Adults Whose Parents Divorced: How Are They Doing?

By Susan M. Persons
Attempts to understand the effects of divorce on children over the last half century is no small challenge. Dr. Andrew J. Cherlin, a sociologist and professor of public policy at Johns Hopkins University, has responded to this complex issue with a study funded by the National Institute of Child Health and Human Development titled, “Effects of Divorce on Children.” Cherlin presented his findings at a recent lecture sponsored by the NIH Office of Behavioral and Social Sciences Research.

“Divorce and its implications for the health and well-being of children is one of our society’s strongest concerns,” Cherlin said. “And divorce does have long-term negative effects on some children. However, our study indicates that we may be overestimating the deleterious effects of divorce.”

Folkman To Give NIH Lecture

Angiogenesis—the formation of tiny blood vessels—is a key step in cancer growth and metastasis. Dr. M. Judah Folkman of Children’s Hospital and Harvard Medical School pioneered the study of angiogenesis 25 years ago and continues to lead the field today. In a talk entitled “New Directions in Angiogenesis Research,” he will present the NIH Director’s Lecture at 3 p.m. on Wednesday, Nov. 19, in the Clinical Center’s Masur Auditorium.

Folkman’s research has shown that tumors cannot grow beyond a few square millimeters without sparking the growth of masses of tiny blood vessels. These blood vessels “feed” the tumor cells, allowing them to proliferate without self-destructing in what would be a normal cycle of cell growth.

NIH Launches CFC Season, Aims to Raise $1.1 Million

By Jan Ehrman

You’ve seen the pamphlets. You’re familiar with a few of the organizations. Maybe you’ve even contributed to the Combined Federal Campaign (CFC) in years past. But you’re still wondering. What could CFC possibly do for me?

Attendees at the CFC kickoff held Oct. 16 in front of Bldg. 1 heard a dramatic, first-hand account of what one such agency did for a colleague. John Fahnner-Vihletic of NIH’s Office of Technology Transfer told how a CFC-affiliated organization helped put his life back in order after he suffered a near-fatal automobile accident. He’s living proof that, when all is said and done, “It all comes back to you”—the theme for this year’s campaign.

Held under blue skies and fall-like temperatures, the kickoff

‘Spooky’ Photo Prompts Panoply of Explanations

By Rich McManus

The backpage picture of the “spooky passageway” (Oct. 7 issue) provoked a spate of guesses from readers about the true nature of the narrow entry into a hillside behind Bldg. 15K. An intrepid venture into the dank opening, led by John Henderson of the north maintenance engineering section, revealed its contents, but the speculations were far more romantic than the reality.

“It was a servants’ entrance to the basement of the building,” declared one caller. “The servants lived in buildings down the hill from

SEE SPOOKY PHOTO, PAGE 8
Saliva: Your Spitting Image

When you lick that envelope, you may be sending a more detailed message than you realize. Your saliva leaves a DNA fingerprint that not only says who you are, but also whether you have a genetic predisposition for certain diseases. This wealth of information contained in saliva makes it a promising alternative to blood as a source of DNA for genetic testing, according to a report in the October issue of the Journal of Immunological Methods.

In a study supported by the National Institute of Dental Research, scientists were able to use DNA from saliva to identify individuals who may be at increased risk of certain infectious and autoimmune diseases. The study focused on two genes that play a role in removing bacteria from the body. Drs. Rob van Schie and Mark Wilson at the State University of New York at Buffalo were able to detect person-to-person differences of as little as a single nucleotide, or structural unit, in the genes. This seemingly minor difference in gene structure is known to affect the proper functioning of the immune system.

Diseases potentially linked to these genes include childhood respiratory infections, lupus, and juvenile periodontal disease (JPD), a particularly aggressive form of gum disease that strikes young adults.

The ability to detect disease-associated genes in saliva has very important implications, according to Van Schie, who plans to screen large populations of children for susceptibility to JPD. “Being able to substitute saliva for blood opens the door to populations we would not normally have access to,” he said. “Drawing blood is very invasive and it is not a practical procedure for children or individuals that can’t give blood for religious or medical reasons. It is also a terrifying prospect for most adults.” Saliva has other obvious advantages over blood as a clinical tool, he noted. It is easy to collect, store, and ship and can be obtained at low cost in sufficient quantities for analysis.

This study is not the first to use saliva as a source of DNA. Forensic scientists can retrieve enough saliva from a postage stamp to identify the person that licked the stamp. Saliva has also been used to test for fragile X syndrome, a rare genetic disorder that causes mental retardation in children who carry the gene.

The investigators caution that although saliva has the potential to reveal variations in any gene whose sequence is known, it is not yet proven to have universal application. The DNA in saliva comes from many sources, including blood, tissue cells, and nonhuman DNA from bacteria and food particles. Each human gene will have to be validated for accurate identification—and the number of disease-related genes that have been identified is rapidly growing. Recent evidence has shown that adults may also have a genetic marker for periodontal disease and therefore may be candidates for saliva screening. Other notable possibilities would be the genes for Alzheimer’s disease, cystic fibrosis, or breast cancer. As the structure of more genes becomes known, it may be possible to test for many genetic disorders from a single sample of saliva.

