

THE NIH RECORDED

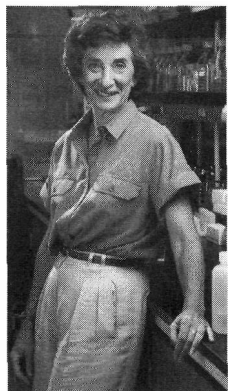
Still The Second Best Thing About Payday

'Head, Hands, Heart in Science'

Ehrenfeld To Head DRG, Long-Time Grantee

By Carla Garnett

When Dr. Elvera "Ellie" Ehrenfeld accepted the helm of NIH's Division of Research Grants last May, she completed a cycle, of sorts: She has held virtually every other NIH-related position—grantee, study section chair, scientific counselor, and advisory board member—a person can hold, and still not be considered an NIH employee.



Dr. Ellie Ehrenfeld

That all changed Sept. 1 as she became an NIH "insider," taking the reins of DRG.

"Several colleagues, both at NIH and

SEE EHRENFELD, PAGE 4

Research Festival Marks Tenth Anniversary

September is back, bringing us indian summer days, back-to-school sales, baseball pennant races—and the NIH Research Festival. The annual gathering of the NIH clans is scheduled for Sept. 16-20 and is chaired this year by Dr. Henning Birkedal-Hansen, scientific director of NIDR. Along with the usual program of symposia, workshops, and poster sessions, this special 10th anniversary edition of the festival offers some new wrinkles: a lunchtime picnic, VIP poster presentations, and a Job Fair for NIH postdocs.

The week kicks off in the Natcher

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Is It West Virginia or Bethesda?



U.S. Department of Health and Human Services
National Institutes of Health

September 10, 1996
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Shopping Expedition

Intramural Working Group Solicits Official REGO Lab Designation

By Carla Garnett

(This is the seventh and final story in a summer-long series on Reinventing Government at NIH.)

Someday soon, an NIH researcher who needs, for example, an incubator, will enter a shopping mall, browse around for the best model or brand name, compare prices, availability and delivery dates, charge it to the lab's purchase card and return to his or her research a few minutes later, safe in the knowledge that the product has been ordered and is on the way.

The scenario forecast above is different from today's standard operating procedure in at least one important way: Scientists will continue to get the best bargain for the best machine but won't have to leave the lab—they'll let their fingers do the walking.

"We want to create an environment where scientists can purchase the products and services they need conveniently, without having to learn a whole bunch of complicated rules and terms—in other words, without being purchasing agents," explained Mary Ann Guerra, NCI associate director for intramural management and a founding member and cochair of NIH's intramural reinven-

SEE INTRAMURAL REGO, PAGE 12

'Truly a Remarkable Person'

NICHD's Winer Hailed as Healing Hero by Grateful Patients

By Rich McManus

How would you like to wake up one day to find yourself hailed as "the best specialist in the world," and to have grateful parents shouting from the rooftops that you've saved their child?

How would you like whole newsletters and international Internet campaigns devoted not only to singing your praises, but also calling NIH "the greatest place on Earth?"

All of this has happened to Dr. Karen Winer, a quiet, low-key physician from New York who works in NICHD's Developmental Endocrinology Branch. She has just published a paper in the *Journal of the American Medical Association* on a new treatment for hypoparathyroidism, a potentially life-threatening hormonal disorder affecting an estimated 1 million people worldwide that has long lacked a cure. You could read that paper—"Synthetic Human Parathyroid Hormone 1-34 vs. Calcitriol and Calcium in the Treatment of Hypoparathyroidism, Results of a Short-term

SEE WINER, PAGE 8

LETTERS TO THE EDITOR



Dear Editor,

Why do people feel they have to change a good thing? What was the matter with the "old" *Record*? To me it appears stories and announcements are just tossed in here and there. The same week the new *Record* came out pay slips were changed from yellow to white. Whose brilliant idea was that?

Ted Manley, BEIP/NCRR

Dear Editor,

Please add mine to the list of names requesting a return to the old format of the *Record*. The only improvement I note is the photo quality.

Dr. Amy R. Sheon, DAIDS/NIAID

Dear Editor,

Wow, the *Record* looks terrific! Your designers really deserve applause for the fresh new layout. It looks much more interesting and inviting thanks to the cleaner masthead, the improved graphics, and the addition of more white space. I also love the contents bar on the cover, though I do think it might be better to re-crop the picture to keep the "E" out of the black. I know you guys have received a lot of criticism over the design change; perhaps I don't concur because I am one of the younger people working here. Give the others time, they'll catch up!

Christopher Reuther, NIEHS

Dear Editor,

I have one small suggestion. If you are going to provide a URL to a specific hypertext WWW document, I would provide the entire URL. That way, you go straight to the page without having to search for it. For example, on the story on the HIV vaccine (Aug. 13, p. 3), you could have included "/newsroom/hivaccin.htm" to take the reader directly to the document. Perhaps the ICDs want you to send readers to their home page and if that's the case, then you should tell readers where to look, e.g. "look under press releases." Other than this one minor observation, I have no other comments. Very impressive.

Dennis Rodrigues, OC/OD

Dear Editor,

I can appreciate your interest in giving the *NIH Record* a 1990's look. However, I would like to pass on my comment that I have found the new layout very confusing. This is largely due to the lack of delineation between stories. For example, normally, one expects a sidebar to be associated with the story it adjoins. I find that many sidebars in the new layout are really short "stories" in themselves. In addition, sometimes pictures that seem related to one another, or to an adjoining story, are not really related at all. I hope that you are considering some

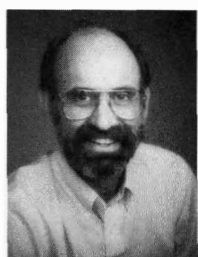
evaluation process to see how your readers like the new format and to solicit suggestions for improvements. Good luck!

Martha Pine, NIGMS

Dear Editor,

I am writing to comment on your report of the bomb threat in Bldg. 37. The note was found at 7 a.m. and the official evacuation from administrators was not given until 11 a.m. A note found at 7 a.m. and an 11 a.m. evacuation was not an immediate evacuation. I was very annoyed with the NIH Police who came to my office to question someone who had seen the note. He did not say the note was a bomb threat. The NIH Police stated that a note was found in the elevator and it was a threat against someone. I found out through another office the subject of the note. Employees, including myself, started leaving on their own for safety. Administrators were still lingering over the decision of evacuation. Never underestimate a foolish mind!

Edna King, LB/NCI



Dr. John Schwab, an organic chemist whose area of expertise is mechanistic enzymology, has joined NIGMS as a program director in the Division of Pharmacology, Physiology, and Biological Chemistry, where he will manage a portfolio of synthetic organic chemistry grants. He comes to NIGMS from the FDA, where he served for 2 years as a review chemist in the Division of Oncology Drug Products. Prior to the FDA, he spent 10 years as a professor in the department of medicinal chemistry and pharmacognosy at Purdue University.

Socially Anxious Volunteers Sought

Adults ages 18-65 who have significant social anxiety and moderate-to-high alcohol consumption are needed for a psychology study. Social anxiety includes feeling anxious in social and performance situations (e.g., parties, dates, work, public speaking). Eligible participants will receive \$40 for 4-5 hours of interviews and testing. For more information call Giao Tran at American University, Agoraphobia and Anxiety Program, (202) 885-1743. ■

NIH RECORD

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

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

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The Record is recyclable as office white paper.

Independent Fundraising Arm

Biomedical Research Foundation Broadens NIH Reach

By Carla Garnett

It's taken more than 6 years following congressional approval, but finally there's a mechanism in place that enables NIH to tackle special biomedical research projects and activities that the agency's government status generally prevents—primarily, fundraising.

As early as 1988, the National Academy of Sciences' Institute of Medicine recommended establishment of an organization that would be independent of NIH, but that would directly support NIH's mission financially by seeking private donations. The resulting entity—dubbed the National Foundation for Biomedical Research (NFBR)—was authorized by Congress in 1990, but only last month took its first baby step toward legitimacy: it obtained the crucial tax-exempt legal incorporation that will allow it to pursue donations that can be written off at tax time.

In essence, the foundation enables private sector funding of public sector health research. Among things NFBR will be able to do that NIH legally cannot: solicit donations from philanthropic organizations, insurance companies, healthcare providers and other research foundations and private sources. The funds received could then be used to provide additional training grants and fellowships to junior and senior scientists, support educational and recruitment conferences, offer sabbaticals and other independent research endowments to federal and nonfederal scientists, and augment research dollars for both the intramural and extramural science programs of NIH. NFBR's independently collected funds would also permit NIH to explore research, training and education that may be scientifically promising, but insufficiently funded.

