

"Still
The Second
Best Thing
About Payday"

The NIH Record

'Stepping Stones to Success'

Career Day Offers Advancement Tips

By Anne Barber

They were mostly young and middle-age women, interspersed with a few men, ranging from clerical workers to professionals checking out Career Day, Oct. 27 in Bldg. 10's Visitor Information Center and Lipsett Amphitheater. Available to answer queries related to education and career advancement were representatives from 13 organizations and associations, 14 colleges and universities, 7 training programs, and role models from 18 different occupational series, along with representatives from NIH's special emphasis programs.

The event was sponsored by NIH's advisory committee for women and NIH's Federal Women's Program, who believe that the secret to career change or enhancement is lots of information—and that is exactly what they provided.

Alice Larsen, a grants management technician in NCI, was busy studying several sources—colleges, upward mobility, positions available and a higher GS position. Armed with a B.S. degree, she was looking for graduate courses being offered, particularly in paralegal studies.

Alberta Walker, now a purchasing agent/

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Tree Dedication To Mark World AIDS Day Observance, Dec. 5

The NIH Office of AIDS Research will sponsor an observance of World AIDS Day at noon on Monday, Dec. 5 in Masur Auditorium, Clinical Center. All NIH staff, patients, families, visitors and friends are welcome.

Although World AIDS Day is officially observed on Dec. 1, NIH has elected to delay its commemoration until Dec. 5 because an international Summit on AIDS will take place in Paris on

(See WORLD AIDS DAY, Page 5)

Enter a 'Legal Eagle'

OEO Director Churchill Meets Challenges Head On

By Carla Garnett

On Sept. 12, Naomi Churchill, newly appointed director of NIH's Office of Equal Opportunity, reported to her Bldg. 31 second-floor office and prepared to perform her first official duty. At 10 a.m., she met with NIH's chapter of Blacks in Government, which for the past 2 years has been the sharpest—and probably most public—thorn in OEO's side. Some would call the right-off-the-bat meeting, at best, an unnecessary trial by fire. Others, shrinking away from turmoil so early in a new job, would call it foolish. But, as Churchill would be the first to say, the new OEO director is her own person and she sees things a little differently: She called it an opportunity.

"Basically, there were two reasons I wanted to do this," she said, in an Oct. 19 interview. "Number one, I wanted to see who they were, up close. I wanted to meet Vince [Thomas, BIG president]. I had read a lot of things and seen his quotes in the newspaper, but he still wasn't real to me...as a person. The second reason was that I

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No Longer 'Acting'

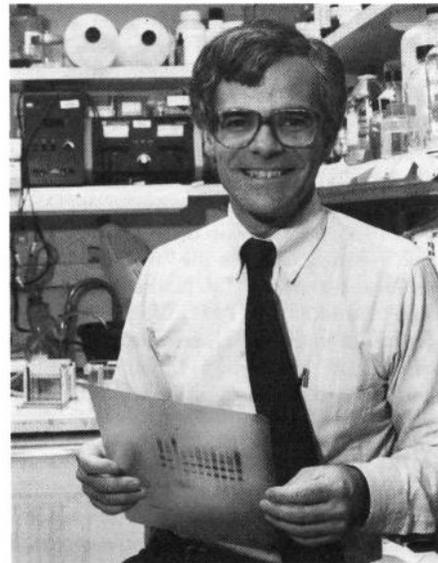
Gottesman Named Intramural Deputy Director

By Rich McManus

He never acted like he was acting, and now he isn't "acting" any more: Dr. Michael Gottesman on Oct. 30 officially became NIH deputy director for intramural research, a post that surveys and guides the agency's multifaceted \$1.1 billion-per-year intramural research effort.

A well-known and respected basic cancer researcher who has focused on multidrug resistance in human cells, Gottesman has heightened his campus profile in recent years by accepting a succession of "acting" posts that he has handled with aplomb. After Dr. James Watson left as first director of the National Center for Human Genome Research, then NIH director Dr. Bernadine Healy tapped Gottesman to run the center while a successor to the famed Watson was sought. Gottesman was deeply involved in the successful recruitment of Dr. Francis Collins to NIH in April 1993. Seven months later, new NIH director Dr. Harold Varmus picked Gottesman to succeed Dr. Lance Liotta as NIH deputy director for intramural research (DDIR), but in an acting capacity for starters.

During the asterisked year as acting DDIR, Gottesman made it clear from the beginning that he would not be a mere caretaker. "I told the scientific directors that I wasn't going to act like I was acting. People took me very seriously from the start."



Dr. Michael Gottesman

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Meets Grateful Donee

NIH's Brandenburg Offers Gift of Life to A Stranger

By Sara Byars

Wondering if I'll ever figure out, the wonder of it all. Who is this woman, who Brought me back to LIFE? Who is this person, who Understands their power to bring a chance for cure to another's deadly strife?

(Copyright by Paul Guthrie, 1994. Reprinted with permission.)

Paul Guthrie, a California engineer diagnosed with chronic myelogenous leukemia in 1991, wrote these words after a marrow transplant 2 years ago.

Although Guthrie didn't know it at the time, the person who had donated the three pints of bone marrow to jump-start new, leukemia-free production of his own was Peggy Brandenburg.

Brandenburg is a public affairs specialist who oversees operations of the NIH Visitor Information Center located in Bldg. 10.

"I'd been on the National Marrow Donor Program's [NMDP] registry since it began 7 years ago," she explains. She signed up after a

(See BRANDENBURG, Page 10)



Naomi Churchill

NIH Fencers Selected to Represent United States

Two members of the NIH Fencers Club, Novera "Herb" Spector and Tom Wright, have been chosen to represent the United States on a four-man team in the upcoming Veterans Fencers International Games to be held Nov. 26-27 in Birmingham, England. The veterans tournament is for veteran fencers age 45 and older; both of the NIH fencers are 75.

Wright, an architect, was captain of the Harvard sabre fencing team in 1941, and in 1994 won the open sabre event in the Virginia State Games, which was open to competitors of all ages. Spector, recently retired from NINDS, was captain of the City College of New York sabre team in 1941, first position, all-American in 1941, and later three-weapon (foil, epee and sabre) champion of the U.S.

In 1994, Spector won three gold medals (for foil, epee and sabre) in the 70-75 age bracket senior events of the U.S. National Championships. Ironically, in 1941, Wright and Spector fenced off in the U.S. Intercollegiate Championships. Wright won (5-4), but City College and Harvard shared the sabre team championship that year.

Thin Females Needed

Healthy lean or very thin females, ages 18-35, with regular menstrual cycles are needed for a study of the effects of fasting on reproductive hormone function. Volunteers must be on no medications, including oral contraceptives, be nonsmokers, and be willing to spend 4 days as an inpatient twice, 3 months apart. Volunteers may be sedentary or involved in aerobic exercise, and will be paid for participation. For information, contact Dr. Ruben Alvero, 6-9854. □



Dr. Vivian Pinn, NIH associate director for research on women's health, was recently nominated to the National Medical Association's Hall of Fame, which honors those who have excelled in science and medicine. She was among nine inductees feted at NMA's recent 100th anniversary celebration at the National Theatre in Washington, D.C. Pinn was NMA president in 1989. She received her M.D. in 1967 from the University of Virginia School of Medicine, where she was the only woman and the only African American in her class. NMA is currently involved with NEI, helping implement its Year 2000 objectives in the Black community through community-wide prevention and promotion activities, educating physicians on the importance of detecting chronic diseases, and counseling at-risk patients to seek followup treatment.

The NIH Fencers Club has recently reorganized under the direction of Dr. Larry Pinkus, a former member of the U.S. Olympic fencing squad (the top 15 nationally) and former Virginia and Southeastern sabre champion. The club includes fencers of all ages, both sexes, and at all skill levels from beginners to national competitors. Beginners' and juniors' classes as well as individual instruction for intermediate and advanced fencers are offered in foil, epee and sabre.

The club meets every Tuesday evening at 7:30 in the 14th floor assembly hall, Bldg. 10. It has equipment to lend, at no charge, to beginners. Club dues are \$25 per 6 months and you must be a member of R&W to participate.

