

*"Still  
The Second  
Best Thing  
About Payday"*

# The NIH Record

## OAR Asks for Evaluation

### **AIDS Effort Needs Change of Course, Panel Says**

By Rich McManus

Fifteen years into the AIDS epidemic, NIH has commissioned a thorough evaluation of its sprawling, \$1.4 billion (in 1996) research effort on the disease and gotten new direction: the broad programs set in place years ago to answer immediate concerns are now passé—bright minds with good ideas are now the sorest need. Vaccine research needs a booster shot, much remains to be learned about human immunology, and a stronger commitment to prevention science must be undertaken, the panel urged.

Further, the many institutes, centers and divisions doing AIDS research at NIH must tighten their definition of what falls under that rubric.

The 118-member AIDS Research Evaluation Working Group spent 15 months studying, at the behest of the Office of AIDS Research advisory council, NIH's mammoth investment in AIDS research. Composed mainly of active scientists (90 members—the balance were 18 members from the HIV-advocacy community and 10 representatives of the biotech/pharmaceutical industries), the group found much to like about NIH research accomplishments against AIDS so far, but emphasized the need for a change of course.

NIH director Dr. Harold Varmus said he viewed the report—part of a series of critiques from outside experts who are giving him their impressions of intramural research at NIH (Marks-Cassell committee), intramural NCI organization (Bishop-Calabresi committee), intramural NIMH, clinical research, peer review and gene therapy—as an "institutional report card. We've made some progress, but we're very far from victory in the battle against this insidious agent."

The report gives him new intelligence about "which fronts need more supplies and soldiers, and which fronts we should retreat from," he said. "We've reached a new phase in the battle."

Allowing that "recent successes (in the battle against AIDS) call for some pride,"

(See AIDS REPORT, Page 10)

## Facing Uncertain Futures

### **Postdocs Flock to Career Lectures**

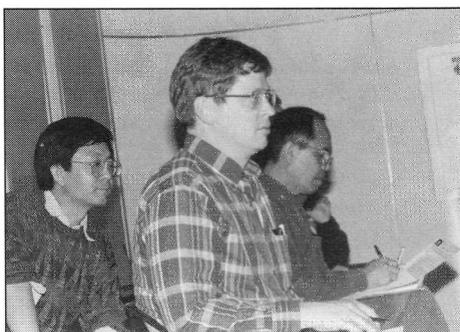
By Rich McManus

It used to be an article of faith: Go to college, do well, then get into a good grad school and get a doctorate. The world will beat a path to your door.

Many thousands of Americans were reared according to this credo, which rewarded its adherents—particularly in science's post-Sputnik boom years—with plentiful opportunities and generous pay. But in this downsized, budget-carved era, the path to any good job in federal science or academia at the postgraduate level is so thoroughly trodden by so many highly qualified feet that holders of Ph.D.s and M.D.s now training at NIH are fearful about their futures.

Call them the worried well. They flocked by the hundreds to a recent 6-session seminar series put on by the NIH fellows committee called "New Careers for Young Scientists." Featuring a stellar cast of ex-postdocs who have adapted their scientific training to successful careers in biotechnology, journalism, science administration and even Wall St., the just-ended series drew capacity crowds of young people to Lipsett Amphitheater, requiring closed-circuit TV feeds to overflow rooms. The young peoples' appearance—in a room that more often holds lectures urging people to enter

(See JOB CRUNCH, Page 6)



*NIDDK postdoc Rod Larson takes notes during recent lecture series on careers.*

## **President Clinton's 1997 Budget Favors NIH**

President Clinton officially submitted his \$1.635 trillion fiscal year 1997 budget proposal to Congress on Mar. 19. His request for NIH of \$12.406 billion represents a \$467 million (3.9 percent) increase over the FY 1996 budget of \$11.939 billion, and accounts for 0.75 percent of the President's total budget proposal.

The budget targets several areas important to the administration and NIH. The highest priorities for FY 1997 are the funding of medical research through research project grants (RPGs—the President's request would enable NIH to fund the most grants in its history) and the construction of the new Clinical Research Center. The President also allotted \$1.4 billion for the study of AIDS.

Overall, NIH's highest priority has always been extramural research. NIH received about 40,000 RPG applications in FY 1995 for investigator-initiated research. Of the 25,224 competing RPGs (comprised of new and renewal grants) that made it to final review, 26.8

(See 1997 BUDGET, Page 4)

## **NICHD's John Robbins To Deliver Dyer Lecture**

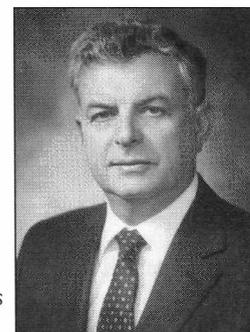
NIH's R.E. Dyer Lecture will be delivered this year by Dr. John B. Robbins, a pioneer in vaccine development who has made major contributions to public health worldwide.

Chief of the Laboratory of Developmental and Molecular Immunity, NICHD, Robbins will speak on Tuesday, Apr. 23 at 3 p.m. in

Masur Auditorium, Bldg. 10. The Dyer lectureship was established in 1950 in honor of former NIH director Dr. Rolla E. Dyer, a noted authority on infectious diseases.

The title of Robbins' lecture is "Some-

(See DYER LECTURE, Page 2)



*Dr. John Robbins*

## DYER LECTURE FEATURES ROBBINS (Continued from Page 1)

thing Old, Something New, Something Borrowed, and Some Things Yet to Do." He will describe the theoretical basis for his past work, and discuss his current research efforts.

He and colleague Dr. Rachel Schneerson were the first to develop vaccines suitable for use in infants as well as in older individuals (especially those who are immunocompromised) against capsulated organisms that cause systemic infections. This was accomplished by binding the polysaccharide, a major component of the surface coat of these organisms and not immunogenic in infants and young children, to immunogenic proteins to form conjugates. This approach is based on observations made by Robbins and others on the development of immunity in infants and children. Robbins' first vaccine, against *Haemophilus influenzae* type b, once the leading cause of meningitis worldwide and of acquired mental retardation in the United States, is now routinely given to infants, starting at age 2 months. Since use of Hib conjugate vaccine began in the U.S., the number of Hib meningitis cases has fallen from 15,000-20,000 per year to less than 100.

With their colleague Dr. Ronald Sekura, the Robbins team members have also developed a new single-component vaccine to combat pertussis, the organism that causes whooping cough. Although effective, the whole cell vaccine currently used against whooping cough in the U.S. causes side effects that have aroused concern among parents to the point that some were reluctant to have their children immunized. The researchers developed a vaccine using only the inactivated immunogenic toxin produced by *Bordetella pertussis*, the bacterium that causes whooping cough. The new vaccine, recently tested in Sweden, where pertussis is epidemic, was found to cause virtually no side effects and was shown to be effective.

Robbins' NICHD team has other accomplishments to its credit as well, having provided the groundwork for new vaccines against *Pneumococcus*, *Staphylococcus aureus*, and group B *Streptococcus*. They have also developed an improved vaccine against the agent that causes typhoid fever, *Salmonella typhi*. The team has also gone to work on other diseases and now has evidence that its conjugate vaccine approach can prevent the diarrhea and dysentery caused by

*Shigella*, a major cause of death in infants worldwide. The researchers are also completing preliminary clinical evaluation of a vaccine to prevent infection with *E. coli* 0157, often responsible for serious intestinal infections in children (including those due to contaminated fast-food hamburgers).