"It could also support infrastructure needs," said Dr. George Galasso, the recently retired NIH associate director for extramural affairs who is serving as the foundation's part-time executive director. "Each project will be reviewed for merit by the board in consultation with NIH. As long as the project falls within NIH's mission it will be considered for funding."

Although NFBR and the Foundation for Advanced Education in the Sciences (FAES) will be involved in similar activities—providing training opportunities, for example—the two organizations will not duplicate their efforts. Under law, Congress permits NIH to associate itself with only one foundation. FAES will continue its current activities under an agreement with NFBR.

To say the foundation is starting small would be an understatement. Housed in an office off the Cloister's main hall, the NFBR staff currently consists of one—Galasso. Largely through his impetus—and with *pro bono* legal advice—the concept of an independent fundraising arm for NIH has emerged from a 6-year languishment and will hold its first official board of directors meeting this month.

NFBR's board, which will decide how to raise and spend funds, comprises seats for 11 members who, as specified in the founding legislation, must represent the biomedical and biobehavioral communities and the public. Nine seats are currently filled, with Dr. Paul Berg of Stanford School of Medicine serving as acting chair.

Other members include Dr. Mary Ellen Avery of Harvard School of Medicine; Mrs. William McCormick Blair, Jr., of the Lasker Foundation; Dr. Franklyn Jenifer of the University of Texas, Dallas; Dr. Paul Montrone of Fisher Scientific International, Inc.; Dr. Charles Sanders (ret.) of Glaxo, Inc.; Drs. Solomon Snyder and Patrick Walsh of Johns Hopkins School of Medicine; and Henry Wendt (ret.) of SmithKline Beecham. Potential candidates for the two remaining vacant seats will be discussed at the board meeting.

So far, NFBR's modest start-up funds—for office furniture and supplies—have come from the NIH Gift Fund, but Galasso hopes that will change soon.

"We are hoping to attract the interest of individuals, philanthropic groups, industry, insurance companies and healthcare providers who would be willing to offer seed money," he said. "Like any new operation that depends on donations, we are going to have to learn how to ask for support. We welcome any and all ideas from those with experience in raising funds."

To contribute ideas or funds to the foundation, contact Galasso, phone: 2-5311, or email: galassog@nih.gov. ■



Dr. Christine Melchior recently joined the Division of Research Grants as scientific review administrator of the alcohol and toxicology 1 and 3 study sections, Referral and Review Branch. She had been a research pharmacologist at West Los Angeles Veterans Administration Medical Center, with an appointment as a research associate professor in the department of psychiatry and biobehavioral sciences at UCLA.

Author Gould To Speak

Author Stephen Jay Gould visits NIH on Tuesday, Sept. 24 at noon in Masur Auditorium, Bldg. 10. His most recent book, *Full House: The Spread of Excellence from Plato to Darwin*, takes a new look at evolution. All are welcome. ■

EHRENFELD, CONTINUED FROM PAGE 1

within the extramural community, pointed out to me the opening at DRG, and suggested that I apply," she said, recalling how she found out about the job.

"Many people were aware of my long-term commitment to peer review and my belief that our system of evaluating research grants from independent investigators is the strength of the U.S. system."

Ehrenfeld said that continuing the nation's stellar tradition in science will depend largely on its willingness and ability to invest in the next generation. That's where DRG can lead the way.

"To maintain and develop this country's leadership and contributions to the world's research enterprise requires—as the most fundamental first steps—that we train our young people, allow them a chance to do their science, evaluate and identify the best quality and most important programs, and adjust our funding priorities to accommodate a balanced and carefully thought-out mission," she noted. "Each of these steps is essential. The DRG plays an important part in this overall process, and I am very excited to serve as the director of that component."

For the first 4 months at her new post, Ehrenfeld will spend about 25 percent of her worktime at DRG, using the other 75 percent to conclude research projects at the University of California, Irvine (UCI), where in addition to maintaining a lab, she has held the positions of professor of molecular biology and biochemistry and dean of the school of biological sciences since 1992. On Jan. 1, she'll assume full-time duties at the NIH division that generates the lion's share of NIH grant application review policies and procedures and serves as the nucleus for all PHS applications for research and research training support, and referrals. In addition, DRG, which celebrated its 50th anniversary this summer, provides scientific review of most NIH research grants and fellowships.

Although the division's original charge will remain constant, Ehrenfeld foresees significant changes in the coming months to NIH's traditional model of peer review.

"To accomplish the missions of the extramural programs of the NIH," she explained, "we must identify and provide support to the best possible science, while maintaining a sufficient diversity of ideas and people to ensure that new directions and areas continue to emerge and develop for the future. And we must do this as quickly and efficiently as possible."

"Over the years," she continued, "DRG has benefited from efforts to continuously improve its activities, and I will certainly maintain this tradition. Some of the refinements I envision are procedural—those needed to improve the speed and efficiency of the process. Others are more fundamental, and will require consideration of broad scientific issues to ensure that the review process tracks the rapidly moving directions of biomedical research."

Acknowledging that such issues are too large and

fluid for DRG to tackle alone, Ehrenfeld said her approach to DRG's evolution will be simple: first, start a dialogue within the research communities inside and outside NIH walls, and then listen.

"One of my most important initial efforts will be to engage both the staff of the NIH institutes, [centers] and divisions and the extramural scientific community in discussions and decision-making so that we can work together to maintain a top quality research enterprise in the U.S.," she said. "There are some structures already in place to stimulate communication and acquire broad input, such as the recently established peer review oversight group and the DRG advisory committee, and several recent reports from a number of task forces contribute valuable insights. I also intend to seek more extensive feedback and to develop additional mechanisms, as needed, to ensure that the entire spectrum of research activities—from behavioral science to molecular biology to clinical research, from microbial pathogenesis to human brain function—is well served."

A *cum laude* graduate in chemistry from Brandeis University who received her Ph.D. in biochemistry from the University of Florida, Ehrenfeld spent much of her early career on the East Coast as a professor of cell biology at Albert Einstein College of Medicine until heading west in 1974. That year, she became an associate professor in the microbiology and biochemistry departments at the University of Utah College of Medicine in Salt Lake City, where she rose to the position of professor and director of the interdepartmental graduate program in molecular biology. In 1992, she began her posts at UC Irvine.

Ehrenfeld's association with NIH began in 1972 when she served on NIGMS's microbiology training committee. Over the years since then she has been a member of NIH's experimental virology study section (1975-1979), served on NIAID's board of scientific counsellors (1975-1979), chaired NIH's genetic basis of disease review committee study section (1988-1990), and been appointed to the National Institute of General Medical Sciences Council (1993-1996). She has been principal investigator on two continuous NIH research grants for the last 22 years.

Ehrenfeld said her lab at UCI will continue its work for up to a year, allowing her students and postdocs to bring their projects to completion and to move to their next positions. During this time, which she compares to a sabbatical, she will be able to devote her attention full-time to getting started at DRG, while maintaining her scientific role in her research program by email, fax and occasional visits. In a year or so, she'll bring a small laboratory group to NIH to continue her work in molecular virology in NIAID's intramural program.

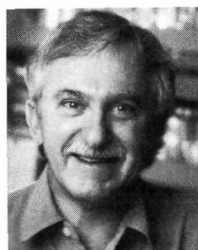
"As I enter this new stage of my professional career," she concluded, "I am excited to take on some new kinds of responsibilities and to serve the scientific community and research enterprise. It is important for me, however, to keep my head, hands and heart in the practice of science." R



NIGMS grantees Dr. Richard D. Kolodner (above) and Dr. Paul L. Modrich (below) recently received the 1996 Charles S. Mott Prize from the General Motors Cancer Research Foundation. The prize was awarded for "outstanding achievement in unraveling the mystery of DNA 'mismatch repair' and its association with hereditary non-polyposis colon carcinoma." They each received a gold medal and were awarded a total of \$100,000.

Modrich, a professor at Duke, has been an NIGMS grantee since 1974.

Kolodner, a Harvard professor, has been an NIGMS grantee since 1971. He has also received support from NCHGR and NIAID.



Loud and Clear

Deaf Interns Prove Boon to NIH Programs

A woman walks up to a police officer and, obviously agitated, begins pounding her foot and gesturing wildly. Provoked by the display, the officer automatically prepares to fend off a possible assault.

Fair enough scenario in this day and age, when cops have to be ready for violence from any quarter. But an NIH police officer who had had the benefit of Michelle Moroc's counsel might recognize such an incident not as a personal threat but as a plea for attention by a deaf person in need of assistance.