Wayne Little

Health Benefits Open Season, Fair Planned

The Office of Personnel Management has announced an open season for Nov. 10 through Dec. 8 under the Federal Employees Health Benefits Program (FEHBP). During that period, eligible employees may change their plan, option, type of enrollment or any combination of these. Also, eligible employees who are not currently enrolled may choose to do so during open season. Employees should be aware that they may not be covered as an employee under their own enrollment and as a family member under someone else’s enrollment in FEHBP. Likewise, a member of one’s family cannot be covered under more than one enrollment in the program.

Commissioned officers, employees serving under appointments limited to 1 year or less and intermittent employees are not eligible for enrollment in FEHBP. However, temporary employees who have completed 1 year of current continuous employment, excluding any break in service of 5 days or less, are eligible to enroll.

Employees eligible to participate in open season may obtain a booklet entitled 1998 FEHB Guide from their personnel office. This contains enrollment instructions, general information about FEHBP, the major features of all plans, premiums, and general categories of coverage such as outpatient and inpatient service, calendar year deductible, catastrophic limit, etc.

Enrollees will be mailed a 1998 brochure by their current health benefits plan. Employees who are eligible for enrollment and are not currently enrolled or covered by a federal plan should contact their personnel office for information on the program or plan brochures.

In conjunction with open season, the Office of Human Resource Management is sponsoring a Health Benefits Fair. It will be held in Bldg. 1, Wilson Hall, on Friday, Nov. 21 from 10 a.m. to 2 p.m. Representatives from most of the plans available to NIH’ers will be on hand to answer questions.
Saliva: Your Spitting Image

When you lick that envelope, you may be sending a more detailed message than you realize. Your saliva leaves a DNA fingerprint that not only says who you are, but also whether you have a genetic predisposition for certain diseases. This wealth of information contained in saliva makes it a promising alternative to blood as a source of DNA for genetic testing, according to a report in the October issue of the Journal of Immunological Methods.

In a study supported by the National Institute of Dental Research, scientists were able to use DNA from saliva to identify individuals who may be at increased risk of certain infectious and autoimmune diseases. The study focused on two genes that play a role in removing bacteria from the body. Drs. Rob van Schie and Mark Wilson at the State University of New York at Buffalo were able to detect person-to-person differences of as little as a single nucleotide, or structural unit, in the genes. This seemingly minor difference in gene structure is known to affect the proper functioning of the immune system.

Diseases potentially linked to these genes include childhood respiratory infections, lupus, and juvenile periodontal disease (LJP), a particularly aggressive form of gum disease that strikes young adults.

The ability to detect disease-associated genes in saliva has very important implications, according to Van Schie, who plans to screen large populations of children for susceptibility to LJP. "Being able to substitute saliva for blood opens the door to populations we would not normally have access to," he said. "Drawing blood is very invasive and it is not a practical procedure for children or individuals that can't give blood for religious or medical reasons. It is also a terrifying prospect for most adults." Saliva has other obvious advantages over blood as a clinical tool, he noted. It is easy to collect, store, and ship and can be obtained at low cost in sufficient quantities for analysis.

This study is not the first to use saliva as a source of DNA. Forensic scientists can retrieve enough saliva from a postage stamp to identify the person that licked the stamp. Saliva has also been used to test for fragile X syndrome, a rare genetic disorder that causes mental retardation in children who carry the gene.

The investigators caution that although saliva has the potential to reveal variations in any gene whose sequence is known, it is not yet proven to have universal application. The DNA in saliva comes from many sources, including blood, tissue cells, and nonhuman DNA from bacteria and food particles. Each human gene will have to be validated for accurate identification—and the number of disease-related genes that have been identified is rapidly growing. Recent evidence has shown that adults may also have a genetic marker for periodontal disease and therefore may be candidates for saliva screening. Other notable possibilities would be the genes for Alzheimer's disease, cystic fibrosis, or breast cancer. As the structure of more genes becomes known, it may be possible to test for many genetic disorders from a single sample of saliva.—Wayne Little

Health Benefits Open Season, Fair Planned

The Office of Personnel Management has announced an open season for Nov. 10 through Dec. 8 under the Federal Employees Health Benefits Program (FEHBP). During that period, eligible employees may change their plan, option, type of enrollment or any combination of these. Also, eligible employees who are not currently enrolled may choose to do so during open season. Employees should be aware that they may not be covered as an employee under their own enrollment and as a family member under someone else's enrollment in FEHBP. Likewise, a member of one's family cannot be covered under more than one enrollment in the program.

Commissioned officers, employees serving under appointments limited to 1 year or less and intermittent employees are not eligible for enrollment in FEHBP. However, temporary employees who have completed 1 year of current continuous employment, excluding any break in service of 5 days or less, are eligible to enroll.

Employees eligible to participate in open season may obtain a booklet entitled 1998 FEHB Guide from their personnel office. This contains enrollment instructions, general information about FEHBP, the major features of all plans, premiums, and general categories of coverage such as outpatient and inpatient service, calendar year deductible, catastrophic limit, etc.

Enrollees will be mailed a 1998 brochure by their current health benefits plan. Employees who are eligible for enrollment and are not currently enrolled or covered by a federal plan should contact their personnel office for information on the program or plan brochures.

In conjunction with open season, the Office of Human Resource Management is sponsoring a Health Benefits Fair. It will be held in Bldg. 1, Wilson Hall, on Friday, Nov. 21 from 10 a.m. to 2 p.m. Representatives from most of the plans available to NIH'ers will be on hand to answer questions.
and that part of the seeming effect of parental divorce on adults is a result of factors that were present before the parents' marriages dissolved.