In his Dyer Lecture, Robbins will also discuss how his highly innovative approaches to vaccine development can be applied to still more infections caused by a wide range of important human pathogens.—Robert Bock □



*Helen M. Simon has been appointed director of the Office of Program Planning and Evaluation, NIAMS. Prior to this, she was the planning officer for the National Center for Human Genome Research. She came to NIH in 1974 as a biologist in NEI's glaucoma laboratory, and later worked as a technical information specialist there. From 1985 to 1986, she was a program analyst for NIADDK. In 1986, when NIAMS was established, she was reassigned to the new institute and remained until 1989, when she joined the National Institute on Deafness and Other Communication Disorders. In 1990, she joined NCHGR. She has received numerous honors, including the NIH Director's Award.*

### Free Raffle at Vacation Expo

Approximately 75 representatives from travel destinations will be on hand to answer questions and distribute information on Thursday, May 2 from 10 a.m. to 3 p.m. in the Visitor Information Center, Bldg. 10. Lots of giveaway weekends will be available. Also, sign up for the free raffle of two round-trip airline tickets to anywhere in the continental U.S. □

## Conference on Protein Folding, Design, Apr. 23-26

Protein folding and design is the focus of an international conference to be held in the Natcher Conference Center Apr. 23-26. Dedicated to the memory of the late Nobel laureate Christian B. Anfinsen, the International Conference on Protein Folding and Design will feature sessions on protein folding in vitro and in vivo, protein design, the design of protein therapeutic agents, theory of protein folding, prediction of protein structure, and computer simulations.

"This conference comes at an exciting time when we're seeing great strides in both the experimental and theoretical areas of protein folding," said Dr. Jean Garnier, a Fogarty scholar-in-residence who helped organize the conference. "Researchers are beginning to do a pretty good job of predicting some protein structures, and they're using computer modelling to design new protein molecules for therapeutic purposes."

Registration is free either at the conference or in advance by sending your name, institution, fax, and email address to [feldmans@fic16.fic.nih.gov](mailto:feldmans@fic16.fic.nih.gov). See the NIH home page (news and events) at <http://www.nih.gov> for more information. □

## Volunteer for Fundraiser BBQ

Volunteers are needed to help serve and sell tickets for this year's Camp Fantastic barbecue, which will be held on Tuesday, June 18 from 11 a.m. to 1:30 p.m. on the upper patio of Bldg. 31A. Call the R&W to help, 6-6061. □

# The NIH Record

NIH Record Office  
Bldg. 31, Rm. 2B03  
Phone 6-2125  
Fax 2-1485

Editor  
Richard McManus  
[rm26q@nih.gov](mailto:rm26q@nih.gov)

Assistant Editor  
Carla Garnett  
[cg9s@nih.gov](mailto:cg9s@nih.gov)

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

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, 1996.

## Genetic Map of Mouse DNA Finished

Human Genome Project researchers have completed a dense "genetic map" of the DNA of the laboratory mouse. The lab mouse is one of the best-studied animals in genetics, and its genetic information is about 75 percent similar to that of the human. The publication of the mouse linkage map in the Mar. 14 issue of the journal *Nature*, along with a separate linkage map of the human genome, marks the completion of the Human Genome Project's large-scale genetic mapping efforts.

"Dense genetic maps make possible the identification of genes for single-gene disorders and the dissection of [multi-gene] traits," said officials of the National Center for Human Genome Research in an accompanying editorial. According to NCHGR director Dr. Francis Collins, and deputy director Dr. Elke Jordan, "...these two groups have already changed the face of human and mouse biology."

The effort to map the mouse genome began 5 years ago. The final map was constructed by Dr. Eric Lander at the Whitehead Institute for Biomedical Research and the Massachusetts Institute of Technology, and colleagues. This map contains 7,377 markers scattered along the chromosomes—1 every 400,000 nucleotide bases on average. Although the mouse genome is about the same size as that of the human, it is packaged in 20 chromosome pairs instead of 23. The new map provides dense marker coverage of all 20 mouse chromosomes. A full spelling out of all the markers would require over 500 journal pages, the report says, so the complete marker information is being made available on the Internet (<http://www-genome.wi.mit.edu>).

A major advantage of the new mouse map is its usefulness in mapping the genetic origins of diseases or traits. Even before researchers have identified the gene actually responsible for a trait, mapped markers tell them roughly how close by the gene is. The more markers there are on the map, the more likely one will be closely linked to a disease gene, and the easier it will be to zero in on that gene. The mouse is particularly useful in the study of inherited traits. For nearly 100 years, scientists have been developing strains exhibiting specific variations in genetic make up. Even though these traits are often easy to see, little is known about the underlying genetics that cause

them.

A French group reports in the same issue of *Nature* that it has constructed a genetic map of the human genome that, like the mouse map, consists of high-quality, DNA-sequence based markers known as microsatellites, which are easy to use in the laboratory.

These maps have already helped researchers pinpoint and isolate genes for many diseases caused by alterations in a single gene. "Mapping disease [characteristics] by linkage analysis used to be a daunting task, one outside of the reach of many relatively sophisticated...laboratories," say Collins and Jordan. "The new maps have changed all that—mapping a single-gene disorder...can now be accomplished in a modest-sized lab in a few months."

The new maps also give researchers better tools for teasing apart the genetics of disorders such as diabetes, asthma, cancer, and high-blood pressure, that result from subtle alterations in more than one gene.

With the genetic maps for both human and mouse now complete, Collins and Jordan say the second phase of the Human Genome Project will entail completing so-called "physical maps" of the human genome—organized sets of isolated and mapped DNA pieces representing all the DNA in the genome. For the human, this will likely be completed in the next 2 years. □

### 'Science for All' Lecture

The Staff Training in Extramural Programs committee is sponsoring a Science for All lecture entitled "Learning and Memory" on Apr. 25. The 2-hour program will feature two speakers: Dr. Joseph Brady of Johns Hopkins University and Dr. Arthur Horton of the National Institute on Drug Abuse. Ample time will be available for questions after the presentations.

The program will be held from 1 to 3 p.m. in Wilson Hall, Bldg. 1. The talk is open to all NIH'ers on a first-come, first-served basis. No advance registration is necessary. Those needing sign language interpretation/reasonable accommodation should contact STEP by Apr. 15. For more information call the STEP program office, 5-2769.

## NINDS' Smith Named 'Queen'

Louise Smith, a secretary in NINDS' Neuroimmunology Branch, recently learned that she will be a "Queen for a Day," courtesy of R&W.

To boost sales of 1996 memberships, R&W recently sponsored a raffle that gave anyone who filled out a new membership a chance to be Queen for a Day. This honor includes two dozen donuts in the morning, three large pizzas at lunch, two movie rentals, \$10 worth of dry cleaning, a balloon bouquet, and a night on the town, featuring limousine service, dinner, two tickets to a show or sports event, roses and champagne.



Louise Smith with gift balloons

All of which agrees quite nicely with Smith, who is newly married.

"I don't even remember applying for it," she said of the raffle. "I guess when I filled out my membership card, they included me in the raffle. It was a pleasant surprise."

At NIH since 1982, Smith has been an R&W member for the past 6 years. She has the luxury of picking which day she is showered with queen-size gifts.

"I don't think I want the three pizzas on the same day I get the donuts," she remarked. But she looks forward to a limo-driven night on the town with her new husband.

Now to decide where to put those balloons... □

### Try Your Luck at Trump

R&W is sponsoring a trip to Trump Royal Casino in Atlantic City on Friday, May 10. Bus leaves Bldg. 31C's parking lot at 6:45 a.m. Cost is \$25, which includes transportation and a \$14 coin package. Call 6-4600 for reservations. □

## 1997 BUDGET FAVORS NIH (Continued from Page 1)

percent were funded. In FY 1997, NIH will support 6,827 competing RPGs, an increase of 207 over the FY 1996 estimate. Funding for all RPGs (competing and noncompeting, Small Business Innovation Research and Small Business Technology Transfer awards) will increase by 3.2 percent.

A priority for NIH is the construction of a new Clinical Research Center. At present, much of the 40-year old CC is considered functionally obsolete, inefficient to operate, and expensive to maintain. As the provider of over half of all federally funded clinical research beds in the nation, the CC intramural clinical research program will be called on to play an increasingly important role in the conduct of clinical research nationally.