Such was one of the insights Moroc gave to NIH's Division of Public Safety, where her 8-week summer internship ended recently. "You've given us more than we've given you," noted DPS Director Jim Sweat, who presented Moroc, an intern from Gallaudet University, a certificate of appreciation on Aug. 9.

Moroc was a participant in the Gallaudet Voluntary Intern Program, an agreement that began last January when 12 interns from the Washington, D.C., school came to NIH to work in biology, technology transfer, communications, administration, computer technology and grants management. Some of these interns continued as paid NIH summer employees. In all, 13 Gallaudet interns were placed during the summer.

The program, a collaborative effort of the Office of the Director Equal Employment Opportunity office and Gallaudet, involved many ICDs.

"The first supervisors in the program were truly pioneers," said Hilda Dixon, who serves as the NIH coordinator for this exchange. "Most did not have any skill in communicating with and supervising deaf employees, but they were innovative and resourceful in their approach to assigning the interns."

Indeed, interest in the program is growing as more NIH offices have good experiences with the youngsters.

Moroc made converts of any skeptics at each DPS

branch she visited—all were impressed with her friendly attitude and hunger for actual work. Accompanied by sign language interpreter Mark Langer (an EEO employee whom Sweat also honored for his excellent work), she went on shifts with officers from the Police Branch, joined K9 teams on training missions, learned how to cut keys with locksmiths in the Crime Prevention Branch, participated in building security surveys, accompanied officers to U.S. District Court in Hyattsville (to accommodate her interest in legal matters—a government major, she is minoring in criminology and may seek a career in law), learned basic techniques of criminal investigation, and constantly



DPS Director Jim Sweat presents certificate to intern Michelle Moroc as interpreter Mark Langer looks on.

made DPS supervisors aware of the needs of the 50-some deaf employees at NIH.

"She was very inventive with ways of communicating with us," noted Richard Shaff, chief of the Emergency Branch. Moroc convinced him of the need to supply interpreters for the upcoming Fire Prevention Week activities on campus. "I think we'd all hire her in a minute."

Shaff, who demonstrated a pager system for hearing-impaired employees that uses a vibrating pager and alphanumeric display to alert employees when there is an emergency on campus ("Not even Gallaudet has this," noted Sweat), learned from Moroc the importance of enlisting the support not only of deaf employees but also their supervisors when creating inclusive emergency plans.

"She was very flexible," added Sandy Miller, administrative officer for the division, who helped coordinate Moroc's 2-week stints with each DPS branch.

"She asked us to give her some real work to do," said Lt. Will Liston, day shift supervisor for the

New Group for Asian Americans

Since the Office of Equal Opportunity will not be sponsoring advisory committees after this year, the NIH Asian/Pacific Islander American advisory committee will no longer be able to advise the OEO director on matters concerning APAs. A successor organization—the Asian-Pacific Islander American Organization — has been sanctioned. It will elect council members and officers at a meeting Oct. 22 at 1 p.m. in Wilson Hall, Bldg. 1. Membership is open to all NIH'ers.

For more information and to get a copy of the new draft constitution and bylaws, attend the AAAC meeting at 1 p.m. Oct. 1 in Bldg. 31, Conf. Rm. 7. Everyone is invited to attend.



Moroc and Langer are flanked by DPS supervisors (from l) Lt. Will Liston, Richard Shaff and Jim Sweat.

SEE INTERNS, PAGE 6

Career Advice for Medical Writers

Looking for ways to advance your medical writing career? Ask the experts—join the Mid-Atlantic chapter of the American Medical Writers Association for “Curbside Consultations: Career-Building Advice for Medical Writers” on Saturday, Oct. 5 from 9:30 a.m. until 1 p.m. in the Natcher Bldg. Experts in eight specialties will offer tips and professional advice on a wide range of topics in informal, small groups. The program (including continental breakfast) is \$15 for AMWA members and \$20 for nonmembers. Optional lunch is \$10.

For more information or to register, contact Heather Dittbrenner, (410) 242-3357 or email: carter@charm.net. Space is limited; registration deadline is Sept. 18.

INTERNS, CONTINUED FROM PAGE 5

Police Branch. Among Moroc's suggestions was that firearms training—conducted on a computerized simulation of dangerous scenarios—include people with disabilities. “That’s an excellent idea,” Liston said.

Moroc returns this fall to Gallaudet, where she must draft a paper on her NIH internship.

“For the interns, this participation is an integral part of their college curriculum,” said Dixon. “Many Gallaudet areas of study require an internship in order to graduate. The interns learn the thrill of becoming part of the work environment and how different it can be to implement information learned in the classroom.”

Last spring, NIH deputy director Dr. Ruth Kirschstein attended a gathering of interns and supervisors. The Gallaudet program coordinators also attended so that all participants could give their reactions to the program. NIH supervisors were

unanimous in their support of and praise for interns. In addition, many supervisors emphasized the need for sign language training. The OD EEO office responded by sponsoring two sessions of basic sign language training conducted by a Gallaudet intern; there were more than 90 requests to participate.

The NIH ICDs have demonstrated their commitment to the success of this program by identifying challenging assignments for the interns. “Gallaudet has been very pleased with the results of our participation,” noted Dixon. In April, NIH was recognized by Gallaudet as its honored employer at the annual spring luncheon of the National Capital Association for Cooperative Education.

NIH is now making plans for fall intern placements. If you are interested in participating in the Gallaudet Voluntary Intern Program, have your ICD EEO or personnel office contact the OD EEO office at 2-4157. **R**

Hispanic Youth Initiative Succeeds Again

For the second year in a row, the National Hispanic Youth Initiative (NHYI) drew a record number of outstanding young Hispanic scholars from high schools around the country to the Washington, D.C., area. Two groups of 80 students spent 9 days lodged at George Washington University, visiting NIH and other health agencies as well as Congress and the White House. They spent 2 days at NIH, receiving an overview of training opportunities available for students.

NHYI was established in 1988 to increase the number of Hispanics in health professions and scientific research. By the year 2000, it is anticipated that Hispanic Americans will represent more than 10 percent of the population; yet, currently Hispanic physicians represent only 4 percent of the physician workforce; dentists, 2 percent; pharmacists, 3 percent; and nurses, 3.4 percent. The program seeks to enhance Hispanic youth awareness of national health and scientific research, public policy, and the role and impact of the federal



Myra Woolery-Antill (r), an NIH clinical nurse specialist, leads several NHYI students on a tour of CC facilities.

government in health policy development.

A cadre of former NHYI participants is currently working at NIH as interns and researchers, an indication that the program is working. **R**

Immunology Retreat Set, Oct. 1-3

The NIH campus-wide immunology retreat will take place Oct. 1-3 at Airlie House in Warrenton, Va. Registration will begin at 8 a.m. and the first talk will be at 11 a.m. on Tuesday and extend until after lunch on Thursday.

Registrations are welcome from all interested in participating in the free session, open to 250 participants. They will be accepted in the order received. Priority will be given to those staying for the entire retreat.

The sessions will be on: Lymphocyte Differentiation, Effector Choice in the Immune System, Chemokines and AIDS, and concurrent workshops

on gene regulation in the immune response, tolerance and autoimmunity, and tumor immunology and vaccines.

To obtain a registration form, send email to David Gandy (dgandy@atlas.niaid.nih.gov) or Joanne Ramella (jramella@atlas.niaid.nih.gov), or call 6-2750. **R**

STEP Announces New Season of Talks, Training

The Staff Training in Extramural Programs (STEP) committee has planned a new series of forums, Science for All lectures, and modules. These offer opportunities for professional growth and career development, as well as a chance to learn more about critical issues facing NIH.

STEP forums focus on issues of interest to a broad spectrum of NIH staff members. They last 2-3 hours, are free and open to all, and don't require advance registration. Five are planned this year including "Thriving in a World of Change: A 2-Hour Survival Guide," (Oct. 29, Wilson Hall) which will present strategies for growing and prospering in changing job environments, and will be particularly pertinent to those whose job responsibilities, but not job titles, are changing. "Peer Review in Cyberspace: Countdown to Launch?" (Dec. 5, Wilson Hall) is expected to be a lively discussion of electronic peer review and a review of current electronic peer review experiments. "Recent Court Decisions: Minority Programs Under Fire?" will discuss recent judicial and legislative actions in affirmative action and their implications (Feb. 20, 1997, Natcher). "Electronic Communication: Who's Reading Your Email?" (Mar. 12, Wilson Hall) will review who else has access to what you send, receive, save, and delete, and will discuss your rights and responsibilities.