The club recently purchased electrical equipment for scoring fencing bouts. If you would like to watch, learn, and/or participate in Olympic-style fencing, come any Tuesday night. New classes are planned for January. For more details about the NIH Fencers Club, contact Pinkus, 4-7315, or Dr. Bettie Graham, 6-7531. □

NIH director Dr. Harold Varmus (below, l) and Dr. Fausto Alzati, director-general of the National Council for Science and Technology (CONACYT) of Mexico, signed an agreement recently to establish a U.S.-Mexico Cooperative Biomedical Research Program. Diplomats from the Embassy of Mexico in Washington and representatives of CONACYT joined FIC director Dr. Philip Schambra, representatives of NIH institutes, and State Department and congressional staff at the signing ceremony held at the Lawton Chiles International House. The new agreement, one of several that NIH has with Mexico, calls for establishment of a fellowship program that initially will place up to six Mexican scientists in NIH intramural laboratories, subject to review and acceptance by the laboratory heads.



Spring Courses at FAES

The FAES Graduate School at NIH has announced the schedule of courses for the spring semester. The evening classes sponsored by the Foundation for Advanced Education in the Sciences will be given on the NIH campus.

Tuition is \$75 per credit hour, and courses may be taken for credit or audit. Courses that qualify for institute support as training should be cleared with the supervisors and administrative officers as soon as possible. Both the vendor's copy of the training form and the FAES registration card must be submitted at the time of registration.

Courses are offered in biochemistry, biology, biotechnology, chemistry, immunology, languages, medicine, microbiology, pharmacology, psychology, psychiatry, statistics, toxicology, administration and courses of general interest.

It is often possible to transfer credits earned to other institutions for degree work, and many courses are approved for AMA category I credit.

Classes will begin Jan. 30, mail registration ends Dec. 30, and walk-in registration will be held from Jan. 9 through 13. Spring schedules are available in the Graduate School office in Bldg. 60, Suite 230; the Foundation Bookstore, Bldg. 10, Rm. B1L101; and the Business Office in Bldg. 10, Rm. B1C18. To have a schedule sent call 6-7977. □

Singers Needed for Group

Experienced singers are needed for a vocal ensemble that has recently formed. The group will be rehearsing and performing locally. Contact Jay, 6-1736, for more information. □

The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 1995.

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NICHD Examines Contraceptive Efficacy, STD Prevention

By Robert Bock

A workshop on testing the safety and effectiveness of new contraceptive methods was held at NIH recently. Titled "Contraceptive Efficacy and STD Prevention," it was convened by the Contraceptive Development Branch, the Center for Population Research, NICHD; FDA and CDC.

Conferees reviewed information on existing contraceptives and sought to determine what types of studies should be conducted before new contraceptives could be approved. Attendees also sought to determine whether fewer tests and shorter testing duration might provide enough information to allow new contraceptives to be marketed.

"As knowledge changes, it is important to evaluate whether any design requirements should also change," said conference organizer Dr. Nancy J. Alexander, chief of the Contraceptive Development Branch.

New contraceptives, she explained, should at least meet traditional safety standards of available products. Unlike earlier products, new ones may also need to address non-contraceptive health concerns such as prevention of sexually transmitted diseases (STDs).

Alexander said the cost of developing new products has increased tremendously—with expenditures for developing any new product and bringing it to market totaling about \$200 million. This is largely due to the lengthy research and development process, with new products requiring at least 9 years of evaluation. Moreover, comparatively few new contraceptive products ever reach the market—only about 1 in 20.

Dr. Lisa Rarick outlined issues in the testing of vaginal contraceptives; she is a medical officer with the Metabolism and Endocrine Branch, FDA.

Crucial, she said, is the length of time needed to test new substances. Traditionally, spermicides have been tested for 1 year. Rarick asked conferees to consider whether this time frame was reasonable. Conferees might also wish to take a look at the criteria for including or excluding study participants, she added. These include frequency of sexual activity, compliance, use of other methods, previous fertility, and proven fertility.

Rarick pointed out that whether a new product is a device or a drug has become a difficult distinction to make in recent years. For example, she said, a diaphragm used together with nonoxynol-9 is classified as a device, while a diaphragm impregnated with nonoxynol-9 is classified as a drug. Similarly, spermicidal lubricants also pose problems for regulators.

"These are not devices necessarily, and yet the only way they exist is with condoms, so it's hard to know who controls or has any purview or authority over how they're managed," she said.

Dr. James Trussel provided an overview of contraceptive efficacy studies; he is director of the Office of Population Research at Princeton

University.

Major sources of information regarding pregnancy in the United States are the National Surveys of Family Growth (NSFG), conducted periodically since 1973, as well as other surveys. Trussel noted that although these surveys are nationally representative, they have a high nonresponse rate—roughly 20 percent. It is not known how this rate might affect final survey results.

Another disadvantage of the survey method is that it is retrospective, Trussel said. People who have used a single method for a long period of time will have no trouble accurately reporting the method they've used. However, others who have used a wide variety of methods during the same time period might have difficulty remembering the methods they've used.

Trussel added that the NSFG and other surveys may also overreport contraceptive failures that lead to births. This is because many people have a tendency to blame unplanned pregnancies on contraceptive failure, rather than on their own failure to use any contraceptive method at all.

The other method for assessing new contraceptives is through clinical trials, Trussel said. Their major advantage is that researchers can gauge how well new products work during perfect use, defined as how well a method works when it is used correctly and consistently with each act of intercourse.

Trussel noted that a disadvantage of clinical trials is that people who volunteer for them may differ from other people in the country. How they differ, and in what way these differences affect a trial's outcome, is unknown.

In addition, clinical trials are also subject to a phenomenon known as the Hawthorne effect, Trussel said, which states that people change their behavior when they know they're being observed. Trussel added that he believes the Hawthorne effect diminishes with time. Although people might be able to change their behavior for as long as a month, they will probably have difficulty maintaining this change as the trial progresses.

"When we're talking about 6 months, it seems unlikely that people really will change their behavior to please the investigator over that long a period of time," he said. "If they did, it's hard to imagine how we could get so much reported imperfect use in all of the clinical trials that we have thus far."

Trussel argued that, for the reasons outlined above, as well as other technical factors involved, adequate clinical trials have been conducted only for the sponge, the cervical cap, the diaphragm, and the female condom. Good efficacy data are simply not available for spermicides, the male condom, spermicidally lubricated condoms, gels, creams, foams, films, suppositories and for spermicides in combination with barrier methods.

"Spermicides and male condoms prevent pregnancy—absolutely," Trussel said.

"Whether they have failure rates that are more like 20 percent, more like 15 percent, more like 10 percent, or more like 5 percent is just not known."

Trussel pointed out, however, that based on pregnancy rates and various breakage and slippage studies, the failure rate of condoms to prevent pregnancy could be calculated as ranging from 2.6 percent to 12.5 percent.

Phyllis Barber, a representative of Apex Medical Technologies in San Diego, described recent progress in the manufacture of polyurethane condoms.

She said that, because a properly manufactured polyurethane condom is nonallergenic, it offers an alternative to individuals with an allergy to latex. Similarly, polyurethane is noncytotoxic, nonmutagenic, and nonirritating to mucus membranes.

She added that the strength of her company's polyurethane condom far exceeds that of the conventional latex variety. Because polyurethane condoms are much stronger than latex condoms, they can be made much thinner, and hence, much more sensitive.

Unlike latex condoms, which are damaged by oil-based lubricants, polyurethane condoms can be formulated to be compatible with oil-based lubricants, she said. "There are still people who use the incorrect lubrication on latex condoms," she said, "even after being advised not to do so."

The only aspect of latex condoms that surpasses that of the polyurethane variety is elasticity, with latex providing 800 percent elongation, as compared to 500 percent elongation for polyurethane. Barber did not believe this lower elasticity rating would greatly influence the effectiveness of the polyurethane condom.

She cautioned, however, that great care must be taken during the manufacture of polyurethane condoms to remove any residual materials that may result from the manufacturing process itself.

Dr. Katherine Stone discussed the many issues involved in designing contraceptives for both preventing pregnancy and preventing STDs; she is a medical epidemiologist at CDC.

She noted that STDs comprise a diverse group, resulting from infections with such organisms as bacteria, protozoa, and viruses. She pointed out that STDs, unlike unplanned pregnancy, can be transmitted from women to men, as well as from men to women. For this reason, any preventive method must offer protection for both sexes. In addition, while semen is the only fluid that can carry sperm to cause a pregnancy, STDs can be transmitted through either semen, genital discharge, or skin to skin contact.