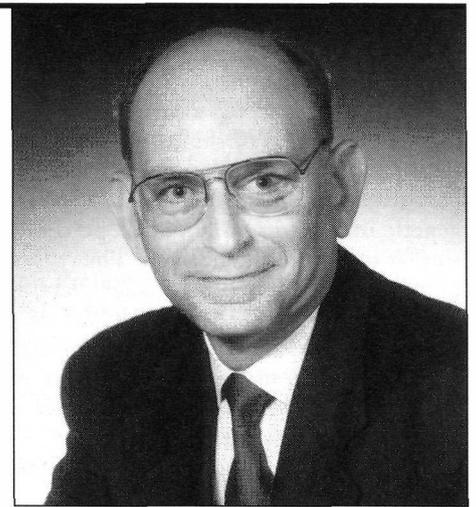
In 1995, HHS Secretary Donna Shalala commissioned a team, known as the Options Team, to study options for improving the efficiency of CC operations, including contracting out or privatizing CC functions. The Options Team report recommended changes in the governing, funding and managing of the CC. To fully implement these changes, a newly reconfigured Clinical Research Center must be built. The FY

1997 budget requests a total of \$310 million for the construction of a 250-bed hospital and associated laboratories. These new facilities will be a national resource, open to physician-scientists in academic health centers as well as our own intramural scientists.

The budget request also highlights scientific opportunities that NIH has identified as the most promising, making them worthy of additional support. These areas include research on the brain and brain disorders (+\$22 million); developing new preventive strategies against disease by investigating emerging infections, as well as the prevention and treatment of drug and alcohol abuse (+\$22.5 million); the analysis of the genome and genes implicated in human disease and development (+\$21 million); and the development and use of advanced instrumentation and computers in medicine and research (+\$13 million).

Areas where the President's budget tightens instead of expands are: less money for contracts, a constrained RM&S (research management and support) budget, and slightly reduced support for the intramural programs.

NIH director Dr. Harold Varmus was set to defend this budget on Capitol Hill as the *Record* went to press.



*Dr. Elliot R. Siegel, NLM associate director for health information programs development, has been elected chair-elect of the American Association for the Advancement of Science's section on information, computing, and communication. His 3-year term runs through January 1999. He has been secretary of the AAAS information and computing section since 1986. In his upcoming chairmanship, Siegel will play a major role in planning new initiatives in connection with the association's informatics and communications activities. With more than 243,000 individual members and nearly 300 affiliated societies comprising some 10 million members, the AAAS is the world's largest general science organization. It also publishes the peer-reviewed journal Science.*

## NIAAA Needs Large Families

The National Institute on Alcohol Abuse and Alcoholism is seeking volunteers who have two living parents and four or more children over age 15. Family or personal history of alcoholism is not necessary. Each person will be paid about \$200. Study includes a physical exam by a physician and the full range of standard screening blood tests, including cholesterol. Call for a phone interview that will give more information, and possible restrictions and procedures. Contact Claudia Harris or Kenn White, 0-2839. □

## Problems with Alcohol?

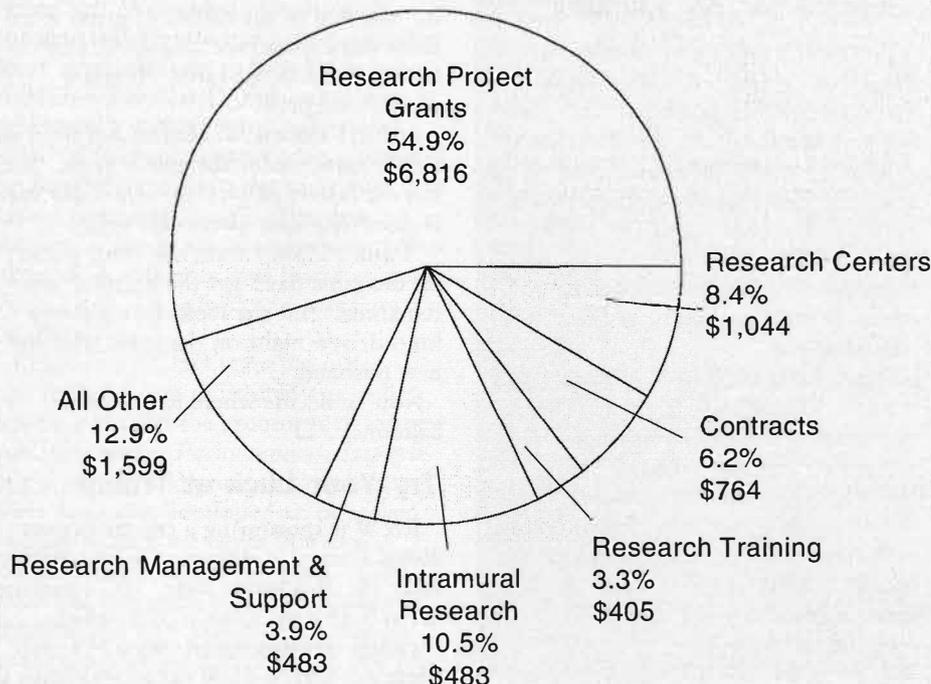
Is alcoholism destroying your family? NIAAA is seeking both actively drinking and recovering alcoholics for various studies. If you are 18 or older, have no significant medical problems, no current drug use (except alcohol), and take no medications, you may qualify for free treatment. For more information call 6-1993. □

## Percentage Share of NIH Total by Mechanism

### President's FY 1997 Budget Request

(Dollars in Millions)

Total = \$12,406



## NIH Observes 'Take Your Kids to Work Day'

On Thursday, Apr. 25, NIH will observe "Take Your Children to Work Day." The purpose is to introduce schoolchildren, ages 9 to 15, to the vital public services that their parents provide and to encourage future career decisions that will provide a quality work force for the 21st century. This observance was launched initially in 1993 as "Take Your Daughters to Work," but NIH has expanded its observance to include sons. And not only your children, but grandchildren also! If your children are grown and your grandchildren are between 9 and 15, they are also welcome.

Employees are welcome to bring their child/grandchild to work if approved by the employee's supervisor and certain rules are followed. NIH Manual chapter 3015 contains specific information about bringing children into potentially hazardous areas.

Parents and children may participate in Take Your Child to Work Day in several ways:

- ✱ Have child stay with parent all day during routine work activities;
- ✱ Attend activity presented independently by your ICD;
- ✱ Browse through displays in the Clinical Center lobby between 9 a.m. and 2 p.m.;
- ✱ Take part in activities scheduled during specific time slots.

Because of space limitations, some activities require free, advanced registration. All activities are first-come, first-served.

Preregistration is required for some activities due to space limitations. It will be held Tuesday, Apr. 23 and Wednesday, Apr. 24, between 10 a.m. and 2 p.m., in the lobby of Masur Auditorium, Bldg 10.

Featured events during the day include:

**Tours:** Clinical Center, clinical pathology department, surgical suite, recreation therapy, Children's Inn, National Library of Medicine, radiation safety building, NCI Division of Basic Science labs of biology, cellular and molecular biology, and molecular biology.

**Hands-on opportunities:** Lab demonstrations, orientation to the world wide web, fire extinguisher training, fingerprinting/ID cards for children.

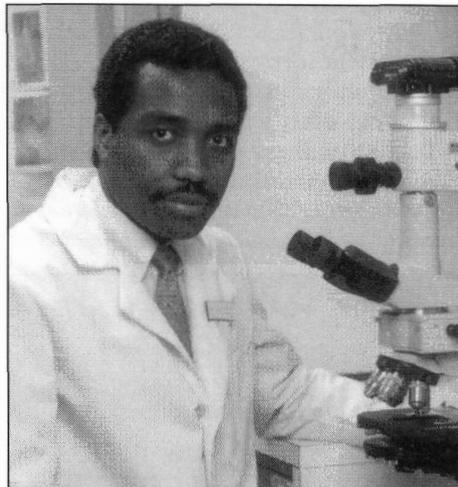
**Presentations:** oral/dental health, Why Do People Drink Too Much?, Radiation and You, human genetics/science education, Making Bad Bones Good,

Why I Should Stay Awake in Science Class.

**Videos:** Introduction to NIH, To Do Science is To Know Science, Back to Sleep (SIDS prevention), Human Genome Project, Adolescents at Risk.