Cherlin refuted the conclusions of a study by Judith Wallerstein, a clinical psychologist, who raised concerns about the fate of children of divorced families in her book, Second Chances.

“Wallerstein is a talented clinician, but her research is biased because the children in her study were much more troubled than the average child and were not representative of the typical experience in the U.S.,” Cherlin reported. “Her book is very pessimistic because the kids of the 60 families she was treating were, in fact, doing terribly. For a scientifically accurate picture of how kids are doing, a broader national sample is necessary.”

Although Cherlin estimates that approximately 82 percent of children whose parents divorce will not experience lasting difficulties, he is concerned about the 20 percent or so who do. “Divorce does raise the risk of experiencing mental health problems by 30 percent. Data on children show that for the first year or two following divorce, there is a crisis period, especially for boys.” It is not known why there is a gender difference. “Girls may be more resilient, or just show fewer symptoms,” he said.

“These first years post-divorce are especially difficult because of economic stress and family disorganization, but over time, most kids return to normal development,” he added.

Data on children show that for the first year or two following divorce, there is a crisis period, especially for boys.

Cherlin also reported that as children reach adolescence, having a parent who is dating at the same time a child is experiencing puberty can be problematic. In addition, there may be a “delayed effect” from the divorce that occurred years earlier. There may also be a “bidirectional effect,” meaning that a problem the child is having is unrelated to the divorce may be a causal factor in the divorce. For example, families are more likely to divorce if a child has a serious illness or a behavioral problem. The “bidirectional effect” may occur at any life stage.

“Following adolescence, a parental divorce that occurred during childhood or adolescence appears to continue to have a negative effect when a person is in his or her twenties and early thirties,” said Cherlin. “In adulthood, parental divorce raises the risk of long-term mental health problems, but most individuals do not show signs of mental health problems.”

Cherlin based his conclusions on data from the British National Child Development Study. This study, conducted since 1958, has followed the development of more than 17,000 children from birth through adulthood, with interviews at ages 7, 11, 16, 22 and 33. Using statistical modeling techniques, Cherlin and his colleagues were able to estimate the effects of divorce on subsequent mental health problems.

The next NIH Office of Behavioral and Social Sciences seminar, “Social Stress, Social Ties, and Susceptibility to the Common Cold,” will feature Dr. Sheldon Cohen from Carnegie Mellon University on Friday, Nov. 14 from 10 to 11 a.m. in Wilson Hall, Bldg. 1.

AAAS Selects Five NIH'ers as Fellows

Five NIH'ers were among the 270 persons recently elected fellows of the American Association for the Advancement of Science (AAAS). They are: Dr. Wendy Baldwin, NIH deputy director for extramural research; Dr. Susan Gottesman, chief of the biochemical genetics section of NCI's Laboratory of Molecular Biology; Dr. Richard Hodes, NIA director; Dr. Stephen Koslow, director of NIMH’s Division of Basic and Clinical Neuroscience Research; and Dr. Sharon Wahl, chief of NIDR’s Oral Infection and Immunity Branch.

Founded in 1848, AAAS represents the world's largest federation of scientists and has more than 144,000 members. The tradition of AAAS fellows distinction began in 1874. Fellows are elected because of their efforts toward advancing science or fostering applications that are deemed scientifically or socially distinguished. The new fellows will be presented with a certificate and pin during the 1998 AAAS annual meeting in Philadelphia.

Down Syndrome Study Recruits

Adults ages 18 and older with Down syndrome are sought for memory and aging studies conducted by NIA's Laboratory of Neurosciences. For more information call 496-4734, Monday through Friday, 9 a.m. to 4:30 p.m. After hours call 496-4273.
NIH Roundtable Discusses Reinvention Initiatives

By Mary Jo Hoeksema

The Office of Extramural Research recently sponsored its second “Reinvention Roundtable,” a meeting at which top-ranking NIH officials received frank input from representatives of the research community on some of the agency’s key extramural reinvention initiatives.

“The roundtable was an excellent opportunity for us to communicate directly with representatives of the extramural community about those reinvention initiatives that are still in the discussion stage,” said Dr. Wendy Baldwin, NIH deputy director for extramural research. “The input they provided will be an invaluable resource as we proceed with the design, and eventually the implementation, of these ambitious projects.” Roundtable participants included NIH advisory council members, research scientists and administrators. Representatives from prominent scientific organizations were invited to observe the proceedings and contribute as members of the audience.

NIH hosted its first Reinvention Roundtable on July 14, 1994, shortly after the agency was designated a “reinvention laboratory” by Vice President Gore’s National Performance Review, which was established to help agencies create a government that works better and costs less. Participants at the first roundtable provided pivotal feedback, which influenced the design of the initial extramural reinvention projects undertaken by NIH. The second roundtable featured presentations on the status of Electronic Research Administration (ERA)—an effort NIH is pursuing to conduct grant applications and related business transactions electronically via the Internet—and other proposals that are in various stages of development.

Participants learned about proposals that would shorten the time from receipt of a grant application to award for the most meritorious applications; simplify the grant application and award processes by reducing the amount of budget detail and other related information that must be provided at the time of application; and improve the communication of research progress. The presentation on ERA included a preview of the NIH Commons system, which is still under development, and demonstrations by two grantee institutions—the University of California at Los Angeles and Massachusetts Institute of Technology—of the internal systems they are developing for the future exchange of research-related information with NIH.