STEP's Science for All series presents for both nonscientists and scientists recent advances in biomedical research as they relate to contemporary health problems. Like the forums, the 2-3 hour presentations in this series are open to all extramural staff, are free, and do not require advance registration.

"Radialkeratotomy: Are You Ready to Leave Your Eyeglasses Behind?" (Dec. 10, Wilson Hall) the first of the presentations, discusses the benefits and potential problems of using this surgery to correct vision problems. "Chronobiology: Timing Is Everything!" (Jan. 8, Natcher) will review how circadian rhythms affect us all in our daily lives—from when we should take medication to making us feel jet lag. Finally, "Learning Disabilities" (June 5, Natcher) will follow a general discussion of learning disabilities with an in-depth discussion of two or three of the most common ones.

STEP modules convene for at least 1 day and are free, like the forums and presentations in the Science for All series. However, advance registration is required and attendance may be limited. Application details and an application form can be found in the back of the STEP catalog, which will be available this month.

Four modules are planned this year: "Why We Do the Things We Do: Behavior and Biology," (Nov. 21, 8 a.m., Wilson Hall) leads off with an exploration of behavioral research in relation to health and

disease and the relationship between behavior and biology. "Secrecy in Science: Who Owns the Data?" (Mar. 20, 8 a.m., Wilson Hall) will examine why scientists and/or their institutions withhold key scientific resources and information. Participants will discuss responsibilities of NIH staff in addressing this issue and explore how legitimate interests can be protected while still permitting access to



STEP chair Dr. Bravo

scientific data and resources. "\$O\$: Solvency of Science," (Apr. 9, 8 a.m., Wilson Hall) will review the past and current status of financial support for research institutions, examine how institutions are coping in this era of constrained resources and increasing costs, and discuss how changes in federal regulations may affect biomedical research. In "The Last Phase of Life: Knowing How and When to Let Go," (May 8, 8 a.m., Natcher) participants will discuss the medical, cultural, legal, and emotional aspects of dying, and the resources upon which to draw when faced with this difficult situation.

STEP is a volunteer organization of 24-30 experienced NIH extramural staffers who, each year, develop a variety of training activities for NIH'ers. Dr. Norka Ruiz Bravo, program director, Division of Genetics and Developmental Biology, NIGMS, chairs the STEP committee. Mary Armstead, procurement analyst, Office of Contracts and Grants Management, OD, is vice-chair. The Office of Extramural Programs sponsors the program. For a copy of the STEP catalog, contact your personnel office or the STEP office, 5-2769. ■

Healthy Volunteers Sought

NIMH seeks healthy men and women ages 20-35 for studies of brain function and structure, using PET and MRI techniques. The PET scan involves exposure to an amount of radiation that is within both NIH and FDA guidelines. Volunteers will be paid. If interested, call 2-3682. ■

Get Ready for Pumpkin Chase

With Halloween coming, remember the great Pumpkin Chase, a 5K run benefiting the Friends of the Clinical Center. At 9 a.m. on Sunday, Oct. 27, the race begins in parking lot 41, behind Bldg. 38A. Runners get a long-sleeve t-shirt and help a fine cause. Refreshments follow the race. Call 6-4600 for an application. ■

NIH Awards 'ImageWorld' Contracts

NIH recently awarded ImageWorld contracts to provide a way to procure commercial off-the-shelf hardware, software, solutions and services needed for imaging.

The contract is intended to transform traditional paper processes into electronic databases and computer networks that enable employees to retrieve documents from their computers instead of file cabinets or paper transmitted from office to office. The program is expected to save millions of dollars.

For a list of awardees, visit the ImageWorld home pages at <http://www.nih.gov/od/oirm/nihecs.html>. The list goes on the Web on Sept. 15. In all, 118 companies are participating in ImageWorld. For more information contact Manny De Vera, 2-4465.

WINER, CONTINUED FROM PAGE 1

Randomized Crossover Trial" (*JAMA*, Aug. 28, Vol. 276, No.8)—and come away impressed that its findings will almost certainly be applied in major medical centers worldwide.

Or you could read *Hypoparathyroidism Newsletter* for June 1996 (Vol. 3, No. 2), published by James Sanders of Idaho Falls, Idaho, and read the front page article headlined, "Halla Ruth's Story." Both Sanders and Halla Ruth Halldorsdottir are NIH patients who are beneficiaries of a new treatment Winer common-sensically applied at the inspiration of her boss and mentor Dr. Gordon Cutler. In a sense, the *JAMA* article is the sheet music, and *HN* is the actual "Hallelujah Chorus" being sung.

A fellow at NICHD for the past 6 years, Winer is too seasoned to wear a halo. Like a lot of clinicians around here, she is busier than is probably healthy, constantly shifts between a cluttered lab (with an appended "office" that makes a coffin seem capacious) and patient care units, and can only be conjured if her pager is working. Once captured, however, she is wholly unpretentious, patient, soft-spoken, nice to the people around her—in short, the kind of doc a mom can trust her kid with.

Halla Ruth's mom, Gudrun Vidarsdottir, needed all the reassurance she could gather when she finally found NIH and Karen Winer after years of desperate searching for the cause of her daughter's chronic illness. Let Gudrun's words begin the story:

"Halla Ruth and her nonidentical twin sister, Silja Bjorg, were born on Nov. 9, 1987, in Iceland. They

were delivered by C-section after I had been pregnant for 36 weeks. At birth, Silja Bjorg was small and weak and had to stay in the intensive care unit for premature babies. Halla Ruth, however, was bigger and stronger and was able to stay with me.

"Two days after they were born, I noticed Silja Bjorg was getting stronger, but Halla Ruth was weak and tired. It was difficult to feed her. It was as if she was having problems swallowing. That day she suddenly turned blue in the face, and I noticed that she had stopped breathing..."

The succeeding 2 years were hellish for both Halla Ruth and her

mother. Despite visits to the most prominent pediatricians in Iceland and Sweden, the little girl's health problems worsened. They included episodes of spasms, a grand mal seizure, difficulty eating and drinking, pneumonia and asthma.

Gudrun herself ended up making a diagnosis of hypoparathyroidism as the cause of all these symptoms on Mar. 31, 1989, when she read about the illness in a home medical book. She found a doctor who would listen to her and who immediately put Halla Ruth on the standard treatment of the day—intravenous calcium and vitamin D.

This treatment, which mercifully erased many of Halla Ruth's symptoms, nevertheless had side effects, including the development of kidney stones.

Gudrun continued to query every specialist she could find. She was wise enough at this point to know that Halla Ruth needed therapy with synthetic human parathyroid hormone (hPTH). After reading hundreds of articles in Medline and corresponding with world authorities on hypoparathyroidism, she was given the name of Dr. Karen Winer.

"I am grateful to the people who helped me to get in touch with her," says Gudrun. "On Oct. 1, 1993, Dr. Winer told me that Halla Ruth was welcome to take part in her protocol. That was the best news we had heard since she was born. On Jan. 5, 1994, she started on the hPTH and has been on it ever since. She was the first child in the world to be treated with hPTH."

Winer's recitation of how this treatment evolved is almost staggeringly logical. Since hypoparathyroidism is, at root, a hormonal disorder, the trick is to replace the missing hormone.

As the locus of so much potential metabolic trouble, the parathyroid glands themselves are relatively puny; there are four of them located in the lower central portion of the neck. "They are very small glands," notes Winer. "Most people don't pay any attention to them."

But if they are damaged by neck surgery, or by a congenital or autoimmune disorder, they can disrupt the metabolism of calcium. Doctors are clued to the condition when they notice abnormal levels of calcium, phosphorus and magnesium in patients' blood. Another clue is excess calcium in urine. Parathyroid hormone absorbs the calcium out of urine; the lack of PTH leads to excess urine calcium, which can lead to kidney stones.

The conventional therapy for hypoparathyroidism is vitamin D, which can normalize a patient's serum calcium. "But it also may lead to excess calcium in the urine," said Winer, "so it's a palliative treatment at best."

Classic symptoms of hypoparathyroidism are cramping of hands and feet, seizures, and difficulty swallowing. "Halla Ruth had all these symptoms," Winer said.

Shift locales for a moment from Scandinavia to

Twins Halla Ruth (l) and Silja Bjorg Halldorsdottir of Iceland pose during a recent NIH visit. Halla Ruth has been successfully treated for hypothyroidism; her sister played a key role in her battle to cope with illness.

PHOTOS: BILL BRANSON



America's mountain west, where a young man named James Sanders was growing up both torturedly and tortuously. He began displaying symptoms of hypoparathyroidism at age 8, but, as he says, "the doctors didn't know what was going on. They told me it was psychosomatic—all in my head. They told me to take two aspirin and go to bed."