Stone added that pregnancy can result only when sperm pass through the cervix to the uterus. In contrast, STDs can attach to adjacent areas, like the vagina and vulva. To protect against many STDs, a potential contraceptive would need to protect not only the cervix, but the lower portions of the genital tract as well. □

GOTTESMAN NAMED NIH DEPUTY DIRECTOR FOR INTRAMURAL RESEARCH

(Continued from Page 1)

Gottesman admits he had reservations about the job when it was first mentioned to him by Varmus just over a year ago. "I was a reluctant acting director," he divulges. "But I took it because I am very devoted to NIH. Dr. Varmus is also extremely persuasive, and he convinced me that we could improve the quality of life for scientists at NIH, and the quality of science, too.

"I think I got into [the DDIR post] pretty quickly. I really enjoy working with the senior staff in the Office of Intramural Research—Phil (Chen), Richard (Wyatt), Audrey (Boyle, his secretary) and my other associates in the office. I found that I enormously enjoyed the new NIH leadership—Ruth (Kirschstein) and Harold (Varmus) and the other deputy and associate directors. Obviously, working with Harold is a pleasure. It's very refreshing. We get to talk science a lot, which is an aspect of the DDIR job that I didn't think was possible. It's very valuable to both of us."

Both Gottesman and Varmus share a mentor at NIH—Dr. Ira Pastan. "Ira brought us together, both scientifically and personally," Gottesman recalls.

Gottesman, who retains his post as chief of NCI's Laboratory of Cell Biology, got to know the intramural programs at NIH on a particularly intimate basis during the summer of 1993, when he served as cochairman with Dr. Jay Moskowitz of an internal NIH group that gathered information on behalf of the external advisory committee (EAC), a congressionally mandated panel that studied intramural NIH from head to toe. Last May 4, the EAC issued 42 recommendations for improving intramural NIH. Gottesman adopted them as his marching orders in the past year.

"I became conversant with a lot of the issues of concern to the external advisors and the scientists during this process," he says. "It was a kind of tutorial for me."

Two major issues identified by the EAC have been addressed during Gottesman's acting year: a new tenure-track and tenuring process that defines more clearly the rules governing these important appointments and makes the process more open to women, minorities and scientists with disabilities was instituted on June 17, 1994; also, review by the Boards of Scientific Counselors, which provide oversight of NIH's intramural research programs, has been made more rigorous and independent. The NIH manual chapter defining the functions of the BSCs is now being finalized.

"These are both major documents," said Gottesman. "They form the cornerstone of our response to the EAC recommendations." (A full report of NIH's responses to the recommendations is on the agenda for Dec. 2's advisory committee to the NIH director meeting.)

The third critical issue Gottesman tackled during his acting year was workplace diversity.

As one way of addressing this topic he meets regularly with an executive committee of the NIH women scientists' advisory group. "The first issue was pay equity, and we hope to have resolution on that shortly," he said. A recent report on underrepresented minority scientists at NIH found that NIH is seriously underrepresented by minorities in scientific careers, especially at the tenure level, and that the mentoring of training fellows has been neglected. Gottesman responded by creating an underrepresented minority scientists working group charged with developing a mentoring program and by working proactively to attract minority researchers at all levels.

"Things have changed on campus. I think people are aware that we are committed to making it easier to do science around here."

With Marc Horowitz, he also has initiated a clinical research loan repayment program, modeled on the successful AIDS research loan repayment program in the Office of AIDS Research, as a mechanism for attracting scientists from disadvantaged backgrounds to NIH; the program enables scientists to pay off their education debts in expedited fashion while gaining valuable training experience in NIH clinics and labs.

"With a much-expanded search process for tenure-track candidates—one that emphasizes women, minorities and scientists with disabilities both on search committees and as prospects for the laboratory—we hope to diversify the campus," Gottesman said.

Not bad for an inaugural-year agenda, but what next?

"We have a lot of unfinished business," he says, drawing a deep breath. "We will continue our oversight of the quality of science done at NIH and emphasize the recruitment of the brightest young scientists. Diversity is going to be a very long-term process. Our mentoring program, coupled with a tracking component so we can see how our fellows are doing once they get here, will be ongoing. I'm also committed to building a very strong clinical research program, which I'm doing with (Clinical Center director) Dr. John Gallin.

"We're also doing a lot of reviews," Gottesman said. "We're looking at the imaging facilities on campus, and at the animal facilities both on and off campus. We're also completing an implementation plan and progress report on the EAC recommendations including plans for reinventing intramural administrative processes, technology transfer, and the new Clinical Center, which we'll submit to the director's advisory committee on Dec. 2."

Though his platter appears full with DDIR duties, Gottesman clearly relishes his NCI lab work, an enterprise which, he chuckles, derives no material benefit from his wearing the DDIR

hat. "I run a very active lab. I meet several times a week with my fellows. We're working on the molecular basis of drug resistance and cancer, and also on the development of selectable gene therapy vectors." Tuesday and Thursday afternoons are reserved for the lab, as well as three or four evenings, plus weekends—in all, some 20 hours a week by his reckoning.

Does this experience enhance his DDIR perspective?

"Absolutely. No question about it," he enthuses. "Harold (who is also an NCI lab chief on the side) and I are much more sensitive to the needs of scientists and science because of it. I really believe I'd lose touch if I weren't working in the lab."

The dual perspectives are not without their peculiar consequences, he relates. Because he is both author and recipient of occasional DDIR memos, an odd sense of disembodiment can occur: "Let's just say that to send and to receive a DDIR memo are two very different experiences," he laughs.

"It just looks different when you're in the trenches. When you get these memos, sometimes you can't help but wonder what was in the mind of the sender."

Asked whether the DDIR post is qualitatively different from running NCHGR (where he was also acting scientific director for 6 months), he responds: "For me, it's very different. The DDIR job is much more all-consuming. I feel [the issues] very strongly. At NCHGR, Elke Jordan was a terrific deputy. She had been running the place before I came. And the genome project was a very organized effort, which had the benefit of considerable strategic planning, all of which preceded my arrival. The DDIR is not as clean or as targeted a process. It's not as focused on specific areas as the NCHGR job."

Is the scope of the DDIR impossibly wide for one person to oversee? "I think anyone would find it hard, but I'm reasonably well suited to the task. I have a variety of interests and training, and a good deal of experience. But there are times when I need all kinds of expert assistance. And the scientific directors are really an outstanding group. They're primarily responsible for the quality of the science. My job is oversight, mainly."

Do his former trenchmates suspect he's turned bureaucrat? "I haven't detected any difference in treatment by my colleagues. I think people understand that I have the best interests of NIH at heart." He has begun to involve intramural researchers in the day-to-day activities of Bldg. 1 and has recently convinced Dr. Joan Schwartz, NINDS section chief, to be a part-time special assistant to the DDIR.

To keep in touch with the footsoldiers, Gottesman has instituted, with the help of Celia Hooper, also managing editor of the *NIH Catalyst*, a computerized DDIR bulletin board system (BBS, available under "NIH Campus Information" on gopher) that offers "a direct means of communication with scientists. This

office has a new openness, which is very important to me."

After the scientific directors meet every 2 weeks, Gottesman updates his BBS with minutes of their deliberations. Offering a visitor a quick desktop demonstration of the BBS, he recognizes an as-yet unmentioned initiative—the NIH environmental concerns task force—on the screen, and is quick to synopsise its proceedings. Another initiative—to advertise the availability of shared samples and kits among scientists in a sort of "Home Shopping Network" fashion—seizes his attention. That's the way Gottesman appears to operate—bright, fast, impassioned. Almost impatient for the next nifty idea.

"Anyone who ignores this BBS in favor of unsubstantiated hallway rumors is proceeding at their own peril," he half-cautions, half-advertises.

"Things have changed on campus," he concludes. "I think people are aware that we are committed to making it easier to do science around here. Our support of the trans-institute scientific interest groups and the two new NIH seminar series reflects ways we have encouraged intellectual interactions on campus. Also, Dr. Varmus is really vitally interested in the intramural program. That's important to me. It makes my job a lot easier because he's involved."

Gottesman's most difficult challenge might be to surpass the good start he's gotten in the past year. He may find himself saying, "Gottesman—he was a tough act to follow." □

Use or Lose Reminder

Don't forget to schedule your "use or lose" annual leave in writing no later than Saturday, Nov. 26. Questions concerning "use or lose" leave should be directed to one's ICD personnel office. □

WORLD AIDS DAY OBSERVANCE—'AIDS AND THE FAMILY'—TO BE HELD AT NIH ON MONDAY, DEC. 5 (Continued from Page 1)

Dec. 1, and a number of NIH officials will attend.