The UCLA and MIT demonstrations drew a positive response from participants, who marveled at the technology. Rather than expressing caution, most roundtable participants strongly encouraged NIH to maintain the momentum toward development of a common electronic interface with the extramural community. While some aired concerns about Internet security, most participants agreed with Dr. Ron Newbower of Massachusetts General Hospital who said, “Let’s not have the perfect get in the way of the good.”

A presentation by Geoffrey Grant, director of NIH’s Office of Policy for Extramural Research Administration, and Dr. Ronald Geller, director of NHLBI’s Division of Extramural Affairs, on the proposed modular research grants initiative also sparked spirited discussion. The proposal, developed by a trans-NIH working group last year, would allow applicants to request financial awards up to $150,000 in increments of $25,000. Under the proposal, applicants would be required to provide a budget narrative, but not a detailed budget. Applicants would also be excused from providing checklists and “other support” pages at the time of submission. According to Grant, the objectives of the modular research grant are to offer investigators and institutions a mechanism of project support that facilitates science and simplifies administration and to offer NIH staff the opportunity to focus professional expertise on essential management requirements.

Reaction to the modular grant proposal was mixed. While most participants praised the proposal’s innovation, others expressed concern about how it might affect science. Dr. Joseph Campos, a professor of psychology at the University of California at Berkeley, had concerns about “decoupling an application’s financial detail from its scientific detail.” Speaking in support of the modular proposal, Dr. Mildred Otosu, associate dean of research and director of the office of sponsored programs at Delaware State University, said that it might “reduce the level of bickering over minor [budget] details during review and free up more time for scientific discussions.”

“We were pleased that the participants came ready to engage the issues and to share their candid opinions about the potential benefits and pitfalls of these initiatives that they could foresee,” said Grant. OER is assessing the feedback it received from roundtable participants and using this information to help develop a strategy for advancing reinvention initiatives in the next fiscal year.

“I felt that this reinvention roundtable was as successful as the first one we convened 2 years ago,” said Baldwin. “I intend to hold more of these meetings in the future as a way of involving the extramural community in our reinvention efforts in a more dynamic, direct manner.”
Henderson illuminates the inside of the small concrete chamber he calls a pump house/storage tank area. The water tank used to service all of the homes on the old Wilson estate.

SPOOKY PHOTO, CONTINUED FROM PAGE 1
15K. Chauffeurs, and cooks and people like that. According to a former resident of the house, Maria Scheele LaForge, it was a delivery entrance from the rear of the house into the basement.

“It was the entrance to a wine cellar,” said Joan Kraft of NINDS, whose father worked at NIH many years ago. “My father remembers the wooden racks with the wine bottles in them. The Wilsons (owners of the home, donated to NIH in 1942 but built in 1926) did a lot of entertaining.” Another employee, Chuck Ridgely of ORS, had heard the same thing. “I have been at NIH for only 13 years, but at one time I was told that this was an entrance to a wine cellar.”

Dr. Edith Wilson Miles, senior investigator in NIDDK, says, “I used the ‘spooky passageway’ near Bldg. 15K many times in 1970. At that time the passageway led to a darkroom that belonged to the R&W camera club. Members could get a key to open the door and use the darkroom. There was a very good enlarger, chemicals, trays, and a dry mounting apparatus. There was also a door leading from the darkroom into Bldg. 15K.”

Programmer Tuck Arnold of NLM lived on campus for 30 years; his father Dr. Francis “Pokey” Arnold, was an early director of the National Institute of Dental Research.

“[The passageway] was a tunnel from the garage area into the house for years,” he remembers. “Otherwise you would have to walk all the way up the hill and around to the front of the house. It was mainly for use in bad weather.

“There was a garage built halfway into the hillside,” he said. The tunnel serviced that garage, and others adjacent to a cottage to the rear of 15K called “The Flat.” “It’s been 40 years since I climbed through the tunnels,” he reminisced.

“There were horses in the field below 15K. I had a horse there as a kid.”

Arnold said there are secret passageways throughout Stone House (Bldg. 16), too. “You can get to any room in the house through secret tunnels that the servants used to use,” he explained. “If you pressed on a certain bookshelf, it opened into a tunnel entrance.” He also remembered that the Wilson residence featured a primitive intercom system—a wire that family members pulled when they wanted someone’s attention in another room.

Perhaps the most imaginative speculation came from Dr. Edward McSweegan at FDA: “Regarding the spooky passageway around Bldg. 15K,” he wrote, “I think you’ve rediscovered the Forgotten Door described over 30 years ago by the children’s writer Alexander Key (and everyone thought he was writing fiction): ‘It was astonishing at that moment to find himself falling swiftly into the hill...there had been a cave-in over the old Door—the Door that led to another place, the one that had been closed so long.”

It took 17-year NIH veteran John Henderson just a few moments to set the record straight. Wielding a flashlight and ample good nature, he boldly entered the passageway Oct. 9, a warm afternoon, and stopped to open an unsecured wooden door in a darkened antechamber. Illuminating the concrete interior, he showed an old circuit board against one wall, its fuses long since removed, and overhead a momentarily chilling sight: a nest of insects so thick they covered the ceiling like paint.