Sanders' illness became so severe that he was "basically bent into a pretzel. My father had to carry me into the emergency room."

He had learned to cope with undiagnosed hypoparathyroidism through various means: "I learned to deal with difficulty breathing when my vocal cords went into spasm," he recalls. "I had all the classic symptoms but seizures."

By the time he was set to start classes at New Mexico State University, Las Cruces, at age 18, he was tired all the time. A pre-college physical exam, however, revealed astonishingly low levels of serum calcium. For the next 3 years, he spent a total of several months in the hospital as physicians finally concluded that what had been vexing him for the past decade was not hysterics or mental illness but hypoparathyroidism. In 1992, he became one of the patients in Karen Winer's first pilot study of synthetic PTH as a cure for hypoparathyroidism.

This 20-week study compared vitamin D with hPTH, and was successful enough to yield longer-term studies, with more patients, to determine optimum dose levels and possible side effects on bone and kidney function. Today, Halla Ruth, Sanders, and the four of Sanders' five sons who have a familial form of hypoparathyroidism are all



Halla Ruth's family is all smiles during a recent visit to NIH.

enrolled in Winer's long-term study of hPTH as a new therapy for hypothyroidism. All are doing remarkably well.

"This is an extremely important breakthrough, in my opinion," said Winer, who also cautions that it is "very important to determine the long-term effects of PTH" in the body as many years of exposure to hPTH pass.

Parathyroid hormone was first synthesized in 1974 by John Potts at Massachusetts General Hospital, relates Winer, but was never applied as a treatment for hypoparathyroidism.

It was successfully used in the late 1970's as an experimental treatment for osteoporosis because it has a direct effect on bone, she continued. "Despite good results, PTH never emerged as a conventional therapy for osteoporosis."

During her first year as a fellow on rounds at NIH in 1991, Winer met Jennifer, a long-time patient with autoimmune hypoparathyroidism who

WINER, CONTINUED ON PAGE 10

Birth of a Newsletter

James Sanders is determined that no other child on earth should have to go through the misery he suffered before he was diagnosed with hypoparathyroidism. Hence he launched, in August 1994, *Hypoparathyroidism Newsletter*, a friendly 12-page publication produced on a desktop computer and mailed quarterly to more than 100 subscribers free of charge. It consists almost wholly of letters sent in by patients from around the world who share Sanders' conviction that no one with hypoparathyroidism should feel alone, helpless or despairing.

A health physics technician at the Idaho National Engineering Laboratory, a Naval reactor facility, Sanders spent years 8 through 18 in a misery of misdiagnoses as physicians took his complaints of cramps, trouble swallowing, and problems breathing as hysteria or mental

illness. Not one had thought to check his serum calcium.

Finally, just before entering New Mexico State University at Las Cruces, Sanders was seen by an Air Force doctor who made the correct diagnosis. Sanders went on to major in journalism and graduate from college, and now lives in Idaho Falls, Idaho, with his wife and five sons, four of whom have hypoparathyroidism. Like their dad, these boys are grateful participants in Dr. Karen Winer's NICHHD protocol using synthetic human parathyroid hormone.

Not until he entered Winer's protocol did Sanders meet a fellow sufferer from hypoparathyroidism. "It was an opportunity to hug and cry together," he recalls. "It made a big difference in my life. My newsletter expands that, makes it a little bit easier" to endure the loneliness of having a rare disease.

"There's a lady up in Montana who says

it saved her life, gave her a 100 percent turnaround in the way she felt. To me, that's important."

A number of physicians from major U.S. medical centers are also subscribers, as are various NIH doctors and nurses.

Twenty-five years after gaining a degree in journalism, Sanders is finally getting to write the story of his life. And his audience is hungry for every word.

Reluctant to hone in on the accounts he publishes from others, Sanders does allow himself the last word—in prose ringing with the modesty and clarity of high desert—in the June 1996 issue: "The least we could say is that we were a part of a great moment in medicine, at least as far as patients with hypoparathyroidism are concerned."

WINER, CONTINUED FROM PAGE 9

had been followed since her early childhood and was now age 14 and suffering renal insufficiency.

"We discussed the case during pediatric endocrinology rounds with my mentor Gordon Cutler and he said that what this patient needs is PTH," Winer remembers. "I went to the library to see if it had

ever been used, and saw the literature on osteoporosis. I also found a case report, written in German, that had just appeared involving two children from Vienna. PTH had actually worked for these children—their calcium normalized and their symptoms disappeared. But the researchers did not have enough of the drug to continue their treatment long-term.

"I said, 'Gee, this would be a wonderful project—it's something that needs to be done,'" Winer recalls. And because "patients were being adversely affected by the conventional therapy," she resolved to begin the experiment.

"I found out where to get the drug, and worked with the pharmaceutical development service (PDS, part of the Clinical Center pharmacy department) to turn the raw material into something we could use."

A company called Bachem in Torrance, Calif., supplied the makings of hPTH to George Grimes of the CC pharmacy, who tested and formulated a product fit for human use.

"The pharmacy here did an excellent job," said Winer. "The PDS here is phenomenal. They took the basic material, the PTH peptide, and made it into something we could treat patients with."

Winer says the German case report was very brief and included little data, so that the earlier study of hPTH for osteoporosis was actually more valuable to her research. The *JAMA* paper, she expects, will lead to more clinical trials across the country.

Obviously pleased that Halla Ruth is doing well, Winer recounts meeting her for the first time in January 1994. "Her mom tracked me down. She was very desperate for help. Halla's calcium metabolism was not well controlled. Her mom was trying the best she could to manage it, but vitamin D was not a good therapy for her."

Kidney problems were cropping up, her serum calcium fluctuated enormously and Halla Ruth basically saw herself as a permanently sick child. "Her problems were consuming the whole family's energy," Winer said.

She began treating the girl with hPTH. "At the

molecular level, we now understand her rare form of hypoparathyroidism. It involves a sporadic mutation of her calcium-sensing receptor. Understanding the underlying cause of her disorder helped us in managing her appropriately.

"She's quite stable now," Winer reports. "She's more energetic, she's doing well in school. She's told her mom, 'I'm not sick anymore, I just have to take medicine.'"

"It's a nice thing," smiles Winer, understatedly. "Her whole self image has changed."

Halla Ruth now takes two shots a day, 12 hours apart, and every other day takes a tablespoon of magnesium before bed.

Winer monitors the progress of her far-flung patients by testing in her laboratory the urine and blood specimens they mail her periodically from their homes.

Halla Ruth's twin sister Silja Bjorg also played an important role in her restoration, Winer notes. "They really have a remarkable relationship."

Normally, parents sleep over with pediatric patients when they must stay overnight in the hospital, and siblings stay at the Children's Inn. "But it was very, very hard for Halla Ruth to be separated from her sister, even for one night," said Winer. Nurses set aside standard practice to accommodate the girls and let them sleep together in the CC.

Winer credits the inn environment, too, with bolstering Halla Ruth's emerging sense of normalcy. "Every time she's here she meets other people with hypoparathyroidism. They all seem normal to her, and this helps Halla Ruth. She realizes that she is going to have a normal life, and that things probably will be okay for her to live a long, healthy life."

So far, no patient with hypoparathyroidism has failed to respond to Winer's treatment.

"Halla Ruth, out of all my children, was the most difficult to treat," she says. There are 30 patients—9 kids and the rest adults—in the current study. "All the children seem to be responding well."

The dose study so far seems to indicate that patients do much better on a twice-a-day regimen than just once.

Winer expects to see Halla Ruth and the Sanders family during twice-yearly clinic visits, now planned through 2002.

Concludes Sanders, "Karen Winer is the best in the world. I can't say enough about her. She follows everything real close. She's just a top-notch physician. She really cares about her patients. I can't imagine what my life would be like if my family weren't participating in her protocol."

Echoes Gudrun Vidarsdottir, "My dreams finally came true! Halla Ruth is in the hands of the best specialist in the world and is getting the best treatment available for her disorder. We are very grateful to Dr. Karen Winer for giving Halla Ruth the possibility of a new life." ■



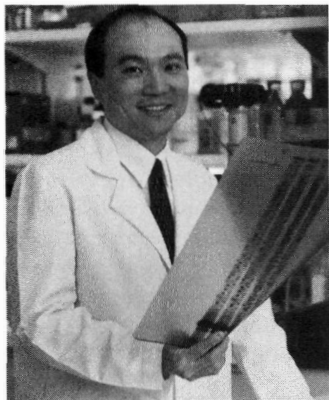
Dr. Karen Winer successfully treated a very grateful Halla Ruth for the hormonal disorder hypoparathyroidism.