**Displays:** fire safety, occupational safety/industrial hygiene, public safety.

Parents must be with their child during attendance at any activity. Detailed information will be sent in a desk-to desk flyer. □



*Dr. Griffin Rodgers, chief of the molecular hematology section in NIDDK's Laboratory of Chemical Biology, was recently selected by the Black Commissioned Officers advisory group to receive the 1995 Hildrus A. Poindexter Award for his discoveries in the detection and treatment of life-threatening hemolytic diseases. Rodgers was also cited as a role model, teacher and advocate for minority students interested in the health professions. The PHS Commissioned Corps also recently awarded Rodgers an exceptional capability promotion and its Meritorious Service Medal for his outstanding contributions in investigating the pathophysiology of sickle cell disease and developing new therapies for this and other genetic hematological diseases.*

## Chamber Music Concert

The Rock Creek Chamber Players will perform on Sunday, Apr. 21 at 3 p.m. in the 14th floor assembly hall, Bldg. 10. The program, sponsored by the Clinical Center's recreation therapy section, will include Mozart's quintet for piano and winds; Milhaud's quintet for string quartet and bass viol; Ibert's *Interludes*, for flute, violin, and keyboard; and Brahms' *Neve Liebeslieder*, waltzes for four voices and piano four hands. For more information on this free public concert, call (202) 337-8710. □

## Wednesday Afternoon Series

The Wednesday Afternoon Lecture series gets a little wacky this month—call it spring fever—with lectures outside the normal bounds of Wednesdays at 3 p.m. The location—Masur Auditorium, Bldg. 10—remains constant.

A special doubleheader is planned for Apr. 17. At 2:30 p.m. that day, Dr. Louise N. Johnson of Oxford University's laboratory of molecular biophysics will discuss "Structural Aspects of Control by Protein Phosphorylation." Her talk is hosted by the Structural Biology Interest Group.

After Johnson's talk, at 3:30, there will be a reception, followed by the 9th Paul Ehrlich Lecture at 4 p.m. Dr. Barry J. Marshall, clinical associate professor, department of internal medicine, University of Virginia, will discuss "New Magic Bullets in the Fight Against Gastritis." This talk is hosted by FAES.

On Apr. 23, a Tuesday, at 3 p.m., Dr. John B. Robbins, chief of NICHD's Laboratory of Developmental and Molecular Immunity, will give the R.E. Dyer Lecture on the topic "Something Old and Something New, Something Borrowed and Some Things Yet To Do."

Dr. Paula Tallal visits on Apr. 24 at 3 p.m. to speak on "Neurobiological Basis of Speech." She is professor of neuroscience and codirector, Center for Molecular and Behavioral Neuroscience, Rutgers University. Her remarks are sponsored by the Neurobiology Interest Group.

For more information or reasonable accommodation, call Hilda Madine, 4-5595.

## Golf League Play To Start

The NIH R&W 9-Hole Golf League is preparing for its 1996 season. Play is once a week with tee times reserved after work at the Falls Rd. Golf Course. The league accommodates all levels of golfers through competitive and noncompetitive play. To play competitively, you must submit score cards for 27 holes of golf in order to determine a handicap. The season begins in early May, with play on either Tuesdays or Thursdays through Labor Day. For more information or to obtain a registration form, contact Larry Pinkus, president, 4-7315. Registration closes on Apr. 19. □

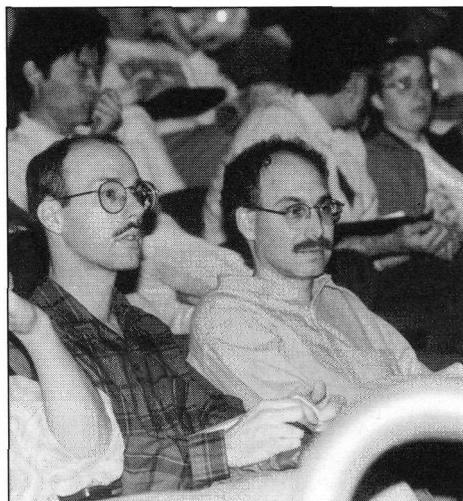
## JOB CRUNCH

(Continued from Page 1)

research careers—is a sort of heresy at NIH, but one sadly acceded to by the realities of the job market, and by the NIH scientific directors, who cosponsored the talks.

“There’s a sense of panic, basically,” said Dr. Dawn Brasaemle of NIDDK, who has been training at NIH for the past 3½ years and attended most of the career seminars. “People are worried about the prospect of not getting jobs in the research-based careers for which they have prepared. There seems to be a massive oversupply of [doctorate-holders].”

“It’s not uncommon for there to be 300 to 400 applicants for a job,” said Dr.



Attendance was consistently good at the 6-lecture series, say organizers.

Tracy Rankin, also of NIDDK. “And if you do get a job, the funding [for it] might not be there once you get it. It’s a terribly competitive situation.”

“[The job situation] has forced people to consider other options than science,” said NIDDK postdoc Dr. Rod Larson. “I think everyone is worried. Even people who have had papers published in *Cell* are worried.”

“It’s really tough to get grant money in the academic world,” added Rankin. “You almost have to have a grant in place already when you take a job.”

The postdocs—audience members at a recent talk given by scientists-turned-journalists Dr. Lawrence Altman of the *New York Times* and National Public Radio science correspondent Dr. Joe Palca—see an NIH that is only able to fund 24 to 26 percent of the studies deemed worthy of grant money, and

despair.

“It’s disturbing that NIH should need to hold this series,” said Brasaemle. “NIH needs to address this problem at a fundamental level.”

“NIH-trained researchers always compete very successfully for research positions in academia and industry,” noted Dr. Michael Gottesman, NIH deputy director for intramural research, “but the relatively steady-state of current research funding and the ever-increasing number of trained biomedical researchers mean that some of our fellows will not be able to pursue traditional careers as independent investigators. We feel that it is our obligation to provide information about other science-based careers which utilize the talents of our trainees.”

For their part, Altman and Palca demonstrated that resourceful, adaptable people can prosper, even when prospects

appear grim.

Though each of their respective media employers is famous for never having any jobs available—a fact not lost on the postdocs—there they stood, exemplars of what can be accomplished. As Palca summed up for the group, “There’s no way to get into it, but it’s possible.”

Following the talks, NIDDK’s Brasaemle observed, “It was interesting, yes, but helpful? No. It was certainly entertaining though.” Said her colleague Rankin, “I’ve been poor for so long, and have invested so much that it’s hard to consider (a job switch) at this point.”

Two of the NIH postdocs who helped organize the seminar series say it’s almost therapeutic for their frustrated peers to attend such sessions, even if prospects in other fields are bleak. Drs. Charles Chu and Regis Krah are aware of what the latter calls “a very broad and very deep

## A Tale of Two Scientists-Turned-Journalists

Lawrence Altman grew up in a medical family in Boston, and recalls being interested in social issues very early in life. He earned an M.D. at Tufts University, but spent summers and vacations reporting for the *Quincy (Mass.) Patriot-Ledger*. (During college at Harvard, he had worked, albeit on the business side, of the *Harvard Lampoon*.) In 1969, he jumped to journalism full-time, and has been a *Times* medical reporter for the past 27 years.

He applauded the initiative of the postdocs in hosting such a controversial series: “In my view, such efforts are long overdue.” He said scientific education and training are too often stifled by tunnel vision when they should have the widest possible view. “[Medicine] can be taught as the most liberal of arts, but it’s often conducted as a trade school.”

A series of events, some serendipitous, some pure dogged inquiry, led Altman to his present career. An editor at the *Patriot-Ledger* had advised the young Altman that, in a world getting only more complex, medicine and journalism could indeed be combined. Later, he had the insight that an increasingly well-educated public had an appetite for news about a medical research enterprise that was drawing more public funds than ever before.

“Reading the paper was more fun than attending lectures,” Altman admitted of his school years. “I found medical

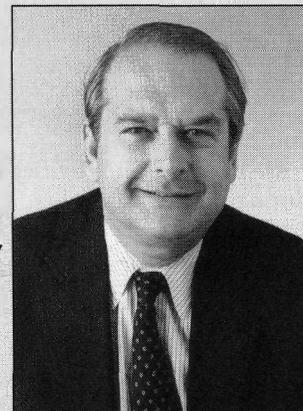
school extremely boring, but medicine has always fascinated me.”