“Aw don’t worry, they’re just crickets,” he said with a laugh. The door led into a small concrete chamber Henderson called the pump house. Inside was what looked like a well-head on the floor, with a series of copper pipes—now disconnected—leading into a large orange metal tank protruding from the far wall—a water tank that Henderson guessed held some 5,000 gallons.

“This was the main water supply for the Wilson estate (15K) and the adjacent cottages,” he explained, pausing to scuff the remains of a long-dead rodent from his bootheel. His searchlight found an old electric pump against one wall, and a series of small filtration tanks for cleaning the well water.

“Well water served these structures until about 13
years ago, when a 1,000-gallon oil tank on the property ruptured and spoiled the well. We had to run water up the hill from Bldg. 31 to supply the house from that point on. And we switched the building over from oil heat to natural gas."

Aronie Giles, a companion for many years to Ruth Wilson, had heard that someone inadvertently pumped oil into the water tank, but didn't dispute Henderson's version of a rupture. "It could have been that, too," said Giles, who came to NIH in 1964 and lived for many years in the Flat. "I remember Mr. Wilson turning on the tap and saying that it smelled like gasoline. There were fumes coming from all the water pipes in the house."

Giles, who still helps out around the residences on NIH property, is in a state of mild mourning these days. Plans for Clinical Research Center construction call for the bulldozing of her old home and removal of many old trees from the property. "They cut some of the trees in half—that saddened me more than anything," she said. "It's very painful. That was not the way that we cared for the property."

Henderson pointed his searchlight into the rusting inards of the old water tank, whose back end protrudes through a wall into the basement of 15K, invading a storage room adjacent to what is now a darkroom. The tank, long dry, hosts a thickening bed of rusting metal flakes and some old pipelengths shoved in for storage.

"There was a serious rat infestation in this building some years back," recalled Henderson, a friendly workman of the sort who has a kind word to say about individual people but only exasperating things to say about large, impersonal bureaucracies. "I used to toss a pipefitting onto the floor when I opened the basement door in the morning, to scare the rats away. Employees in the building told me that if they left an apple out on their desk overnight, by morning it would be half-eaten."

Indeed there is a sign on the basement door of 15K today that may be unique among NIH facilities:

"Please Keep Door Closed! Rats, Mice, Crawling & Flying Insects Will Enter Through Doors Left Open."

So the mystery is solved, and, in a way, everyone was right. The room may indeed have served as a wine cellar. Certainly it is cool and dark enough. Servants may once have drawn water at the well, and deliveries may have been received there. It may, upon a time, have included a passage into the nearby darkroom, though now they seem entirely separate. Giles doesn't remember cabaret in the cavern, but does recall a garage back there, built into the hill, so Tuck Arnold's recollections could be accurate as well. And McSweegan's guess was pure poetry, also an aspect of the old Wilson estate. A forgotten door, for sure, but one brimming with currents of memory.

Henderson's version of a rupture. "It could have been that, too," said Giles, who came to NIH in 1964 and lived for many years in the Flat. "I remember Mr. Wilson turning on the tap and saying that it smelled like gasoline. There were fumes coming from all the water pipes in the house."

The NIH quality of work life committee is accepting nominations of individuals, teams and organizations for the Quality of Work Life Award. The award recognizes superior performance or special efforts to advance the quality of work life at NIH. It is designed to reinforce the growing importance of improving the workplace and helping employees balance their work and family lives. The award recognizes employees who have made a significant contribution to the quality of work life, and as a result, the quality of science at NIH.

Thirty-eight winners were selected last spring for a wide variety of contributions. These include helping employees balance work and family obligations, helping foster new skills and promote workplace learning, and facilitating better employee health, more diversity, and a better work environment.

Award nominations may be submitted throughout the year and will be reviewed on a regular basis. Recipients will be recognized by a certificate and reception.

The next deadline for nominations is Friday, Nov. 21. Submit them to the quality of work life committee, Bldg. 1, Rm. B1-60. Applications are available at the same address and have been distributed to institute personnel officers, executive officers, and EEO officers for dissemination. Contact Julie Jacob with any questions at 594-7551 or at julie_jacob@nih.gov.

Healthy Volunteers Wanted

The NIA Laboratory of Neurosciences is seeking healthy volunteers age 18 and older to participate in research studies. Participation involves full medical evaluation, psychological testing, and brain scans (MRI, PET). Procedures require approximately 13 hours and participants will be paid $300 to $500 depending on time involved. For more information, call 496-4754, 9 a.m. to 4:30 p.m., Monday-Friday; or 496-4273, after hours.
included remarks from NIH deputy
director Dr. Ruth Kirschstein,
Clinical Center director Dr. John
Gallin (the CC is this year's campaign
sponsor), and CFC Director Norman
Taylor.

Representatives from a number of
agencies were also on hand to
distribute literature and explain
organizational goals. Meanwhile,
NIH'ers heard music from the
Federal Focus Jazz Band and enjoyed
chili prepared by Hard Times Cafe.
Dr. Bear, the mascot from Children's
Hospital, made rounds, giving on-
the-spot "physicals" to willing
participants.

Emphasizing the role of employees
in furthering the CFC, Kirschstein
noted, "It really does all come back
to us, but first we must do all that we
can do to help." She said, ultimately,
NIH's goal is to achieve better health for all, and
that's why everyone's participation is needed.