Liver Diseases Research Revitalized

By Sharon Ricks

On the ninth floor of the Clinical Center, a reconstituted NIDDK liver diseases section is emerging. Among the newly opened boxes of supplies and equipment are new researchers, innovative techniques and novel ideas shaping a fresh approach to liver research.

"We're translating what we've learned from the bench to the bedside," said new section chief Dr. T. Jake Liang, a gastroenterologist/hepatologist recruited from Massachusetts General Hospital



Dr. T. Jake Liang

(MGH) and Harvard Medical School. He in turn has recruited scientists from MGH, University of California at Los Angeles, Tulane University, NCI, and other countries to build a bridge between clinical and basic liver research.

The laboratory is fully renovated. There's a new tissue culture room where

eight incubators grow cell cultures, and there's new imaging equipment. "We're using innovative technology to understand how hepatitis viruses cause disease and to develop novel antiviral treatments," said Liang.

Dr. Jay Hoofnagle, director of NIDDK's Division

of Digestive Diseases and a long-time clinical researcher in the section, noted that chronic hepatitis affects 3 million to 4 million Americans and is a major cause of cirrhosis and liver cancer. "Jake studies how the viruses grow, what makes them replicate, and what controls their activity and how much they replicate. That's a clue to what causes the liver injury in chronic hepatitis."

Hepatitis C is the most common form of chronic viral hepatitis in the United States. The new research team is studying the molecular events that occur when it replicates in infected individuals. They are also treating patients with alpha interferon, an antiviral agent that causes remission in 10-20 percent of people, and with other experimental drugs that are promising in the treatment of hepatitis B and C.

Liang's commitment to hepatitis began as a child in China where he, his aunt and his brother had hepatitis. "I didn't know science or medicine," he recalls, "but that's always been in the back of my mind. It's become part of my life to work on it." He emigrated from China to the U.S. as a teenager and went on to attend Harvard College and Harvard Medical School.

Also on his mind is liver cancer, a major complication of chronic hepatitis. As serendipity, he found that when a tyrosine kinase named *met*, a protein involved in liver growth, is expressed in transgenic mice, breast cancer develops. Now he wants to learn how regulation of liver growth by *met* is linked to cancer.

"To me your liver is the center of the universe," says Liang. "It is the single organ that carries on the most body functions." ■

Need a Snack at 3 A.M.? No Problem

What do you do when the last cafeteria closes at 11 p.m.? For many NIH'ers, the only alternative is to head toward the snack vending machines. Guest Services, Inc., recently installed two new vending machines in the Bldg. 10 clinic dining area that will be available 24 hours a day, 7 days a week. Employees can select from a variety of freshly made sandwiches, fruits, yogurts, desserts, freshly brewed tea, and a variety of coffees. So next time the midnight munchies strike, try an American hoagie or a yogurt. Reminder: Only 112 days until the big Bldg. 31 cafeteria renovation begins!

Building Evacuation Drills Set

The fall 1996 semiannual building emergency evacuation drills will be conducted by the Emergency Management Branch (EMB), Division of Public Safety, beginning on Sept. 17 and continuing through October. These exercises are mandated by the Department of Health and Human Services and affect all NIH-occupied buildings on campus (except the Clinical Center) and all off-campus facilities in the area. A total of 104 buildings have been scheduled.

These drills ensure that in the event of emergencies, all persons can safely vacate the facility in an orderly manner. This is particularly important for people with temporary or permanent disabilities who may require some assistance.

It is important for all employees to react promptly when the fire alarm activates in their building, either for an actual emergency or during the drills. The following procedures should be followed:

■ Notify others in the area that the alarm has sounded. Be especially attentive to any persons who

may be deaf or hard-of-hearing.

■ Close all doors.

■ Follow all instructions from the occupant evacuation team members.

■ Walk, do not run, to the nearest exit and leave the building.

■ Do not use elevators unless they are under the control of the fire department and firefighters specifically direct elevator use.

■ Move at least 300 feet away from the building to allow others to evacuate safely and provide firefighters easy access to the building.

■ Do not reenter the building until notified by an official.

Each person should be familiar with alternate evacuation routes in the event that the primary exit is blocked by fire, heat and/or smoke. Remember, even the most familiar of surroundings can be confusing when the area is obscured by smoke, and panic creates irrational behavior in people ordinarily accustomed to the surroundings.

Contact EMB at 6-1985 for more information. ■

INTRA MURAL REGO, CONTINUED FROM PAGE 1

'Extraordinary Objects' Exhibit at NLM

A new exhibit celebrating the rich and diverse historical collections acquired and preserved by NLM is open in the library's main lobby through October. "Extraordinary Objects—Extraordinary Stories: Celebrating the NLM Collections" includes treasures from the last 500 years of Western medical history. These primary sources represent both extraordinary moments of discovery, as well as the common practices of healing and health care.

The exhibit is organized into nine subject areas: anatomy, children's health, genetics, hospitals, midwifery, military medicine, pharmacy, public health, and surgery. For more information, contact History of Medicine Division chief Dr. Elizabeth Fee, 6-5405.

tion working group (IRWG). "We felt the establishment of what we fondly call the 'NIH IntraMall' will accomplish this."

Formed 3 years ago by Dr. Michael Gottesman, NIH deputy director for intramural research, IRWG has been brainstorming behind the scenes on a number of government reinvention projects already adopted campuswide. Use of a lab purchase card, for example, was a recommendation supported by the working group, which hopes its IntraMall concept of procurement will help gain NIH's Intramural Research Program an official designation as a federal reinvention laboratory. Such a designation—which NIH's Extramural Program already has claimed—allows agencies to bypass federal "red tape" in a number of areas and experiment with various ways to reduce the burden of administrative duties.

Current procurement procedures are so onerous that IRWG made it top priority among several concerns it seeks to address.

Recently, IRWG advertised for and negotiated a collaborative research and development agreement (CRADA) with Applied Research and Technology, Inc., to generate a "commodity access and processing system," or electronic shopping mall for NIH labs. The CRADA sought a software development firm to create "a seamless system that will identify appropriate vendors of needed equipment, supplies and services using the World Wide Web and browser technology." Built into the new system will be interactive mechanisms that simplify some current acquisition procedures, as well as comply with federal procurement rules without forcing users to acquire extensive procurement knowledge.

Also planned for the system is an "automatic account minder," which tracks transactions, subtracts purchase amounts from lab budgets, helps reconcile accounts (including credit card purchases) and provides the user with on-line balance statements.

As a bonus to the NIH community, IntraMall-style procurement will promote competition among vendors. Just as a consumer would go from store to store looking for the best prices, features or availability of merchandise at Montgomery Mall, for instance, an NIH researcher would be able to click from vendor to vendor on his/her computer screen within the proposed electronic IntraMall acquisition system. Currently, under other newly streamlined rules, there is no requirement to conduct a competition among vendors for purchases under \$2,500—a benefit to suppliers that federal agencies had been willing to cede in return for convenience and speedier order fulfillment.

"The benefit to NIH and the government is that if this IntraMall concept really works," Guerra continued, "scientists will have more choices literally at their fingertips. The trend recently has been toward reducing competition in exchange for increasing convenience. Our plan will give us the best of both worlds, because in essence it increases competition, reduces costs and streamlines at the same time."

The CRADA procurement reform proposal, which will be formally presented to DHHS officials for REGO lab consideration in the coming months, represents the second attempt by IRWG to gain the coveted designation for NIH's intramural programs. The first proposal, Guerra noted, was submitted last fall and included some 20 different ideas for administrative reductions, some of which would have required legislative changes in order to implement.

"Our first time out may have been too wide-ranging," she acknowledged, explaining that IRWG has never received a reply to its original nomination. The revised submission will focus exclusively on obtaining relief from existing procurement, accounting and other regulations still standing in the way of ultimate streamlining and procurement reform.

Reduced red tape will greatly enhance the usefulness and adoption of the NIH IntraMall as a primary venue for micropurchasing here. For example, the ability to eliminate the mandatory source requirements for purchases under \$2,500 (micropurchases) made through the IntraMall, would simplify and speed the procurement process for scientists as well as encourage ICD's to more quickly adopt widespread use of credit cards for these purchases.

"The revised proposal will be much more focused on our goals related to streamlined procurement activities," Guerra said. "In addition, it establishes a formal process to evaluate the success of the NIH IntraMall project." The working group will reconvene this month to inaugurate several new members and to finalize and submit its proposal, which if adopted by the department, Guerra pointed out, may allow ICDs to dramatically redistribute fiscal as well as human resource support in this area.