This year, the theme for World AIDS Day, as determined by the World Health Organization, is "AIDS and the Family." The OAR has planned a special program including dedication of the Arthur Ashe Elm Tree. The tree, an American Liberty elm, was donated to NIH by Bradley Hills Presbyterian Church of Bethesda and planted between the Clinical Center and the Children's Inn last year.

Among the speakers will be Dr. Harold Varmus, director of NIH, and Dr. William Paul, director of the Office of AIDS Research. Also included will be a performance of "Angel Mama," a dramatic

Colley To Give Jacobs/Gorgas Lecture

By Karen Leighty

The body's immune response to schistosomiasis is the topic of the Leon Jacobs/Gorgas Memorial Lecture, presented this year by Dr. Daniel G. Colley, director of the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention in Atlanta. Colley will speak on "Immunoregulation and Severe Disease in Mouse and Human Schistosomiasis," at 3 p.m. on Nov. 29 in Wilson Hall, Bldg. 1.

Merely standing barefooted in a puddle of water populated with a few snails can be very risky in many parts of the world. Those snails may harbor a microscopic worm that can penetrate a person's skin, migrate to small veins in various organs, and deposit its eggs. The result is schistosomiasis, a disease that affects at least 200 million people worldwide.

"If this parasite were a rapid killer of all the people it infects, it would soon eliminate the number of hosts it needs to maintain its life cycle," said Dr. Franklin Neva of NIAID's Laboratory of Parasitic Diseases and sponsor of the lecture. "So, a chronic infection of a moderate degree permits both the host and the parasite continued existence and spread. Severity of disease is largely a function of intensity of infection, with heavy or cumulative infection capable of producing a fatal outcome. But sometimes, even light infections may involve vital organs such as the brain or central nervous system, with serious consequences."

Once the parasite penetrates a person's skin, what does the immune system do to defend the body from invasion? Colley's early work was seminal to current understanding of this process. He was among the first researchers to demonstrate how the human immune system

reacts to schistosome infection and to describe the mechanisms involved. He also has made major contributions to the study of Chagas' disease.

Colley has headed several overseas research programs, collaborating with parasitologists in St. Lucia, Egypt, and Brazil. He continues to be active in the fieldwork program he established in 1980 in Brazil. This program is now a component of NIAID's international research network.

Colley earned his Ph.D. in microbiology and immunology from Tulane University in 1968 and went on to Yale University as an NIAID-supported postdoctoral fellow with Dr. Byron Waksman. At the end of his postdoctoral training, he traveled to Brazil, which inspired his lifelong interest in tropical disease research. Colley's next 22 years were spent as a research scientist at the Veterans Affairs Medical Center in Nashville. During this period, he held a joint appointment in the department of microbiology and immunology at Vanderbilt University School of Medicine. Between 1984 and 1992, he also was adjunct associate professor at Meharry Medical College.

Colley's CDC career began in November 1992. He also maintains positions on the adjunct faculties at Vanderbilt and at Emory University School of Public Health. He served as the 1993 president of the American Society of Tropical Medicine and Hygiene and, to date, has published more than 170 scientific articles and book chapters.

Colley has mentored 16 Ph.D. candidates and more than 24 postdoctoral researchers. The large number of now-prominent parasitologists who received training in his laboratory attest to his exceptional abilities as a teacher. □

monologue about a mother with AIDS.

The observance will move outside under a tent at the corner of Center and West Drives for the dedication of the Arthur Ashe Elm Tree and unveiling of a plaque. The ceremony will also be televised in Masur Auditorium for those who do not wish to go outside.

Members of the Concert Choir of the Duke Ellington School of the Arts will perform, joined by several special guests and friends of Ashe.

Children in the intramural pediatric AIDS clinical trials program of the National Cancer Institute are preparing a special art project for the event.

World AIDS Day was first observed in 1988, with events around the

world, as a day of awareness and reflection on the impact of AIDS on individuals, families, communities, and society. It is a day to consider the efforts taken, and those needed, to find solutions to this worldwide epidemic. On World AIDS Day, we are reminded not only of the toll that has been taken by the epidemic, but also of the commitment of the NIH community to provide care and support to HIV-infected individuals and their families. Join this special commemoration to mark World AIDS Day and to honor Arthur Ashe. For more information, call OAR, 6-0357. □

Chamber Concert, Dec. 4

The Rock Creek Chamber Players will give their last 1994 concert on Dec. 4 at 3 p.m. in the 14th floor assembly hall of the Clinical Center, Bldg. 10. The program will include Arthur Foote's *A Night Piece* for flute and strings, Koechlin's Suite for flute, violin, and piano, and the last movement of Haydn's Symphony No. 98, in an arrangement for sextet. For more information, call (202) 337-8710. □



CAREER DAY

(Continued from Page 1)

secretary in NHLBI, would like to get into the administrative field. She was collecting information and talking to mentors in that area.

Dorothy McKelvin, who already has a bachelor's degree in biology and has worked in NICHD's Contracts Management Branch for the past 10 years, is interested in graduate studies and maybe another career field.

Dr. Lore Anne McNicol, a health scientist administrator with NEI, participated as a mentor at one of the booths. She says the question most asked was: "Do I need a doctorate to become an HSA?" "While the answer technically is no," she said, "the situation is rare. But it can be done. We do have one HSA with a master's degree. I think if you want to move ahead at NIH," she stressed, "it will always involve education, whether through the Training Center or college. You must have skills to help yourself." She continued, "While my table has not had as many people as other tables, I have enjoyed

Alice Larsen (l) was busy checking out graduate courses offered by various schools represented during Career Day 1994, sponsored by NIH's advisory committee for women and the Federal Women's Program. Here she talks with a National-Louis University representative from Washington, D.C.



meeting the people and trying to help them figure out the maze here at NIH."

While Lawann Dabney, a grants management clerk at NCI for 6 years, was looking for information about earning a bachelor's degree in business, Michael J. Kolf, a CC pharmacist, was looking toward pursuing another degree for

advancement, perhaps in management.

A travel assistant in NINDS, Louise Waldron was interested in getting a job in contracts and collecting information on other jobs as well.

Tamry Daley, a nurse in NIMH for several years, said she felt it was time to make changes and look at opportunities available. She was talking to a representative from Trinity College in Washington, D.C.

Others at the fair were collecting information not necessarily for themselves. For example, DRG statistician Marie Chang was getting information for a draftsman interested in landing a job at NIH. She spoke with Ricardo Herring of DES, who was staffing the table on architecture/interior design.

Two CC operating room nurses, Jo Hilleary and Maureen George, were collecting all kinds of information for all kinds of people, they said.

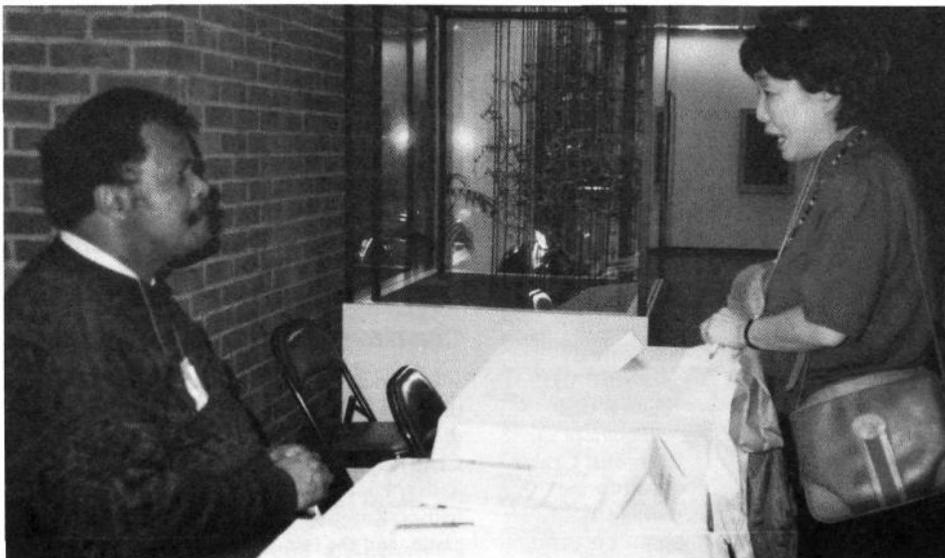
As Career Day drew to a close, many participants were seen browsing through materials they had collected, including three ORS employees—Christine Towle, Kara Williams, and Kim Sandoval.