While in medical school in the late 1950’s,

Altman’s curiosity, bred by his experience in journalism, raised eyebrows in the relatively conservative hallways of medical academia. Inquiring about the origins of embryo slides shown in class, he discovered they had been obtained from illegal abortions. From that interest in the ethics of human experimentation, he eventually was drawn into writing a book, *Who Goes First?*, which traced the history of self-experimentation in science.

Another reporter’s-eye query in medical school—why weren’t there enough cadavers for study?—led to another Altman byline in the local paper, and soon he was marrying the two vocations, employing scholarly habits of library research and interview with a flair for writing for the layman.

“I found that there were close parallels between journalism and epidemiology (a field in which he later trained, along



Dr. Lawrence Altman



*Postdocs take in last lecture in career series, Mar. 18 in Lipsett Amphitheater.*

"There's lots of bitterness and anxiety among people we know that's not being addressed, so that's why I volunteered to be on the seminar committee."

Chu, who works in Dr. William Paul's Laboratory of Immunology at NIAID ("He's probably the best boss I ever had—I am grateful to him for letting me stay as long as I have," he notes), shared some of the depth of that unhappiness in a series of email reactions he received from postdocs responding to earlier lectures: their contumely, in some cases, is right up there in disgruntled-postal-worker league.

Observes Krah, "Due to the job situation, there are a lot of people on the NIH campus who are very nervous about their futures. One frustrating thing is that most of them feel they are not good for anything other than research, so they

**(See POSTDOCS, Page 8)**

sense of anxiety" among NIH postdocs. "It depends on how well your research is going," said Chu, who has been here for 6 years, but has been searching for his

next job for the past 2 1/2 years. "I had expected to stay here for only 3 years, but my research didn't go well enough for me to get as good a job as I was hoping for.

with infectious diseases)," he recalled, noting that medical writer Berton Roueche's feature stories in the *New Yorker* were also influential. After interning in San Francisco, Altman decided PHS service was more appealing than being drafted to serve in Vietnam, so he signed on with the prestigious EIS—the Epidemic Intelligence Service—at the Centers for Disease Control. There, his medical training and nose for a good story would pay off even further.

He applied for editorship of the *Morbidity and Mortality Weekly Report*, but stipulated the freedom to do field investigations as a condition of taking the job. "I wanted it to be more of a newspaper, breaking the news, than an archive," he said.

He used his journalism instincts—basically no more than synthesizing rumor and anecdote into themes—to uncover a rubella outbreak in New York City in 1963. For the first time, *MMWR* would report an epidemic on the rise rather than past its crest.

"That cemented the idea for me that medicine and journalism could be synergistic," he said.

While completing a residency at the University of Washington in Seattle, Altman applied to the *New York Times*, suggesting that it would be advantageous for the newspaper to hire an M.D. "We agreed that I could come and try it as an experiment," he remembers.

Altman said it dawned on him in medical school that medicine was emerging from an arena of private

philanthropy into a publicly financed enterprise in America. "John Q. Public, not John D. Rockefeller, was becoming the patron of medical research. The issues were no longer confined to hospital hallways and lounges. They were emerging in public, which was paying more of its medical bills."

Altman began to conceive of his reporting as "making rounds for the public, not for the 20 white coats following me around the hospital. Ironically, I think I've done more educating [as a reporter] than if I had remained in academic medicine."

Without their even knowing it, Altman said, physicians typically practice journalism every day: taking patient histories (which requires sensitive interviewing techniques), writing articles for journals, and communicating with peers at conferences.

Though it has rewarded his inclinations well, Altman reminded the postdocs of several chilling realities about journalism: jobs are few, pay is low, hours—at good papers—are easily as long as those logged in the most competitive labs, and, astonishingly, many young people don't read newspapers anymore. Newspapers, already suffering fewer advertising revenues, face an uncertain future, he observed.

NPR's Joe Palca was hardly more encouraging. A puckish figure whose irreverence is part of his radio appeal, he began his talk with an anecdote about interviewing NIH director Dr. Harold Varmus while biking along with him to work one day. Because his tape recorder

failed during the arduous trek, Palca relied on Varmus' tape of their conversation for Varmus' answers to his questions. Too faint to be picked up by Varmus' microphone, Palca's voice was recorded later in a sound studio at NPR, giving him an air of calm authority and making it sound as though a struggling Varmus was answering queries posed by an utterly fit Palca. Palca still thinks Varmus ("a competitive cyclist, and a competitive everything else, I think") felt deliberately set-up by a reporter aiming to make himself look good.

Deciding to interview a scientist during a bike commute to work is one reason Palca is at NPR rather than studying thermoregulation of sleep, which was the topic of his Ph.D. research in psychology at the University of California, Santa Cruz.

Niche-finding, however, was no easier for Palca than for Altman, who sacrificed summers and vacations to remain a journalist while training full-time to become a physician. (He also sacrificed years of weekends and vacations to become a book author—he spent almost 25 years researching and then writing *Who Goes First?*, because the *Times* doesn't grant its correspondents sabbaticals. Altman thinks he could have whacked out the volume in 3 years, given an uninterrupted opportunity such as a fellowship.)

Like his counterparts in the audience, Palca was once a newly minted and freshly disillusioned postdoc. "My

**(See REPORTERS, Page 8)**

## POSTDOCS FLOCK TO CAREER LECTURES

(Continued from Page 7)

feel very trapped. This is generating tremendous, almost incapacitating, amounts of anxiety."

It bothers Krah that such manifestly gifted people as NIH postdocs should feel so vulnerable. He hopes the seminar series helped people "critically evaluate themselves, their potential futures, and helped them make rational decisions rather than wasting time fretting."

He admits there are, despite the job squeeze, jobs to be had in basic research. "There are also jobs in pharmaceutical companies, the patent office, technology transfer, journalism, Wall St., Washington, D.C., teaching, and grants management. But the take-home message from all of the speakers is that any career worth its salt is competitive, demanding, and requires hard work."

Despite the grounds for optimism, however, "a lot of people look at the end of their postdoctoral training as the lip of a cliff, not as a pinnacle to future glory," Krah noted. "They've given up a lot to be in science—pay, personal relation-

ships. It takes lots of personal sacrifice to be a postdoc.

"The morale of the people who do the bulk of the research around here is collapsing," he added, noting that his own work—in Dr. Martin Gellert's lab at NIDDK, is going well. "The feeling is that you can work very hard and it still won't get you anywhere.

"The big issue for postdocs used to be where you would go after leaving NIH," said Krah. "Now it seems to be *if* you'll get a job in research."

Both Krah and Chu say hundreds of their peers compete for the same handful of jobs open to postdocs.

"It's the end of exponential growth of jobs in science," Krah said. Now it's time for many to apply the Palca algorithm: Push, push, push.

*(Others who served on the committee that organized the series include Drs. Jasmit Sarrowa, Susan Shoaf, Bruce Bunnell, Kathy Partin. NICHD scientific director Dr. Art Levine and his institute helped launch the series.)* □

## REPORTERS

(Continued from Page 7)

dissertation was done, but there were no jobs and no money—just like today," he recalled. He saw an ad in *Science* magazine about a summer internship in mass media, applied and won his first journalism job—an internship at Channel 9 TV in Washington, D.C. Though basically a gofer for the station's medical reporter, Palca learned two important lessons: commercial media would run all ads and no news if they thought they could get away with it, and scientists rarely are aware of what the public wants to know from them.

He returned to Santa Cruz to complete his Ph.D. work, then looked for another TV gig. To sharpen his skills as a writer, he would transcribe local news broadcasts in San Francisco, and rewrite news articles from the paper. He took a writing test at a media company and did well enough to get a call from the ABC affiliate in San Francisco, KGO, which offered him work as a vacation relief writer.

From there he went to NBC in Washington as a part-time desk assistant, then back to Channel 9 as an assignment editor, "a horrible, nasty job." The station promoted him to

health producer ("basically a paid version of the internship I had done earlier"), giving him fresh opportunities to hone his contempt for the trivial way television often approaches serious subjects.