The development of the electronic shopping mall combined with the use of credit cards will provide NIH scientists the fastest and best technology currently available to place, track and reconcile orders. When combined with simplified procurement regulations proposed under the IRWG Reinvention Laboratory request, NIH staff will experience an era of truly streamlined procurement by reducing staff effort and costs. ■



NHLBI's Barbara Packard Retires

Dr. Barbara Packard recently retired as associate director for scientific program operation (SPO) and director of the Office of Science and Technology (OST) at NHLBI.

In her dual posts, she had wide-ranging duties including coordinating more than 80 scientific programs, launching new research initiatives, developing and implementing management policies, overseeing the institute's international activities, directing its legislative efforts, and serving as liaison between NHLBI and other federal agencies and professional and voluntary groups.

"Dr. Packard's career has been distinguished by an extraordinary level of responsibility and scope of



NHLBI director Dr. Claude Lenfant presents Dr. Barbara Packard with an NIH contribution to Waynesburg College during her retirement party.

accomplishments," said NHLBI director Dr. Claude Lenfant.

He particularly commended Packard for increasing the institute's research and public education efforts for women and minorities. "She was instrumental in starting such new research programs as the Strong Heart Study," he said. Strong Heart is the first epidemiological survey of heart disease and its risk

factors among Native Americans.

Packard also oversaw the creation of programs to attract minority students into biomedical research and foster the careers of young minority investigators.

She first came to the institute in 1967, after earning a B.S. in biology from Waynesburg College in southwestern Pennsylvania and an M.S. and Ph.D. in physiology from West Virginia University. In 1971, she left the institute to earn an M.D. from the University of Alabama. She also trained at Johns Hopkins Hospital.

In 1975, she returned to NHLBI and soon became associate director for cardiology and then director of the Division of Heart and Vascular Diseases. She was appointed associate director of SPO and director of OST in 1986.

Packard's achievements have been recognized with various honors, most recently an appointment as assistant surgeon general of the PHS, a rear admiral position in the Commissioned Corps. She also received the PHS Commendation, Outstanding Service, Meritorious Service, and Distinguished Service Medals.

She has been an avid supporter of Waynesburg College, which she credits with helping put her on the road to success. She serves on the college's board of trustees and as chair of its development committee. In 1991, she received a citation as Distinguished Pennsylvania College Alumna for her contributions toward preserving and extending the American ideals of education. This year, she received Waynesburg College's Distinguished Alumna Award.

As an expression of respect and affection for Packard, her NIH colleagues have contributed generously to the Waynesburg College Student Center Campaign.

Packard and her husband Jack, who recently retired as a businessman, plan to pursue their interests in travel and gourmet cooking. ■



DCRT's Robert Mamayek has retired after 30 years of government service. As chief of the systems operations management section, Computing Facilities Branch, he had responsibility for the NIH Computer Center, including the Helix and IBM 370 systems. He was instrumental in planning an uninterruptible power supply to protect the Bldg. 12 complex from power outages and brownouts, a project scheduled for completion in November. He also worked with human resources staff to develop a career enhancement program. With his wife Phyllis, he plans to spend his retirement years in Montana.

Spinal Cord Injury Workshop Set

NINDS, in collaboration with NICHD, NEI, and NIMH, will sponsor, "NIH Workshop on Spinal Cord Injury: Emerging Concepts," on Sept. 30 and Oct. 1 at the Pooks Hill Marriott Hotel in Bethesda.

The workshop will feature scientific presentations by many of the world's leading basic and clinical scientists including Drs. Lars Olson, Luis Parada, Tom Jessell, and Hunter Peckham.

For more information, contact Dr. Mary Ellen Cheung, Division of Stroke and Trauma, NINDS, phone: 6-4226; fax: 0-1080. To register, contact Terry Balderson (301) 495-1591, ext. 265; fax: (301) 495-2919. Registration deadline is Sept. 13. ■

NCI's Schneider Is Mourned

Iris Schneider, recently retired as NCI's assistant director for program operations and planning, died Aug. 24 of ovarian cancer. She was 57.

During her 18 years of federal government service, Schneider was a champion of women's health issues at NIH (See Aug. 27 *NIH Record*). She represented NCI on the NIH advisory committee on women's health issues from its formation in 1985 and served as the committee's cochair in 1989. She subsequently helped establish the NIH Office of Research on Women's Health and served as executive secretary for the President's Cancer Panel special commission on breast cancer.

A memorial service will be held this month for her friends and family.



Blue Cross/Blue Shield Day

Blue Cross/Blue Shield of the National Capital Area will be on the NIH campus Tuesday, Sept. 17 to assist enrollees who have claims or enrollment problems. A representative will be available from 9 a.m. to 3 p.m. that day in Bldg. 31, Conf. Rm. 9, armed with a laptop computer to access directly the enrollee's records at company headquarters.

No appointment is necessary. Assistance will be provided on a first-come, first-served basis. Blue Cross/Blue Shield will be on campus one day each month from now on.

Study Needs Older Women

Postmenopausal females, ages 45-60, are needed for study evaluating the effect of hormone replacement therapy on drug metabolism. Must be medication-free and a nonsmoker. Volunteers will be paid. Call Jeanne or Cheryl at USUHS, (301) 295-9871.

The Office of Science Education will offer a special Mini-Medical School to senior adults beginning every Wednesday from Oct. 2 through Oct. 23, from 10 a.m. to noon, at Metropolitan Baptist Church in Washington, D.C., at no charge. The Barney Neighborhood House, a senior living community, and NIH are also cosponsoring the fall series.

Featuring nationally known scientists and researchers, NIH's Mini-Med School teaches the basics of biomedicine—the subjects one may learn during the first years of medical school. The classes for this series are designed to address the health issues most important to the senior adult community.

"We feel there's a great need to inform the senior population of issues that affect them differently than the rest of the population," said Cassandra Isom, program director. "Not many of us realize the growing number of seniors who suffer from acute hypertension, depression, as well as the rise in medication addiction to ease aches and pains."

NIH will provide lectures on the following subjects: Oct. 2, Dr. Rick Martinez, chief of the Geriatric Psychiatry Research Program, NIMH,

"The Mind and Memory: Understanding Alzheimer's Disease"; Oct. 9, Maureen Leser, clinical research dietitian for the Clinical Center nutrition department, "Nutrition: Eating Right for Healthy Living"; Oct. 16, Dr. Donald Vereen, special assistant for medical affairs, NIDA, and medical officer in the Violence and Traumatic Stress Research Branch, NIMH, "Depression: It's More Common Than You Think" and "Drug Abuse and Addiction: What the Research Tells Us"; Oct. 23, Dr. Theodore George, interim clinical director, section of clinical sciences, NIAAA, "Alcoholism: The Disease As We Know It," and Dr. Charles Curry, John. B. Johnson professor of medicine and chief of cardiovascular diseases, Howard University College of Medicine, "Hypertension and Coronary Artery Disease: Can They Be Prevented?"

Although designed for senior adults, the program is open to everyone. As always, those who attend all four sessions will receive a Mini-Med School diploma. Metropolitan Baptist Church is located at 1225 R St., NW, Washington, D.C. Call Isom at 2-2469 for more information. ■

RESEARCH FESTIVAL, CONTINUED FROM PAGE 1

Bldg. main auditorium on Monday, Sept. 16, with a symposium titled "Prion Diseases." It features presentations by several guest speakers from Europe. After the lectures, visitors can drop by the lobby to view more than 80 posters—the first of four poster sessions. An added treat during each poster session will be the "VIP posters" presented in person by several scientific directors and others. The concept revives one of the popular features of the first "Research Day" held a decade ago.

Hungry festivalgoers can purchase a box lunch in the Natcher picnic tent contributed by the Technical Sales Association (TSA). One-dollar tickets must be purchased in advance at R&W stores; proceeds benefit the Children's Inn at NIH. After the lunch break, the program continues with 13 workshops running from 1:30 to 4:30 p.m., followed by a second 2-hour poster session.

The festival resumes on Tuesday, Sept. 17, with a second symposium, "Genetics of Complex Disease: From Phenotype to Gene." It too takes place in Natcher and is followed by another round of workshops sandwiched between morning and evening poster sessions.

On Wednesday, Sept. 18, the festival transforms into a Job Fair. Nearly a dozen job openings from outside organizations have been posted with the NIH Office of Education. Throughout the morning, NIH postdoctoral fellows are invited to visit information booths in the Natcher lobby. Representatives from several companies will be available to discuss job openings and to arrange interviews in the afternoon.