Williams, a secretary, and Sandoval, a



Alberta Walker (r), who works as a purchasing agent/secretary, speaks with NIAMS Technical Information Specialist Dorrette Worrell (l) about changing job fields. In the background, NEI health scientist administrator Dr. Lore Anne McNicol staffs a booth on choosing that as a career.

Photos: Anne Barber



DES's Ricardo Herring (l) provides information to DRG's Marie Chang, who was getting it for a draftsman interested in landing a job at NIH.



CC pharmacist Michael J. Kolf (r) talks to a representative from the University of Maryland's University College about pursuing another degree. NIH's Career Day 1994 was held Oct. 27 in Bldg. 10.



Three ORS employees share information collected during Career Day. They are (from l) Christine Towle, Kara Williams, and Kim Sandoval.

personnel assistant, are currently attending Montgomery College through the Training and Development Services Program in pursuit of an associate's degree in business. They were seeking advancement possibilities. Towle, a computer specialist, attends the University of Maryland's University College, working toward a degree in computer management information systems. "I was just checking the options available to me as a woman and a federal government employee," she said.

According to Federal Women's Program Manager Lucretia Coffey, "We had a good turnout, approximately 400 attended. While we try to hold Career Day every 18 months, the last one was in 1991," she said. "An evaluation sheet was included in every packet," she said, "which will help us in planning the next Career Day and in responding to employees' needs."



Nurse Tamry Daley (r) talks to a representative from D.C.'s Trinity College (l). The two men in the background represented Virginia's Strayer College.

Orientation to Extramural NIH Offered in January; Register Now

The Extramural Staff Training Office, OD, will present an NIH orientation course entitled "Fundamentals of NIH Extramural Activities," on Tuesday, Jan. 17, and Wednesday, Jan. 18.

All new extramural staff are welcome and encouraged to attend; intramural staff will be accepted if sufficient space is available. The course will be held in Bldg. 1, Wilson Hall. Registration is at 8 a.m. each day. The course ends at 5 p.m. on Jan. 18.

The course will include an overview of NIH organization and history; missions and goals of the ICDs; the process of extramural grant and contract support; and a discussion of special issues and programs.

Participation will be limited to 60 people. Course applicants are to submit: form HHS-350 (Training, Nomination and Authorization) or equivalent A-train form, through the appropriate ICD channels and to the HSA Development Programs Office (Bldg. 31, Rm. 5B35); a self-addressed return envelope in order for your notification of application status to be sent to you.

To complete the form HHS-350: item 10, list your complete office address, not your home address; item 14, "no cost"; item 18, send vendor's copy to HSA Development

Programs Office, Bldg. 31, Rm. 5B35; item 20a. type "8" c. "1" d. "N/A." Be specific in items 16 and 17 and indicate how long you have been in the NIH extramural area; item 21, "N/A"; item 22, "9998".

To be considered, applications must be received by Dec. 19. Applicants will be informed of the decision concerning their application, provided the self-addressed return envelope has been included with the vendor's copy of the HHS-350 (or equivalent A-train form). Questions about this course may be directed to 6-1493. □

Manic Depressives Needed

NIMH is currently recruiting volunteers with manic depression who are taking Lithium for a study exploring attentional processes with Idazoxan. In this study, Idazoxan is used as a pharmacologic tool to better understand attentional processes in subjects with and without manic depression. Volunteers must be between ages 18 and 75 and have been diagnosed with manic depression. Subjects will not be required to stop medications, and will be paid. If interested contact Libby Jolkovsky, 2-4926. □

OIRM Wins Security Award

OIRM's Division of IRM Security, Standards, Planning and Policy (DISSPP) recently received a 1994 Government Computer News Award for the development of a security risk assessment methodology for use on local area networks (LANs). This award is given to federal organizations demonstrating excellence in the application of information technology to improve service delivery.

In developing a comprehensive computer security program at NIH, DISSPP analyzed existing federal requirements involving computer security. Applying this information to NIH, DISSPP found that as organizations move from traditional mainframe-based computing to new computing platforms and networks, security management becomes more complex. An organization's computer security plans now must address such issues as: systems management across computing platforms; computer virus response and prevention; telecommunications exposure; and privacy of network traffic across various LANs with diverse network protocols.

The new LAN risk assessment management tool is a formal, structured exercise for use by LAN administrators that meets federal computer security requirements. Jaren Doherty, director of DISSPP, collaborated with representatives from several ICDs to define the requirements of their LAN environments and pilot this new methodology. It includes: identification, classification, and valuation of assets; identification of vulnerabilities to security threats; and evaluation of the probable effectiveness of existing safeguards and benefits of additional safeguards. This risk assessment tool will help management ensure that each network has a level of security commensurate with the risk and magnitude of the harm that could result from the loss, misuse, or unauthorized disclosure or modification of the information on the LAN. □

NCI EEO Group Recruits

Attention NCI employees: Do you want to know what issues are being discussed relating to equal employment for cancer employees? If so, attend the National Cancer Institute's Equal Employment Opportunity advisory group's (NCI EEOAG) monthly meetings.

What is the NCI EEOAG? It is not a "watchdog" for management. It is not a complaint department or a griping group.

The EEOAG is a group of energetic NCI employees dedicated to ensuring equal opportunity for all of the institute's employees. Various subcommittees work together in smaller groups to address specific areas of equal opportunity and make recommendations to the NCI director. Meetings are held on the first Thursday of every month in Bldg. 31, 11th floor conference room, from 2 to 4 p.m. and anyone may attend. Recruitment for membership is now in progress. If you are interested in becoming a member of the NCI EEOAG, contact Tracie Melvin, 6-1771. □

CHURCHILL TAKES ON NIH'S OEO (Continued from Page 1)

wanted to say to them, 'Your issues are my priority. I hear what you have to say and you have my attention.'

Churchill recalled there was also a third reason to meet BIG right away. "Give me some time," she remembered saying. "Don't host a picketing session outside my window my first few weeks on the job.' Essentially, I asked them to give me a grace period to try to understand what the issues were and to be able to formulate my own agenda."

Months after initial introductions (another BIG meeting followed the first), Churchill and BIG are still enjoying a honeymoon, of sorts. Each is open-minded, accessible, trying to learn more about the other.

"We welcome the new director of equal opportunity to NIH," Thomas said, "and we look forward to establishing a positive working relationship with her. BIG will always be available to help Ms. Churchill and the NIH administration."

Putting her words into actions, Churchill is developing her agenda using campus relations as the priority. After spending the last few weeks in individual getting-to-know-you sessions with NAACP Maryland chapter President Gregory Wims, with NIH advisory and advocacy groups, and with the scientific directors and institute EEO officers, she said she got a feel for the community and was able to identify three major goals for her first year.

Number one will be to "strengthen OEO so that it becomes a viable player in the changes," she explained. "We have to be change agents and there are some things I need to do internally for my staff."

Churchill's second goal is connected to the first: She said she is committed to refocusing OEO on resolving complaints.

"We have to do them faster," she said. "We have to have better quality decisions. And, we really need to reduce the number. In order to do that, my third agenda item is to improve what some people feel is a hostile environment. What do I have to do from a pragmatic standpoint to have an impact on that?"

Of course, this will not be Churchill's first experience with sensitive EEO problems. After earning an undergraduate degree in social work and a master's degree in social studies education, she entered the federal government as a GS-9 civil rights specialist at the Economic Development Administration in Chicago. There, she was assigned as minority business coordinator, whose job was to ensure that 10 percent of public works contracts went to minority-owned businesses.

During her first year, however, the position that had seemed like a perfect match changed to the job from Hell: That year, the Supreme Court handed down the historic Bakke vs. University of California Board of Regents decision, which introduced complicated issues of reverse discrimination to Churchill's EDA program.

"Using that case, my program was sued

many, many times," she said, smiling ruefully at the memory. "And there I was a GS-9—then 11, then 12—trying to respond to questions of constitutional law. At some point, I knew I was in over my head. I did not understand the law and I decided then that I was going to go to law school.

"I really went to law school to help me get an additional tool to do my job," she continued. "I didn't go to become an attorney, per se. I went because there is a way of analyzing problems that you learn only in law school that I think is terribly important to the work in this area. You don't have to be a lawyer to do employment law, or to do civil rights or EEO, but I think it helps."

The difficulties NIH has been experiencing aren't completely new to Churchill either.

Not long after applying for the OEO director's position, which was approved in late

science.