"Then," Palca recalls, wistfully, "I got the call of *Nature*." The British magazine needed a Washington correspondent, and Palca filled the bill. He spent 3½ years with *Nature*, then was hired by *Science* magazine, where he logged another 3 years of medical journalism. From *Science* he was hired by National Public Radio, a medium that delights him because of its ephemeral, illusory nature—radio writing lets him indulge his delight in performing for audiences, and "allows you to create images for people that they can't prove wrong." He has been an NPR science correspondent for 3 years.

Palca said he sympathized with the NIH postdocs, and urged them to consider other pathways than those suggested by their formal training. "There's really no path for careers such as mine or Larry Altman's."

He urged the audience to "make the grandest use of the most tenuous connections, and you push and push and push."

## Secretaries/Support Staff Week Observed, Apr. 23 in Bldg. 1

On Tuesday, Apr. 23 from noon to 1 p.m. in Wilson Hall, Bldg. 1, the Clinical Center and the National Institute on Alcohol Abuse and Alcoholism are cosponsoring a program in observance of National Secretaries and Support Staff Week.

The theme of the 1996 observance is "Changing Times, Changing Tools: How to Survive and Thrive in the Changing Workplace." The program will feature presentations by two NIH staffers: Marie Priest, secretary to the acting director, Division of Clinical Sciences, NCI, who will share her experiences concerning the workplace past and present, and how these changes have affected the role of secretarial and support personnel; and Kathleen Hanratty, personnel management specialist, NIAAA, who will share information on how to keep skills current and competitive in today's technology-rich workplace. A reception follows the program. For more information, call Alex Rexroad, 6-3475. Sign language interpretation will be provided. For reasonable accommodations, call 6-2906 (voice/TTY). □

## Use Employee Express!

Employee Express now has a new feature that allows you to change your PIN (personal identification number). Select the PIN CHANGE option, and Employee Express will guide you through as you change your PIN. You may choose any combination of 4-8 letters or



numbers. For greater security, avoid selecting your birthday, phone number, or address. If you have forgotten or lost your PIN, call the Employee Express help desk, (912) 757-3030.

Instead of completing forms, using the mail system, and/or visiting your personnel office, use Employee Express to process the following types of payroll and personnel actions: federal and state tax withholding; direct deposit (net check); financial allotments; home address. Take control over your payroll and personnel actions—use Employee Express. □

## Conference Explores TMD

The National Institute of Dental Research and the NIH Office of Medical Applications of Research are sponsoring a Technology Assessment Conference on Management of Temporomandibular Disorders, Apr. 29-May 1 in the Natcher Conference Center.

Temporomandibular disorders (TMD), a group of often painful conditions that affect the temporomandibular joint and muscles of mastication (chewing), confound and frustrate both patient and practitioner alike. Controversy surrounds virtually all aspects of TMD, from diagnosis and treatment to epidemiology and pathogenesis.

Even agreement on which conditions comprise temporomandibular disorders has been elusive. The term has been used to characterize individuals with a wide variety of symptoms and signs such as pain in the face or jaw joint area; headaches, earaches and dizziness; and clicking sounds in the jaw joint. A key issue to explore is the appropriateness of the label "TMD" for the numerous conditions now included under this rubric.

After 1½ days of presentations and audience discussion, an independent, nonfederal technology assessment panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day.

For a conference brochure and registration information, contact Ann Besignano, (301) 770-3153; fax (301) 468-2245; or email, [confdept@tech-res.com](mailto:confdept@tech-res.com). □

## NIAMS To Celebrate 10th Anniversary on Apr. 15

NIAMS will celebrate its 10th anniversary with an all-day symposium titled, "Progress and Promise in Chronic Disease." The symposium will be held at Lister Hill Auditorium, Bldg. 38A, on Monday, Apr. 15, from 8:30 a.m. to 6 p.m. Featured speakers include Dr. Stephen Katz, NIAMS director; Dr. Lawrence Shulman, NIAMS director emeritus; and Dr. Harold Varmus, NIH director. To register and for reasonable accommodations and other information, contact Gale Saunders, 2-1692, fax: 0-6069, or e-mail:

[saunderg@od.niams.nih.gov](mailto:saunderg@od.niams.nih.gov). Preregistration is encouraged. □

## OMS Sponsors 'The Heart Line'

You have the power to reduce your chances of developing heart disease. The first step is to assess your cardiovascular disease risk factors.

Based on this, you can focus on the risk factors most important for your continuing health. Preventive measures range from simple lifestyle changes to medical intervention.

In observance of National High Blood Pressure month, the Occupational Medical Service (OMS) will offer The Heart Line, a cardiovascular risk assessment program presented in cooperation with NHLBI and R&W.

The program will help you examine such risk factors as weight, serum cholesterol levels, blood pressure, level of physical activity and cigarette smoking.

The Heart Line Program will be held from Apr. 22 through May 17 (see schedule for location and dates). The Heart Line offers measurements of blood pressure and, for a nominal fee, the measurements of fasting serum cholesterol and glucose levels. Weight measurement can also be done at Bldgs. 10, 13, Rockledge and EPN. OMS staff will also provide educational and cardiovascular risk assessment material.

## Heartline Cardiovascular Risk Assessment

All sessions 8 - 10:30 a.m.

If you want to have your cholesterol and glucose levels tested accurately, you must not eat anything for 9 hours before the test.

Bldg. 10, Rm. 6C306	Apr. 23, 30, May 7, 14
Nutrition Dept., Bldg. 10	May 16
Bldg. 13, Rm. G904	Apr. 26, May 2, 10
Bldg. 31, Rm. B2B57	Apr. 24, May 17
Bldg. 36, Rm. 1B13	May 6
Bldg. 38, Billings Aud.	Apr. 22, May 9
Bldg. 45	May 8
EPN, Rm. 103	May 1, 13
Federal Bldg., Rm. 1C05	Apr. 25, May 2
Rockledge, Rm. 5054	Apr. 30, May 14
Solar Bldg, Rm. 1A03&c5	Apr. 29

## NIH Library To Hold Open House, Apr. 18

The NIH Library Branch, a component of NCCR, will hold an Open House, Thursday, Apr. 18, starting at 10 a.m., to honor National Library Week. All NIH staff are invited to visit the library, located in Rm. 1L25, Bldg. 10. Tours of the facility will be conducted at 11 a.m. and 2 p.m. Electronic database demonstrations and registration for library services, including Carl Uncover, Medline, and Loansome Doc will take place between 10 a.m. and 2 p.m. During the open house, everyone who registers for the library listserv will automatically be entered in a drawing to win a \$20 gift certificate from Borders Books (first prize) or a canvas tote bag (second prize). For NIH staff who work at Executive Plaza, an Open House will be held on Wednesday, Apr. 17, from 10 a.m. to 2 p.m., in classroom 4, Executive Plaza South. On Monday, Apr. 15 and Tuesday, Apr. 16, respectively, there will be table top displays about the library's resources and services in Bldgs. 35 and 49.

For more information on the NIH Library Open House and other activities scheduled for National Library Week, check the NIH Library's home page at <http://libwww.ncrr.nih.gov>, or call 6-1156. □

## NIH Heart Walks

Walking is one of the best activities for improving and maintaining your heart health. The campus offers excellent opportunities for walking. The Division of Safety, ORS and R&W have developed a Heart Walk flyer that identifies a variety of measured walking routes. To increase opportunities for walking, both indoor and outdoor routes are included. The Division of Engineering Services has painted red hearts on the sidewalks to mark the outdoor routes. Indoor routes can be identified by the red heart stickers. Heart Walk flyers are free and available at R&W stores and OMS health units.

**AIDS REPORT***(Continued from Page 1)*

Varmus said studies initiated by individual investigators are most direly needed, along with basic study of the human immune system.

As the *Record* went to press, reports from six subpanels of the working group were due, and Varmus said he plans to look at all the reports in more detail before proceeding to implementation—a knotty enterprise involving discussions with all ICD directors sponsoring the study of AIDS.