This year, employees can contribute to any of more
than 2,500 international, national and local agen-
cies, including the Clinical Center and Children's
Inn. Said Gallin, "Mother Teresa understood that
our true progress depends on our common welfare.
As federal employees, we continue that spirit of
giving" that she exemplified. He asked employees to
give generously this year.

Through its agencies, CFC provides assistance in
numerous ways to hundreds of thousands of needy
individuals. If you don't directly need this help
today, you or a family
member may need it
eventually, according to
CFC director Taylor.
One need look no further
than Fahner-Vihelct for
affirmation.
He owes, if not his life,
then certainly his vitality
to an affiliated agency.
He told the kickoff crowd
of a bone-chilling incident that changed his life
forever. A number of years back, he survived an
automobile accident. In its wake, "I went from an
active lifestyle to being a couch potato," Fahner-
Vihelct recalled (see related stories in the Feb. 25
and Mar. 11, 1997 NIH Records). However, thanks
to Disabled Sports USA, a CFC-sponsored agency,
he literally walked away from the problem and
became part of the solution. With the organization's
support, he completed rehabilitation, eventually
competing on the U.S. Ski Team's cross-country
team for disabled skiers and in the Paralympics. He
also maintains an active lifestyle that includes
triathlons, biathlons and marathons. "When you
support CFC," Fahner-Vihelct said, "it all comes
back to you. All of society benefits."

Three attendees were immediate beneficiaries—
they won door prizes. Debbie Whittington of
NIDDK took first prize—two tickets to see the St.
Louis Rams play the Washington Redskins. Andrea
Rander of the CC won second prize, dinner for two
at the Capitol City Brewing Co. Stephanie Miller,
also of the CC, claimed third prize—two movie
tickets.

In the upcoming days, your keyworker will be
handing out the CFC Catalog of Caring, along with
a pledge card. Meanwhile, you can catch up on the
latest CFC news online by visiting http://
www.cfcnca.org. Remember, no donated amount is
too little.

Last year, NIH raised $1 million; the agency's goal
for this year is $1.1 million. Overall, $37.2 million
was donated last year. This year's goal for all
agencies is $38 million.

On the Campaign Trail...

Last year, NIH raised $1 million for the
Combined Federal Campaign; the
agency's goal for this year is $1.1
million. Overall, $37.2 million
was donated last year. This year's projected
goal for all agencies is $38 million.

Women with Ovarian Syndrome Sought

Researchers at NICHD are recruiting women with
polycystic ovarian syndrome for a new treatment for
the infertility associated with that condition. The
study seeks women 18-39 who have not responded
to the conventional therapy for the condition, and
are interested in getting pregnant. Volunteers will
receive a comprehensive gynecologic and endocrinologic
evaluation. Call either the toll-free hotline at
1-888-644-8891, or 496-4686; or email patrice-
malena@nih.gov.
New Express Routes Let NIH’ers ‘Save the Drive for the Office’

NIIH recently obtained two express bus routes to its Bethesda campus during Monday and evening rush hours.

The first bus service—from the Germantown Milestone park-and-ride lot—is a Ride On bus known as “Route 70.” Its first trip departs at 5:47 a.m. and it leaves every half hour until 8:17 a.m. During the evening rush hour, service starts at 3:10 p.m. and ends at 5:40 p.m. Route 70 ridership has increased during each week of its operation. The first week, 31 passengers used the service. However, just 2 weeks later, 57 people were using the bus. NIH employees account for 35 percent of these riders. Montgomery County believes that to maintain this service, 160 commuters will be necessary.

The second bus—the Metro J-9—operates from the Lake Forest Mall commuter lot in Gaithersburg and expresses to the National Naval Medical Center.

How’s It Going So Far?

“My wife and I caught our usual Ride On bus to Lake Forest Mall to catch the new J-9 bus service,” says Dennis Connors. “We arrived around 6 a.m. and boarded the 6:11 bus. The bus ride down I-270 was a very fast and pleasant ride, especially since the bus travels down the HOV lane while other drivers are stuck in traffic. The afternoon ride was equally fast, and I was home within an hour, compared to an hour and 40 minutes by Metro rail and bus. One other benefit in riding the J-9 is the

Two new express bus services—“Route 70” and “Metro J-9”—are now available to help NIH’ers relieve commuter and parking frustrations.

NIH/Suburban Hospital area. Service begins at 5:41 a.m. and runs every 15 minutes until 6:23 a.m. Service in the evening rush hour begins at 3:10 p.m. and ends at 5:56 p.m.

Both routes use Interstate 270 HOV lanes and both buses pick up and discharge passengers at the Medical Center Metro station.

Express Relieves Stress?

Another commuter, Agnes Slamen, comments, “I want to express my thanks to you, Metrobus staff and the Metrobus drivers for finally providing a great way to commute to work! Commuting will now prolong the life of my car and will not stress me out driving to and from work. We will not even talk about those upcoming bad weather days! When I get home, my son has noticed a big difference in me—I’m not so stressed from driving home! My many thanks to you and all those who have worked so hard to get this project off the ground. All I can say is thank you for making my life a little bit easier.”

For the first year, a monthly prize drawing will be held for commuters using the express services. Simply send in your used bus pass with your name and phone number on the back to ETSO, Bldg. 31, Rm. B3B18. One lucky commuter will win a prize for using mass transit and “saving the drive for the office.”

For information regarding other commuting alternatives, contact ETSO, 402-RIDE.