"In order to be able to manage diversity," she went on, "we have to have some and we have to get some consensus on what the NIH culture is. To effectively manage diversity, we must eliminate that part of the NIH culture that is hostile to employee differences. I don't think there is a single set of campus values or one definition of the NIH culture. I'm learning that each ICD does its own thing and has its own environment. I have to figure out where cross-cutting issues are and then what to do about them. One concern is that everybody complains about a hostile environment, even though they all define it differently."

In just a few weeks, Churchill has already detected a campus dichotomy that she diagnosed as "somewhat schizophrenic." In some ways, mostly scientific, she said, the NIH community is the ultimate pursuer of knowl-

I want to be the equal employment opportunity officer for everyone—for Blacks, for women, for Asians, for Hispanics, for people with disabilities, for people whose sexual orientation is different from mine, for white males, for everybody...I would ask everyone to just give me a chance."

1992 to be upgraded to the Senior Executive Service level by DHHS Secretary Donna Shalala, Churchill was watching the evening news on television. She said she watched her predecessor Diane Armstrong face angry protesters, and hungry reporters, during a BIG/NAACP rally at Bldg. 1. Then, when she was called to interview for the job, she did her homework by getting the transcripts from the special congressional hearings that examined NIH's maligned employment practices.

Churchill said by then she was deeply intrigued by the case, whether or not any further action was taken on her application to work here.

"Even though I'm a lawyer," she said, "I see myself as a social scientist. I see myself as someone who is trying to correct some of society's ills, and probably the worst one is discrimination."

Discussing discrimination reminded Churchill of the project she was completing at her last job—a year-long stint as EEO director at the Federal Deposit Insurance Corp. She described the Managing Diversity Initiative, which she was just beginning to implement the week before she came to NIH, and explained why NIH is not ready to handle it.

"The initiative would be good for NIH," she said. "In fact, it's crucial. But it assumes that you've got a considerable degree of diversity and that the differences are appreciated and respected. The initiative assumes that management has made some significant strides in these areas. At NIH we are still trying to bring diversity to some careers. So this kind of progress has not completely happened. At this point it seems to be an arguable proposition whether or not cultural differences are respected and valued here, when we are working so hard to integrate some areas of

edge, creativity, progress and change. But in other ways, the agency has been stagnant.

"In some areas of NIH," she said, "the problems are so ingrained, and the culture is so adverse to where we have to go. Some theoreticians believe it takes 20 years for an organization to change. We don't have the time to wait that long, but I'm also a realist. I know that NIH didn't get into this shape overnight. It's been operating this way for years."

The NIH OEO position is Churchill's third directorship of a federal EEO entity (in addition to FDIC, she headed EEO at the Department of Agriculture) and she admitted that none of the dozens of articles and transcripts describing NIH's employment profile and community skirmishes prepared her fully for the vibes she's gotten so far—the vibes she perceives are not indicative of racism, but of an "intellectual snobbery" and perhaps an outmoded "pecking order."

In spite of the causes of campus problems, however, she said she is committed to finding a cure for the long term instead of simply treating the symptoms.

"You can't really know it until you're in it," she said of her NIH experience so far. "There are two things I'd like to tell the NIH community. One is, I want to be the equal employment opportunity officer for everyone—for Blacks, for women, for Asians, for Hispanics, for people with disabilities, for people whose sexual orientation is different from mine, for white males, for everybody. The other thing is that I am my own person. I am a contemplative policymaker and I am very good at what I do. I don't come with any preconceived notions. I am going to learn this as I go. I would ask everyone to just give me a chance." □



The NIH Life Sciences Education Connection

How did the world begin? What are some of the causes of cancer? How do they make video games? These were just some of the questions posted on the Science Alliance Electronic Bulletin Board (SABB) during recent training sessions.

On Nov. 1 and 2, 28 students and their teachers from 12 area elementary schools came to the NIH campus for training workshops to learn how to use the SABB, which is designed for students in kindergarten through sixth grade. The Division of Computer Research and Technology, in conjunction with Science Alliance, conducted the workshop.

The Science Alliance program matches NIH scientists with area elementary schools. The scientists work with teachers, discussing curricula and giving advice on science activities. The scientists also visit classrooms and present hands-on activities. The bulletin board enables students to communicate both with the scientist who has visited their school and with others.



Students from Brookhaven Elementary School post queries on the Science Alliance Electronic Bulletin Board, or SABB.

Michele Zemsky, a media specialist at Rock View Elementary, who attended with two Rock View fifth graders, explained to her students, "It's just like taking a piece of paper and putting it on a bulletin board, only the bulletin board is on the computer." Zemsky said she is pleased with the support she's received from NIH. She said that without NIH, they wouldn't even have a computer to use. "I'm very thrilled to be here and I know the kids are too," she said.

Dr. Jim Cassatt, the SABB moderator, told the kids, "You can use the bulletin board for trivial things or for [posing] burning scientific questions." The purpose of the board, according to Cassatt, is to "foster communication between schools and scientists here at NIH."

Dr. Irene Eckstrand, director of the Science Alliance program, told the group that the



The kids from Highland Elementary School quickly became comfortable working with SABB.

bulletin board is "really for sharing ideas." She said that she hopes that students will not only correspond with NIH scientists, but will also read other students' questions and answer them if they know the answer. She hopes that the bulletin board will stimulate a lively dialogue among teachers, students and scientists. "The kids are so fearless of technology," she said. "By training some students, we hope they will be able to go back to their schools and teach other kids how to use the bulletin board."

Cassatt emphasized, "There's no such thing as a dumb question; there's no such thing as a silly question; and there's no such thing as a bad question." He said some questions are more challenging than others and that the moderators try to be as thought-provoking as possible. Most importantly,

he said, "we all have fun."

Anyone interested in helping answer questions posted on the bulletin board should call Eckstrand, 2-2827, or Cassatt, 4-7800.—
Ellen Orjala □

Inn Needs Info Specialist

The Children's Inn at NIH has a current position opening for a part-time (25 hours per week) information systems specialist. Requires experience with database, word processing and spread sheet applications. Preference given to those having skills working in a networked Macintosh environment. Teaching/training skills and/or desktop publishing experience helpful. No benefits. Flexible work schedule. Contact Jean Buerger, 6-5672, for a complete job description. Fax your resume to 6-4421 or drop it off at 7 West Drive on the NIH campus. □

DCRT Training Classes

An Introduction to Neural Networks	11/28
Preview of the SAS System for Windows	11/29
DB2 Database Administration	11/29-30
Using SAS/STAT Procedures to Perform ANOVA and Regression	11/30-12/2
The World Wide Web, Mosaic, and NIH Minuet for PC DOS Network Access	12/1
LAN Concepts	12/1
Computer Data and the Privacy Act	12/2
Beyond Basic WYLBUR	12/5-9
SAS Fundamentals I for Programmers	12/5-6
Automated Information Retrieval Using Autographer	12/6
System Modeling for Application Development	12/7
Analysis of Ligand Binding Data Using the LIGAND Program	12/7
Central Computing Services at NIH	12/8
Optical Character Recognition Technology Overview	12/8
Aspects of Olfaction	12/9
Getting Started with Windows	12/12
ENTER BBS - the Bulletin Board System on the Mainframe	12/12
Sequence Analysis on the Internet	12/13
QMF Access to Human Resource Data for Personnel Staff	12/13-14
SAS Fundamentals II for Programmers	12/13-14



Dr. Marvin Cassman (r), acting director of NIGMS, presents a certificate of appreciation to Dr. Stuart Schreiber, professor of chemistry and molecular and cellular biology at Harvard University, who was this year's DeWitt Stetten, Jr. Lecturer. His talk focused on signal transduction. Also pictured is Mrs. Jane Stetten.

Interested in Chamber Music?

The R&W Chamber Music Club puts out a directory of NIH'ers who play instruments or sing, and who wish to be able to contact each other to form music groups. The club will not organize groups or schedule events; it will just provide the directory to help interested musicians make their own plans.

To be listed in the directory, submit the following information: name; instrument or vocal range; phone number; work address; city of residence; self-rating of proficiency and experience (A=excellent, B=good, C=fair, etc.); any other information you feel important to convey such as special repertoire interests.

Submit this information to Suzanne Epstein, Bldg. 29, Rm. 522, HFM-521. When ready, the directory will be distributed to all members (probably January or February 1995). □

BRANDENBURG DONATES MARROW, MEETS GRATEFUL DONEE AND FAMILY (Continued from Page 1)



Donor Peggy Brandenburg (second from r) met her marrow recipient Paul Guthrie during a Marrow Donor Awareness Week reception Sept. 12 at Union Station. With them are Guthrie's children, MacKenzie and Ross, and his wife, Suzanne.

coworker and friend had succumbed to cancer. Once Brandenburg, a regular blood and platelet donor, learned of the registry, which was designed to match unrelated donors and recipients, she jumped at the chance.