“This process will take some time,” Varmus noted, “but it will be effective...We mean business when we say we take these recommendations with extreme seriousness.”

Dr. Charles Carpenter of Brown University, who chairs the OAR advisory committee, said the report’s recommendations were accepted unanimously, and emphasized that “unprecedented amounts of knowledge” have been generated by NIH AIDS studies so far. “But formidable challenges still face us,” he warned. “This is a mid-course correction, if you will. Our report is a forward-looking document. Approaches will continue to evolve unpredictably as our knowledge base increases.”

Working group chair Dr. Arnold Levine, a cancer biologist at Princeton University, outlined the nuts and bolts of the group’s deliberations: 90 meetings, six of which were public, yielded 14 recommendations (further subdivided into as many as four and five subrecommendations each), the first eight of which are “science-driven” and answer the question, “What are the best opportunities in the next 5 years for research?”

▼ Leading the list were increased support for, and improvement of peer-review of, investigator-initiated research. The group recommended doubling the proportion of the NIH AIDS research budget allocated to this goal.

▼ A trans-NIH vaccine effort should be developed under NIAID, but with completely new structure and with the leadership and oversight of distinguished nongovernment scientists.

▼ An augmented effort to understand the human immune system is needed.

▼ OAR should develop a comprehensive HIV prevention science agenda, ideally including behavioral and social interventions, biomedical technologies (topical microbicides, condoms, sterile syringes, for example), and vaccines.

“Preventive medicine is the medicine of the future for this disease,” Levine said.

▼ All adult clinical trial programs involving AIDS should be integrated into a single network. A uniform standard for databases is also critical in these trials.

▼ The drug discovery research effort, located largely within NCI, should be refocused and restructured so as not to duplicate work being done by drug companies.

▼ Basic research on AIDS-associated opportunistic infections is needed, as well as methods to transfer new findings quickly to clinical evaluation.

▼ The scientific basis of alternative medicine therapies needs strengthening.

The next four recommendations were “more structural and administrative,” said Levine. These include more work in primate animal models, reinvigorated AIDS research centers throughout the United States, databases that are more uniform and accessible, and overall improvement of information systems.

His last two recommendations dealt with OAR itself: a standard definition of AIDS research is needed, and a strong OAR should lead the whole NIH AIDS research effort.

“We need to ask the ICDs to define what they mean by AIDS research,” he said, noting that “NIAID does it right—their definitions are clear and consistent. The other ICDs’ definitions seem to change with time, and sometimes that’s good.”

Levine called for an ongoing dialogue between Varmus, Paul and the ICD directors, and emphasized, in the panel’s final recommendation, the need for “a strong and vital OAR. We want a single, coordinated effort.”

OAR director Dr. William Paul commented, “My own spin on this report is that it’s a strong clarion call for more investigator-initiated research, which is a traditional strength of the NIH. I hope the ICDs will support these recommendations.”

Questioned by reporters at a media availability in the Natcher Bldg. on Mar. 14, where the report was officially unveiled (though the story broke in the press before NIH could present the report publicly), Levine gave several examples of avenues of research that have been successful and can now be deemphasized. Work on reverse transcriptase inhibitors, the groundwork for which was laid at NIH, he said, is now largely the province of drug companies. “We can leave that alone now. Also, the

blood supply is safe, we all agree, so research on blood substitutes can be deemphasized. There was a time, however, when that was perfectly appropriate research [on AIDS].”

Levine said it was impossible to look at every single research grant and judge whether the money had been spent appropriately or not, “and frankly, we didn’t want to. It wouldn’t have told us anything, and it wouldn’t have been helpful. We didn’t want to micromanage, we wanted to look at programs.”

The group commissioned NIAID virologist Dr. Malcolm Martin to review some 120 papers on AIDS vaccines. Levine said Martin’s study uncovered a trend: “Not enough attempts were made to explain why these vaccine efforts failed. You have to try to know if you’ve failed, and then find out why,” he declared. “It wasn’t that there weren’t good guesses (at the outset).”

During the epidemic’s first decade, AIDS research was heavily managed, Levine explained. “There was a research-by-contract atmosphere” that tackled broad public health concerns.

“Our group came along at a really good time,” he observed. “An infusion of diversity into this program is the best thing we could do at this time. The field needs reinvigoration, new ideas.”

Paul assured the audience that the first 15 years of the battle against the AIDS epidemic have not been wasted, emphasizing that NIH’s “response has been unprecedented.”

Varmus said the “good will and scientific judgment of all concerned” with AIDS research at NIH would get the agency over any rough spots in coming months as the recommendations are implemented, but Levine acknowledged that his group’s proposals “create a certain amount of friction.” Varmus didn’t foresee any changes in the net number of researchers here, and he and other panel members emphatically rejected the idea that a separate AIDS institute would benefit the fight against the disease. “A new AIDS institute would be disruptive,” he said.

OAR’s Paul said he will immediately use a \$10 million discretionary fund under his control to support the best investigator-initiated projects OAR can identify.

The full report of the working group is available on the World Wide Web at NIH’s home page—<http://www.nih.gov>, under “News and Events.” □



## TRAINING TIPS

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

<i>Courses and Programs</i>	<i>Starting Dates</i>
<b>Management and Supervisory, 6-6211</b>	
Interacting with Difficult People	5/2
Attitudes: How They Affect Productivity in the Workplace	5/8
Effective Supervision: A New Role Perspective	4/23
Reinventing NIH: An Introduction to Work Process Design	5/9
Project Management	5/14
Managing and Valuing Diversity: Skills for Utilizing Differences	5/14
Managing Stress, Maximizing Effectiveness	5/21
Successful Management	5/22
<b>Communication Skills</b>	
Effective Listening and Memory	5/23
<b>EEO Training</b>	
Preventing Sexual Harassment at NIH for All Employees	4/16
<b>Scientific and Medical</b>	
Write & Speak Like the News	5/8
<b>Special Courses</b>	
NIH Retirement Seminar	5/15
<b>Administrative Systems</b>	
Basic Time and Attendance Using TAIMS	4/22
Time and Attendance for Supervisors Using TAIMS	5/7
Domestic Travel	5/8
IMPACT for Personnel Staff	4/24
IMPACT A-TRAIN	4/25
IMPACT System for Administrative Staff	4/25
<b>Administrative Skills Development</b>	
Professional Development for Secretaries	4/17
Fundamentals of Grammar	5/13
Improving Telephone Skills	5/16
Voice and Diction Improvement	5/21
<b>Personal Computing</b>	
WordPerfect 6.1 for Windows	5/21
Intro to Windows 3.1	5/7
Windows 95	5/15
WordPerfect 6.1 for Windows	5/21
MS:Mail (Windows)	5/9

### 'Say It with Music' in May

The R&W Theatre Group will present "Say It with Music: An Evening with Irving Berlin," on May 3, 4, 10, 11, 17 and 18 at 8 p.m. and on May 5 and 12 at 3 p.m. in Masur Auditorium, Bldg. 10. Tickets are \$10. Seniors pay \$7, children pay \$5. Group rates are available. For information, call (301) 589-0720. □

### Office of Equal Opportunity To Hold Open Forum, Apr. 16

The Office of Equal Opportunity will sponsor the second in a series of open forums on Tuesday, Apr. 16 in Masur Auditorium, Bldg. 10, from 1:30 to 3 p.m. During the past year, major changes have occurred throughout NIH as a result of government-wide downsizing and streamlining initiatives including a reduction of personnel and fiscal resources, and realignment of components. This open forum will focus on the impact of the changes as they relate to affirmative action, the OEO workplace diversity initiative (including a followup from last October's Diversity Congress), status of the NIH alternative dispute resolution initiative and changes in delegations for discrimination complaints processing. Following brief presentations by members of the OEO staff, employees will have an opportunity to ask questions. The forum will be shown on closed-circuit TV at NIEHS, Bldg. 101, Rm. B200 and at GRC in Baltimore, Rm. 1-117. For more information, call Shirley Everest, 6-4627. Sign language interpretation will be provided. For reasonable accommodation, call Carlton Coleman, 6-2906 (V/TTY). □

## ORS Mourns Purchasing Agent Michele Shevitz

Michele F. Shevitz, a supervisory purchasing agent with the Office of Research Services, died suddenly on Mar. 8 as a result of a car accident in Howard County.