Also on Wednesday, NIDR presents an alumni symposium in honor of retiring scientist Dr. Stephan E. Mergenhagen, titled "Matrix, Microbes and Mucosa: Four Decades of Microbiology and Immunology." The session begins at 2 p.m. in the Natcher Bldg. main auditorium.

The festivities conclude with the ever-popular TSA exhibits on Thursday and Friday, Sept. 19-20. The show accentuates the "festival" atmosphere with dozens of vendor demonstrations, product giveaways, and free refreshments, all held under two tents in parking lot 10-D, near the Clinical Center.

To learn more about the presentations, job fair postings, and schedule of events, look for one of the Research Festival booklets being distributed desk-to-desk, or visit the festival home page at <http://mantis.dcrn.nih.gov/festival/>. For more details call the NIH Visitor Information Center, 6-1776, or email Greg Roa at gr25v@nih.gov. ■

Renaissance Festival Tickets

Get your Maryland Renaissance Festival tickets through the R&W. Enjoy a day of entertainment, food, crafts, and attractions. This year's theme is the 16th century English faire celebrating the fun, bawdiness and art of the Renaissance. The festival runs Saturdays and Sundays through Oct. 20. Tickets are \$11 for adults and \$4.50 for kids. Call 6-4600 for details. ■

Former NCI Deputy Walter Dies

Dr. William A. Walter, Jr., deputy director of NCI's Division of Extramural Activities from 1972 to 1984, died of lung cancer Aug. 11 at his home in Bethesda. He retired from NIH after serving more than 35 years as a commissioned officer in the Public Health Service.

During his years at NCI, Walter, along with Dr. J. Palmer Saunders, were the principals in conceptualizing the "centers"

program now recognized throughout NIH and the medical school community. Walter assumed responsibility for the planning and eventual designation of the original 10 cancer centers called for in the National Cancer Act of 1971. He was recognized and well regarded by the basic science and therapy community alike, and he played a role in the growth of radiation therapy and medical oncology becoming medical specialties. At a recent NIH Lecture, Nobel Laureate Don Thomas of bone marrow transplantation fame gave special recognition to Walter for coming to the rescue of his program when he was at the Seattle public health hospital, which was to be closed down.

Walter received his A.B. degree from Indiana University and his M.D. degree from its school of medicine. He served as a captain in the U.S. Army from 1946-1948. In 1951, he received a master of public health degree from Johns Hopkins School of



Dr. William A. Walter, Jr.

Hygiene and Public Health.

Following assignments to the state boards of health of Kentucky and Florida, Walter came to NCI in 1955 as an epidemiologist. He was project officer in charge of the NCI-funded Houston Pulmonary Cytology Project at M.D. Anderson Hospital and Tumor Institute, and the Philadelphia Cytology Project at Women's Medical College of Pennsylvania.

In 1972, he became deputy director of the Division of Cancer Research Resources and Centers and more recently, the Division of Extramural Activities). In 1976-1977, he was also acting director of the division's Centers and Treatment Program. From 1980 to 1981 he was acting director as well as deputy director of the division, and in addition was executive secretary of the National Cancer Advisory Board.

Walter received the PHS Commendation Medal in 1969 and again in 1974. He served on many NIH and NCI committees, as well as working groups on diet and nutrition and on smoking and health.

He is survived by his wife of 50 years, Carol P. Walter; two daughters, Kathleen A. Shoobridge of Gaithersburg, and Elizabeth W. O'Hare of Mt. Airy, and five grandchildren.—Dr. Jack Kalberer ■

Postmenopausal Vols Needed

The Cardiology Branch, NHLBI, needs postmenopausal volunteers for an outpatient study comparing estrogen and lipid-lowering therapies. Participants must not be taking any medications, hormone replacements or vitamins or be willing to stop medications for 2 months. Volunteers will be paid. Call Rita Mincemoyer, 6-3666. ■

Depression Study Needs Vols

The Biological Psychiatry Branch, NIMH, is seeking female volunteer mothers ages 18-40 who have had one or more past episodes of postpartum depression following a full term pregnancy. Volunteers must be free of medical illnesses and medication-free. They may be asked to participate in a 6-month protocol investigating the effects of ovarian and stress hormones on brain and behavior in an endocrine model of pregnancy. All volunteers will be paid. For more information, call Linda Simpson-St. Clair, 6-9576.

Reduced-Price Meal Program Sponsored by NIH Facilities

The NIH Preschool and the Executive Child Development Center announce sponsorship of the Child and Adult Care Food Program. The same meals will be available to all enrolled children at no separate charge, regardless of race, color, sex, age, disability or national origin, and there is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted to the Secretary of Agriculture, Washington, DC 20250.

Meals will be provided at the facilities listed below: NIH Preschool, 9000 Rockville Pike, Bldg. 35, Rm. 1-B05, Bethesda, MD 20892, contact Mary Haas, 6-5144; and Executive Child Development Center, 6006 Executive Blvd., Rockville, MD, contact Anne Schmitz, 6-9411.

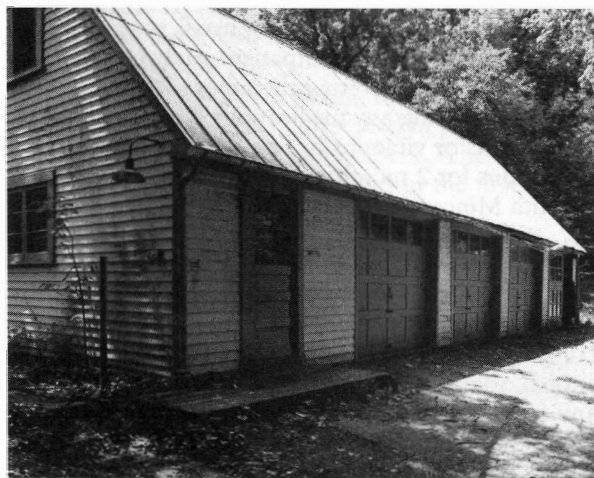
Eligibility for free or reduced-price meal reimbursement is based on the following annual income scales effective from July 1, 1996, to June 30, 1997.

Family Size	Eligibility Scale for Free Meals	Eligibility Scale for Reduced Price Meals
1	\$0-\$10,062	\$10,063-\$14,319
2	\$0-\$13,468	\$13,469-\$19,166
3	\$0-\$16,874	\$16,875-\$24,013
4	\$0-\$20,280	\$20,281-\$28,860
5	\$0-\$23,686	\$23,687-\$33,707
6	\$0-\$27,092	\$27,093-\$38,554
7	\$0-\$30,498	\$30,499-\$43,401
8	\$0-\$33,904	\$33,905-\$48,248
Each additional member add:	\$3,406	\$4,847

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series continues on Sept. 25 in Bldg. 10's Masur Auditorium at 3 p.m. Speaking will be Dr. Elizabeth L. Barrett-Connor, professor and chair, department of family and preventive medicine, and chief, division of epidemiology, University of California, San Diego, School of Medicine. Her topic will be "The Gender Gap: Why Do Women Have Less Heart Disease Than Men?" This is the annual Florence Mahoney Lecture, sponsored by NIA.

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



Chamber Singers To Perform

At the NIH Chamber Singers' next performance, you will be immersed in a wide variety of music such as "Route 66," "Deep River," and "Under the Boardwalk," tied to places and travel. Join the group in the Clinical Center's Masur Auditorium at noon on Friday, Sept. 27 for "The World in Song."

Overweight Kids Needed

Healthy overweight children are needed for an NICHD study investigating body composition and the causes of overweight: African American and Caucasian boys and girls, ages 6-10. There will be two visits, one during the day and one overnight. Participants receive a thorough evaluation for medical causes of overweight including a physical exam, blood tests, metabolism tests, and X-rays. This is not a treatment study. Participants will be paid. Call 6-4168 for more information. ■



Is it West Virginia or Bethesda? Hard to believe, but these bucolic rural scenes are actually a stone's throw from the Clinical Center, opposite the hospital on Center Dr. They are part of the old Wilson Estate known as Treetops, which was owned by Helen and Luke Wilson and donated to NIH in 1942. The buildings were erected in the 1920's, before NIH came to Bethesda. They include (clockwise, from below) guest cottages, garages, a laborer's residence known as The Flats, and The Lodge (above), which was the last inhabited Wilson residence before the family departed Bethesda. The current Bldg. 15K was the family's original home, begun in 1926. Visit the peaceful grounds while you can before campus growth removes this slice of the past altogether.

PHOTOS: BILL BRANSON