Joining the registry meant only a blood test initially, and a great deal of counseling from NMDP staff on what it means to be a donor. (See sidebar for details.)

Several years passed before she was matched to a potential recipient and called in for the final stage of the process. "I was so excited," she recalls, "but I didn't match further. A while later I got another call, but didn't match there either." The third call from NMDP was to tell Brandenburg she was a likely match for a 44-year-old man with leukemia.

"[NMDP] provided extensive counseling then," she explains, "so that I would really understand what's involved. They were with me every step of the way."

But Brandenburg felt no reservations. "I wanted to do it. I was sent to my physician for a complete physical. My doctor asked me a lot of questions about harvesting marrow. I felt like I was helping educate her about the whole process."

While Brandenburg was preparing to have her marrow harvested, Guthrie was in the marrow transplant unit of a hospital in California having his own marrow destroyed.

The transplant works by replacing the patient's diseased marrow with the donor's healthy tissue. The diseased marrow is destroyed through several days of radiation and chemotherapy.

"The preparations take you within an inch of your life," Guthrie admits. "It's the Super Bowl of medicine. I'd gone into training just before this stage to get into as good physical condition as possible and started counseling to get rid of emotional baggage. I went in feeling healthy and they knocked my socks off."

A courier sped Brandenburg's marrow to California. "It was exciting when it arrived," Guthrie remembers. "My doc was there. The

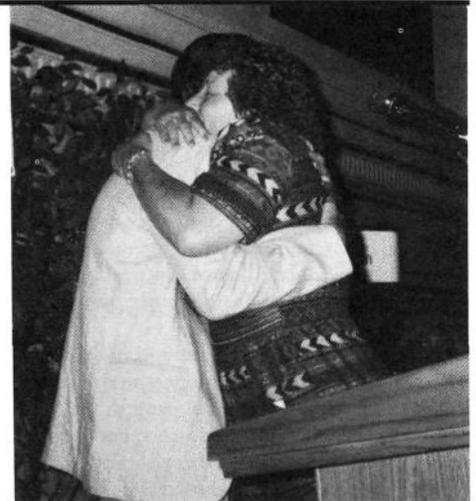
three bags of marrow went in by IV. It took several hours."

Guthrie went next to an isolation room at his hospital. He had no ability to fight infection until the transplanted marrow began producing white blood cells. The new marrow kicked in within a couple of weeks and Guthrie eventually was able to move to an outpatient facility on the hospital grounds. He was in the hospital for 100 days after his transplant.

"I focused on trying to survive," Guthrie says. Even though he was spared many of the complications marrow recipients face—pneumonia and shingles, for example—it was an ordeal. "My kids couldn't visit me in the hospital. I didn't have any hair. My face didn't look like me. My watch was the only thing about me that was the same as before. I wouldn't take it off."

It was during that long recovery that Guthrie, always a writer by avocation, began documenting his experiences and emotions through journals and poetry.

"It was easier for me than speaking to



Meeting for the first time, Brandenburg and Guthrie share a hug.

people," he says. "Life can and will change overnight. When I learned I had cancer I didn't cope. I fell apart. First you wonder why the sky is still the same color. I'm doing great

About the National Marrow Donor Program...

Today, 1.4 million people across the globe are on the National Marrow Donor Program's (NMDP) registry of volunteer donors. About 33,600 of those volunteers have been recruited through the NIH donor center located at the Clinical Center, one of NMDP's 103 donor centers worldwide.

The national organization was established in 1987 as a collaborative, nonprofit effort of the American Association of Blood Banks, the American Red Cross, and the Council of Community Blood Centers. The program's goal is to join possible donors with patients in need of marrow transplants. NMDP operates here under a contract with NHLBI and maintains offices in the CC department of transfusion medicine.

Why are people willing to donate marrow? Lots of reasons, says Robyn Ashton, coordinator of the NIH Marrow Donor Center. "Some volunteers have had a family member, neighbor, or friend who had cancer. Others volunteer because it's just the kind of people they are."

Expanding the pool of potential marrow donors increases the odds of survival for thousands of patients in need. A marrow transplant is the only hope for many of the nearly 16,000 children and adults stricken each year with leukemia, aplastic anemia, and other blood-related diseases. Only about 20 percent of those who need a transplant find a suitable match within their families. There is about a 1-in-20,000 chance of finding a matching, unrelated donor.

The NMDP donor centers provide complete support for the donors. "We do what we can to make the process easier for the donors," Ashton explains. "Because of the volunteers' incredible generosity, we feel it is the least we can do. We want them to feel special because they are. They're heroes."

There are few requirements for being a marrow donor. Unrelated donors must be between 18 and 55 and able to pass a thorough physical exam.

How are donors matched? A blood test identifies the donor's human leukocyte antigen (HLA) type or "tissue type." That information is maintained in the NMDP data bank and is what initially signals a match with a potential marrow recipient. After that first match, further tests are performed.

How is the marrow removed? Marrow, a jelly-like tissue, is collected during a hospital procedure performed under general or regional anesthesia. About 3 to 5 percent of the donor's marrow is extracted from the pelvic bones at both sides of the lower back using a needle and syringe. It takes about 45 minutes. An overnight stay is advised, and the donor's marrow is replenished within a couple of weeks.

Does it hurt? Discomfort, stiffness, and tenderness are typical for a day or two. Most donors are back to their usual routines in a few days.

Who pays? All hospital and medical costs associated with the marrow donations are charged to the recipient or the recipient's insurance company.

When does the recipient actually receive the donated marrow? The marrow is immediately taken to the recipient's hospital. The marrow is given either as soon as it arrives or after it is further processed. The marrow is administered intravenously, as in a blood transfusion.

For more information, call 6-0572 or 1-800-MARROW-2.

now. I'm happy, and a lot more aware of the emotional side of myself and I'm enjoying it. It's easier to know where my priorities lie."

Guthrie's wife, Suzanne, wrote to Brandenburg anonymously to let her know that her recipient was doing well after the procedure. Guthrie wrote, too. Then, at Thanksgiving, he called.

"We didn't know what to say to each other," Brandenburg recalls. "He told me his name and said 'I'm your recipient. I wanted to thank you.' He told me how well he's doing, that he'd been thinking about me and he asked me why I did it."

That's a question that Brandenburg hasn't an answer for. "I still can't say why. It was so easy for me. Paul was the brave one and fought so hard. How could I not donate when he was so willing to go through so much?" □

Several More AIDS Training Sessions Scheduled for 1995

Last March, NIH director Dr. Harold Varmus announced NIH's plans to provide HIV/AIDS in the Workplace Training to all employees. As of November, NIH has made substantial progress toward meeting its goal. More than 10,000 nonsupervisory employees and 2,500 supervisors and managers have now completed HIV/AIDS training. Four additional nonsupervisory sessions are scheduled, two on Nov. 29 in Wilson Hall and two on Dec. 2 in Masur Auditorium. All four of these sessions currently have openings and employees are encouraged to contact their ICD HIV/AIDS training coordinators to register for this mandatory training program. (If you do not know the name of your ICD coordinator, call 6-3315 or 2-3392 for this information.) For managers and supervisors who have not yet attended a session, contact your ICD coordinator for a list of makeup dates scheduled in December and January.

Two "out-of-hours" sessions (on the evening of Dec. 9 and the early morning of Jan. 9) will be offered at Lipssett Amphitheater for CC and DCRT shift workers, as well as other NIH employees who find an evening or early morning session preferable. To register for one of these sessions, CC employees should call Stacy Bauman, 6-1618. DCRT employees should call Stacy Vandor, 6-6951. All other employees interested in these sessions should call their ICD coordinator.