25th Holiday Auction Planned

The Clinical Center’s clinical pathology department will hold the silver anniversary version of its holiday auction on Dec. 5 from 9 a.m. to 2 p.m. The event, held in the pathology conference room and library, benefits the Patient Emergency Fund and the Friends of the Clinical Center.

Organizers seek, in addition to donations of theme baskets, crafts, holiday decorations, plants, white elephant items and donated baked goods, gifts of silver. “Plated or solid, nicked or sterling, old or new, dented with character or shiny with never having been used, we welcome it all,” said one planner. “Some of those wedding gifts never come out of the box. After 20 years, it might be a relief to get rid of it.”

Beginning at 9 a.m., coffee and breakfast breads will be sold, and a silent auction begins at 11. At lunch time, sodas and pizza will be available. The auction ends at 2 p.m.

To arrange a donation, contact Norma Ruschel, 496-4473, or Sally Seymour, 496-3386, both of whom are in Bldg. 10, Rm. 2C324.

25th Holiday Auction Planned

The Clinical Center’s clinical pathology department will hold the silver anniversary version of its holiday auction on Dec. 5 from 9 a.m. to 2 p.m. The event, held in the pathology conference room and library, benefits the Patient Emergency Fund and the Friends of the Clinical Center.

Organizers seek, in addition to donations of theme baskets, crafts, holiday decorations, plants, white elephant items and donated baked goods, gifts of silver. “Plated or solid, nicked or sterling, old or new, dented with character or shiny with never having been used, we welcome it all,” said one planner. “Some of those wedding gifts never come out of the box. After 20 years, it might be a relief to get rid of it.”

Beginning at 9 a.m., coffee and breakfast breads will be sold, and a silent auction begins at 11. At lunch time, sodas and pizza will be available. The auction ends at 2 p.m.

To arrange a donation, contact Norma Ruschel, 496-4473, or Sally Seymour, 496-3386, both of whom are in Bldg. 10, Rm. 2C324. 

Shuttle Stops Relocate

Due to construction on Center Drive, the campus shuttle stops for Bldgs. 1 and 12A were temporarily relocated on Oct. 27.

The stop for Bldg. 1 will be located on Memorial Drive behind Bldg. 1 at the north end of parking lot 1B from 6:30 a.m. until 3:41 p.m. In the afternoon, between 3:34 and 6:25, the stop will be located at the northwest corner of Center Drive and Wilson Drive adjacent to the stop sign.

The stop for Bldg. 12A will be located at the Ride-On stop on the southeast corner of South Drive and Memorial Drive from 6:30 a.m. until 3:41 p.m. In the afternoon, between 3:34 and 6:25, the stop will remain on Center Drive adjacent to the Bldg. 50 construction site.

If you have any questions or concerns, call Dennis Wise, 496-3426.
his upcoming talk, Folkman will present new research findings that point to angiogenesis as a "unifying concept" behind the diverse manifestations of cancer, including tumor growth and its spread to other parts of the body.

Tumors can be thought of as two very different cell-populations: the tumor cells themselves, and the cells of the endothelial lining that surround the tumor. Each cell population produces substances that drive the growth of the other. The tumor cells stimulate angiogenesis in the endothelial cells, and the growth of new blood vessels in the endothelial cells in turn feeds the tumor cells. The goal of anti-angiogenic therapy is to disrupt this symbiosis and halt the growth of the tumor.

Folkman proposes that clinical treatments of cancer target both cell populations simultaneously: cytotoxic agents (such as chemotherapy) to kill off the tumor cells, and angiogenic inhibitors to prevent the endothelial cells from stimulating the growth of blood vessels. While tumors eventually develop resistance to chemotherapeutic drugs, Folkman explains, endothelial cells do not develop resistance to angiogenic inhibitors. "Anti-angiogenesis can go where chemotherapy cannot go," he says.

In the United States, angiogenic inhibitors are being evaluated in 18 active clinical trials for patients with cancer. Perhaps the best known example of these experimental anticancer drugs is thalidomide, a drug prescribed in the early 1960's in Europe to control morning sickness in pregnant women. The drug, which was responsible for serious birth defects in more than 10,000 babies, has been shown to prevent neovascularization in animals and is undergoing initial testing in selected cancer patients in the U.S.

Working in the early 1960's at the National Naval Medical Center in Bethesda with David Long, Folkman developed the use of silicone implants for sustained drug release, paving the way for invention, a quarter century later, of contraceptive implants. In 1965, Folkman took a post with Harvard's surgical service at Boston City Hospital, and in 1967 became a professor of surgery at Harvard Medical School and surgeon-in-chief at Children's Hospital Medical Center in Boston. Here he began his major laboratory effort in the study of angiogenesis, and in 1981 stepped down from his teaching position to devote his full effort to research. The author of 265 peer-reviewed papers, Folkman has received numerous prestigious awards, including a 10-year MERIT award from the National Cancer Institute in 1989, election to the National Academy of Sciences in 1990, the Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research in 1995, and the Charles S. Mott Prize from the General Motors Cancer Research Foundation in 1997.

The lecture is part of the NIH director's Wednesday afternoon lecture series. All NIH-ers are invited to attend. For more information, contact Hilda Madine, 594-5595. —Ann Saphir

Fairness, Equality Paramount

Diversity Council Gives Progress Report

The NIH Diversity Council recently briefed NIH director Dr. Harold Varmus on its achievements and issues currently being addressed. Convened last January, the council's 18 members provide advice and guidance to the Office of Equal Opportunity regarding the effect of NIH programs, policies and procedures on the work force.