She began her career with NIH in June 1965 as a clerk-stenographer for NIMH and transferred to NINDB in May 1966 where she remained until she resigned in 1972 to be at home with her family. She returned to NINCDS in 1976 before transferring to NCI in 1979.

In August 1983, Shevitz became a purchasing agent for NCI, and in 1989 transferred to ORS to help establish its centralized purchasing office. She was promoted to supervisory purchasing agent in 1990. She participated on several trans-NIH committees dealing with purchasing.

Shevitz was born May 26, 1946, in Washington, D.C. She graduated from Montgomery Blair High School in 1964 and received her A.A. degree in

1966 from Montgomery Junior College. She had a love for bowling and baseball. She attended many games umpired by her husband, and

she would always be one of the first people in line for the R&W's Orioles season tickets sale. She also enjoyed crocheting afghans for her family and friends and for residents of nearby nursing homes.

Shevitz leaves her husband of 28 years, Alan; two children, Kevin and Brooke; her parents Abraham and Sarah Yaffe; a sister, Janis Marcello; nieces and

nephews; and a host of friends and coworkers. Her work ethic and sense of humor will be greatly missed by all who worked with her.

In loving memory of Shevitz, members of the DCASA Umpire Associations have established the Brooke Shevitz Education Fund. Contributions can be sent to Dinah Huffer, Bldg. 31, Rm. 3C39.—Tim Tosten



Michele F. Shevitz

### Extramural Grantsmanship Workshop, Apr. 22

A workshop on extramural programs and grant support, designed to help postdoctoral fellows understand the research grant process, will be held on Monday, Apr. 22, from 8:30 a.m. to 5 p.m. in the Natcher Auditorium.

The workshop, sponsored by NIGMS, is intended for intramural postdoctoral fellows, staff fellows, clinical associates, and research associates who are planning to leave NIH and will be preparing research grant applications in the future.

The workshop will cover the NIH peer review process, tips on preparing a grant application, programs available for new investigators, and the names of appropriate people to contact with problems and questions. Small group discussions designed to answer individual questions will be led by experienced staff from the Division of Research Grants and several other NIH components. Preregistration by Apr. 19 is recommended. For information or to preregister for the workshop, call 4-0943. □

### DCRT Training Classes Offered Free on Campus

Visualizing Data: New Frontier of Data Analysis	4/11-12	Introduction to Oracle PL/SQL	4/22-23
SAS Fundamentals I for Programmers	4/15-16	BRMUG	4/23
SQL for Database Administration	4/16-17	Unix Support: An Overview of the ALW System	4/23
Computer Data and the Privacy Act	4/18	Macintosh Resources on the Web	4/23
Using SAS/STAT Procedures to Perform Categorical Response Data Analysis	4/17-19	Getting Started with Windows	4/24
Database Technology Seminar	4/17	Oracle for Application Developers	4/24-25
Creating Applications Using QMF	4/15	Learn the Power of PUBnet Using the Macintosh	4/25
Introduction to WYLBUR	4/22-5/3	Managing and Optimizing Oracle Tables	4/25

## Shalala Visits Children at Clinical Center

By Anne Blank

What would you like me to tell President Clinton?" HHS secretary Donna Shalala recently asked three children being treated at NICHD's 9 West pediatric unit. She was a guest of NICHD and NIH on Mar. 12, when she met with patients and physicians to learn about some of the institute's clinical research protocols. Her hosts were NICHD director Dr. Duane Alexander, deputy director Dr. Yvonne Maddox, scientific director Dr. Arthur Levine, and clinical director Dr. Lynnette Nieman. NIH director Dr. Harold Varmus, NIH deputy director Dr. Ruth Kirschstein, and Clinical Center director Dr. John Gallin also attended.

Nine-year-olds Katie Leatherwood and Ashley Appell, and 15-year-old Brianne Schwantes had the unusual opportunity to meet with Shalala to send a message to the President and describe what they like about NIH, as well as what they think should be changed.

The children agreed that the doctors and nurses are nice, while Katie, who says she wants to be a doctor, added that she likes coming to the NIH because of all the new friends that she makes here. Ashley and her mother seemed pleased with the way things were, simply saying, "Keep going." Brianne praised the activity rooms and the nursing care, but did have one suggestion: add more elevators to the Clinical Center.

Shalala also heard presentations by NICHD intramural scientists on congenital adrenal hyperplasia (CAH), an endocrine disorder; Hermansky-Pudlak Syndrome (HPS), which causes albinism, abnormal bleeding, and abnormal storage of a lipid-like material; and osteogenesis imperfecta (OI), also known as brittle bone disease.

Katie has CAH, which is a group of disorders caused by any one of a series of defects in the biochemical reactions needed to produce the hormone cortisol, explained Dr. Carolyn Bondy, chief of the Developmental Endocrinology Branch, and Dr. Gordon Cutler, chief of the section on developmental endocrinology. The branch has started a new trial to test whether the combination of an androgen blocking drug (flutamide) and an inhibitor of androgen-to-estrogen conversion (testolactone) would be more effective than the current treatment, with promising preliminary results. A parallel laboratory initiative is an attempt to correct a form of CAH in mice through



*HHS Secretary Donna Shalala meets with her new advisors (from l) Brianne Schwantes, Ashley Appell and Katie Leatherwood.*

gene therapy.

Ashley was born with HPS, a rare genetic disease that is most prevalent in Puerto Rico, where it has been found in approximately 1,000 people. In the mainland United States, HPS has been found in approximately 100 individuals, less than 1 per million. Although its etiology is unknown, HPS is thought to be caused by a single autosomal recessive mutation affecting certain small vesicles inside specific cells, explained Dr. William Gahl, head of the section on biochemical genetics of the Heritable Disorders Branch. These include the melanosome, which produces pigment inside the melanocyte; the dense body, which causes platelets to aggregate and form a clot; and the lysosome, a defect in which leads to the storage of ceroid lipofuscin. Currently, NICHD scientists in the Heritable Disorders Branch are conducting a clinical protocol to better define the clinical characteristics of HPS, as well as the basic defect underlying the disorder. These investigators are using a cell culture system to examine the biochemical pathways involved in HPS.

Brianne was born with OI, a genetic disorder of connective tissue that causes the bones of affected individuals to fracture easily, even from mild trauma. Dr. Isabelle Cohen, of the Heritable Disorders Branch's section on connective tissue disorders, explained that the disease is caused by mutations in the gene which encodes type I collagen, the most abundant structural protein of bones, skin, and tendons. OI is grouped into four types, depending on severity. Features of the disease include bone

fragility, bowing and osteoporosis, growth deficiency, loose or dislocated joints, blue sclerae ("whites") of the eyes, defective tooth dentin, hearing loss, and curvature of the spine. OI occurs at an overall incidence of about 1 in 15,000 births, without any preference for gender, race, or ethnic origin. At the Heritable Disorders Branch, research has focused on bracing and exercise to improve mobility and decrease fractures, growth hormone therapy to try to correct growth deficiency, and various approaches to limit the incorporation of the mutant collagen molecule into the bone matrix.

Like their children, the parents expressed gratitude for what NIH has done for them. Because these diseases are rare, the families said they felt isolated and in despair before coming to NIH, where they finally were able to get answers to their questions and new approaches to treatment, as well as to meet families of children with the same disease. In the words of Ashley's mother, Donna Appell, whose daughter comforted her with a hug and a pat when she became tearful: "NIH is a miraculous place." □

### Bone Diseases Group Meets

"Hormonal Effects on Bone Mineral Density in the Hip and Spine: Results from the PEPI Trial," will be the topic of a presentation at the next meeting of the federal working group on bone diseases. The meeting is scheduled for Apr. 18 from 9:30 to 11:30 a.m. in Bldg. 31, Conf. Rm. 7. □