NIH also plans to launch a special intramural training program on Jan. 9. Approximately 24 sessions will be offered during January, February, and March to those intramural scientists and senior administrative staff who already possess in-depth knowledge of HIV transmission and biology. This program will focus on workplace issues and challenges, workplace policies, and what health professionals can do to dispel common misinformation, educate coworkers, and disseminate valuable information in their communities. This program will be announced over the intramural electronic bulletin board later this month, with registration beginning in early December. □



TRAINING TIPS

The Division of Workforce Development, OHRM, offers the following courses:

<i>Courses and Programs</i>	<i>Starting Dates</i>
Management and Supervisory 6-6211	
Interpersonal Relationships in the Work Environment	12/6
Federal Budget Process	12/6
Successful Middle Management	12/6
Recognition Secrets: Innovations for Rewarding Today's Workers	12/15
Preventing Sexual Harassment at NIH	12/14
Working With Personal Differences	1/12
Time Management	1/18
Meetings That Get Results	1/19
Introduction to Supervision	1/23
Performance Appraisal Workshop	1/24
Reinventing NIH: An Introduction to Work Process Redesign	1/25
Communication Skills 6-6211	
Working with Personal Differences for Technical and Support Staff	1/10
Report Writing	12/12
For the Culturally Diverse Workforce: Speaking Effective English	1/31
EEO Training 6-6211	
Preventing Sexual Harassment at NIH for All Employees	12/14
Special Courses 6-6211	
NIH Retirement Seminar	12/14
Administrative Systems 6-6211	
Delegated Acquisition Training Program	1/9
Federal Supply Schedules	1/20
Determining Price Reasonableness in the Award of Small Purchases	1/17
Buying from Small and Large Businesses on the Open Market	1/18
Consolidated Purchasing Through Contracts	1/19
Administrative and Skills Development 6-6211	
Fundamentals of Grammar	1/25
Personal Computing 6-6211	
Welcome to Macintosh	1/23
MS Mail for Windows	1/20
Eudora Mail for Macintosh	1/9
Intro to WP 5.2 (Windows)	12/5, 1/18
Intro to WP 6.0 (DOS)	1/18
Lotus for Windows 4.0	1/25
Intro to Windows	12/14, 1/25
Intro to DOS 6.0	1/11

Additional courses are available by completing the "Training By Request" form. For more information, call DWD, 6-6211, or consult the DWD Catalog. □

FAES Chamber Music Concert

The next concert in the 1994-1995 FAES Chamber Music Series will feature pianist John O'Connor on Sunday, Dec. 4 at 4 p.m. in Masur Auditorium, Clinical Center. O'Connor's program includes sonatas by Beethoven and Schubert, the Polonaise-Fantasia by Chopin and two Liszt transcriptions. Tickets for single concerts may be purchased at the door or in the FAES office (Bldg. 60, phone 6-7975) for \$20 (\$10 for postdoctoral fellows and students). □



Ofc. James Martin has been working at the NIH Police Branch for 5 years. He has been assigned as the community policing officer for Bldgs. 12A and B.

Martin resides in Montgomery County with his wife Tracy. He attended Bladensburg High School and graduated in 1985. After graduation, he enlisted in the Army as a military police officer. He served his entire tour of duty at Ft. Polk, La.

Martin was selected to be a member of the post SWAT team and attended a special reaction team school. He started as a sniper and eventually became the SWAT team leader. Under his leadership, the team graduated first in special reaction team school. This training was located in Ft. McClellan, Ala.

In November 1988, Martin was honorably discharged and began his federal law enforcement career with the David Taylor Research and Development Center in Carderock, Md. He transferred to the NIH Police Branch in December 1989. In addition to his normal patrol responsibilities, Martin is assigned to the motorcycle patrol unit and is a field training officer for new recruits to the Police Branch.

During his off hours, Martin and his wife play in the NIH softball leagues.

Phone Numbers To Remember:

Police Emergency (On Campus)	115
Police Emergency (Off Campus)	911
Police Non-Emergency	6-5685
Crime Prevention	6-9818

Reminder: December 1994 is National Drunk and Drugged Driving Prevention Month. *Friends don't let friends drive drunk.* □

Camera Club Meets, Dec. 13

The monthly meeting of the NIH R&W Camera Club is scheduled for Tuesday, Dec. 13 at 7:30 p.m. at the FAES House on Old Georgetown Rd. (across from the firehouse). The club will have its annual pot luck holiday party and there will be no competition. Two club members, however, will speak that evening; Dr. Yuan Liu will talk about her trip to China, with emphasis on its architecture, and Dr. Marian Young will give a presentation about her recent trip to Japan, with a theme of "contrast."

Everyone interested in photography is welcome to join. Only members can submit for competition but newcomers are welcome to all meetings. For more information, contact Liu, 6-8318. □

STEP Has Courses for NIH'ers

The Staff Training in Extramural Programs (STEP) committee, which provides training opportunities to the NIH extramural community, invites employees to submit an application (Form NIH-2245) before Dec. 16 for these courses:

Module 3, "Clinical Trials: The Next Generation" on Mar. 8-9 will define key components of the design and management of clinical trials and explore scientific, ethical and financial considerations that influence clinical trials. This module is intended for scientific directors, review administrators, grants and contract officers/specialists and other extramural NIH staff.

Module 4, "NIH and Industry: Shotgun Weddings or Marriages Made in Heaven?" on Apr. 5-6 will explore various perspectives on the role NIH-supported research plays in commercial product development and the risks and benefits that may accrue. NIH extramural staff at all grade levels and job categories are welcome to apply.

Module 5, "From Pain to Gain: Recharge and Charge!" will be conducted off-campus on May 3-5. This module will analyze how current pressures under which NIH extramural staff work affect their energy and enthusiasm. A professional trainer will explore this and other issues with participants. This module will be open to all NIH extramural staff.

A copy of the application form is available in the new STEP catalog, which is available in personnel offices, the STEP office (31/3B59), and the following locations: 31/3A11; EPN/501; EPS/350; Federal/9C08; Gateway/2N212; Parklawn/9C15; Solar/3B06; 6100/8A17G; Willco/505; Westwood/604; and NIEHS/303A. For more information call 6-1493. □

R&W Offers Hoya Hoop Tix

R&W is now selling tickets to four Georgetown Hoyas basketball games at USAir Arena. The games/prices are: Saturday, Dec. 3 vs. DePaul, \$13 each; Saturday, Jan. 14 vs. Boston College, \$16; Tuesday, Feb. 14 vs. Connecticut, \$16; and Wednesday, Mar. 1 vs. Seton Hall, \$16. For more information call 6-4600 or visit the R&W Activities Desk in Bldg. 31, Rm. B1W30.

Chamber Music Concert, Dec. 20

A concert will be performed by the NIH Chamber Players at noon on Tuesday, Dec. 20 in the 14th floor assembly hall, Bldg. 10. The featured work will be the piano quintet of the Polish composer Zarebski. Regular members Grace Boeringer, Morton Raff, Jere Stern, and Suzanne Epstein will be joined by guest artist Maciej Piotrowski from the Frederic Chopin Academy of Music, Warsaw, Poland. The patient activities department of the Clinical Center will sponsor the event. The concert is free and all are welcome. For more information, call (301) 897-5463. □



"Give Hope Through Your CFC" is more than just the theme of this year's Combined Federal Campaign. Employees at the Fogarty International Center have made that slogan a reality. Here, Dr. James Snow (center, r), director, NIDCD—the sponsor institute of this year's CFC campaign—congratulates FIC director Dr. Philip Schambra (center, l) for a job well done. FIC was the first organization within NIH, as well as DHHS, to have exceeded its CFC dollar goal while achieving 100 percent employee participation. Other FIC'ers shown are (from l) Paula Cohen, Charles Gardner, Alexandra Gilman, Rita Singer, Anita Tannenbaum, Sharon Nieberding, Heidi Schwab and Dick Miller, FIC/CFC ICD coordinator.

Neural-Immune Research Talk Set, Dec. 2

The neural-immune research interface interest group will sponsor a special lecture on Friday, Dec. 2, from 3:30 to 4:30 p.m. in Bldg. 49, Conf. Rms. A and B. Dr. Esther M. Sternberg, chief of the unit on neuroendocrine immunology and behavior, Clinical Neuroendocrinology Branch, NIMH, will speak on, "Molecular Basis of Brain-Immune Interactions: Implications for Susceptibility to Inflammatory Disease and Depression." For more information contact Dr. Julio Licinio, 6-6885. □



Jane Bartholomew and her German shepherd Samantha recently won the Delta Society's 1994 "Spirit of Jingles" Award for Service to an Individual. Participants in the Clinical Center's animal-assisted therapy program, the pair voluntarily visit hospitalized children—they're shown here with Casey Moore, a 13-year-old CC patient—and bring warmth and happiness to their day. Jane and Samantha are one of more than 1,100 teams nationwide that have received special training and screening to qualify as "pet partners." Said Moore's parents about the dog, "She is very gentle with the children, although they are strangers. She doesn't become spooked by the I.V. alarms that frighten many people, and she maneuvers around I.V. poles and lines better than we do!"