwell (c) received a certificate of appreciation for her work as chair of the subcommittee and a plaque acknowledging her contributions as cochair of ACWHI. Also pictured is Iris Schneider, who serves as cochair of ACWHI.