"I do not think that the fundamental problems of any one employee group are different than another group," Varmus said, applauding the council's diverse membership in opening remarks. "The issue is fairness and to assure that equality is achieved for everybody."

Council chair Dr. George Counts highlighted several of the group's accomplishments: establishment of governance issues and election of officers, completion of recommendations to the OEO director and staff on sign language interpreting services, and observance of gay and lesbian awareness month.

The council's four task forces — established to review disability awareness/reasonable accommodations, special emphasis observances, incorporation of diversity in ICD orientation programs and trans-NIH outreach/recruitment for improving diversity at senior levels — gave progress reports as well.

Asking the council to keep him informed of issues or problems, Varmus said he believes the Diversity Council has a real role to play in accomplishing NIH's mission.

For more information about the council, or to propose NIH-wide issues for its consideration, call Counts, 496-8697; Don Poppke, vice-chair, 496-6491; or Shirley Everest, diversity program manager, 496-4627.
## DWD Training Tips

The Division of Workforce Development, OHRM, offers the courses below. Personal computer training is also available through User Resource Center hands-on, self-study courses, at no cost to NIH employees. More courses are available by completing the “Training by Request” form in the back of the DWD catalog. For more information call DWD on 496-6211 or consult DWD’s home page at http://www.dwd.nih.gov/dwd/dwdbio.html.

### Courses and Programs

<table>
<thead>
<tr>
<th>Management, Supervisory, &amp; Professional Development</th>
<th>Starting Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Budget Process</td>
<td>12/2</td>
</tr>
<tr>
<td>GPRA: “Results Act” Orientation</td>
<td>12/11</td>
</tr>
<tr>
<td>ITMRA: Greater Efficiency Utilizing</td>
<td>12/11</td>
</tr>
<tr>
<td>Administrative Systems</td>
<td></td>
</tr>
<tr>
<td>Introduction to CRISP</td>
<td>11/21</td>
</tr>
<tr>
<td>Basic Time and Attendance Using TAIMS</td>
<td>11/24</td>
</tr>
<tr>
<td>Travel for Administrative Officers</td>
<td>12/1</td>
</tr>
<tr>
<td>Travel for NIH Travelers</td>
<td>12/2</td>
</tr>
<tr>
<td>Domestic Travel</td>
<td>12/15</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>12/15</td>
</tr>
<tr>
<td>Introduction to Human Resource Management</td>
<td></td>
</tr>
<tr>
<td>Career Transition</td>
<td></td>
</tr>
<tr>
<td>Addressing KSAs for Federal Jobs &amp;</td>
<td>11/19</td>
</tr>
<tr>
<td>Understanding the Federal Employment Process</td>
<td>11/19</td>
</tr>
<tr>
<td>Good-bye 171, Hello Federal Resume</td>
<td>12/4</td>
</tr>
<tr>
<td>NIH Retirement Seminar-CSRS</td>
<td>11/19, 12/8</td>
</tr>
<tr>
<td>Computer Applications and Concepts</td>
<td></td>
</tr>
<tr>
<td>Introduction to Windows 95</td>
<td>11/19</td>
</tr>
<tr>
<td>Tango</td>
<td>11/19</td>
</tr>
<tr>
<td>MS Exchange for Windows</td>
<td>12/4</td>
</tr>
<tr>
<td>Introduction to Javascript Scripting</td>
<td>12/4</td>
</tr>
<tr>
<td>Microsoft Schedule+ for Windows</td>
<td>12/4</td>
</tr>
<tr>
<td>Front Page: Introduction to Web Publishing</td>
<td>12/9</td>
</tr>
<tr>
<td>Upgrading to MS Windows 95</td>
<td>12/11</td>
</tr>
</tbody>
</table>

---

## DCRT Courses and Programs

All courses are on the NIH campus and are given without charge. For more information call 594-3278 or consult DCRT’s home page at http://www.dcrt.nih.gov/.

- Advanced SAS Tabulate Features: 11/12
- Issues in Simulation of Nucleic Acids: 11/12, 19
- The NIH LoBoS System: 11/12
- Creating Web Presentations with PowerPoint 97: 11/13
- Account Sponsor Orientation: 11/13
- Central Computing Services at NIH: 11/13
- Advanced Web Presentations with PowerPoint 97: 11/13
- Introduction to Networks: 11/14
- LAN Concepts: 11/14
- NT Workstation Troubleshooting: 11/14
- Putting a Scientific Conference on the Web: 11/17
- NIH Data Warehouse: Property Management: 11/17
- NT Server Registry: 11/17
- Using Tango to Integrate Databases into the Web: 11/18
- Using Eudora Pro at NIH: 11/18
- PC Troubleshooting: 11/18
- NIH Data Warehouse: Budget and Finance Mini Session: 11/18
- Using the NIH LoBoS System: 11/19
- Using SAS to Publish Web Pages: 11/20
- NetServer and NetWare: 11/20
- DB2 and Oracle Data Definition, Control, and Advanced Manipulation: 11/20-21
- NT Server Troubleshooting: 11/21
- PC Troubleshooting: 11/21
- Introduction to Statistics: 11/24-25
- Oracle PL/SQL for Application Developers: 11/24-25
- Preparing Scientific Images for Publication and Display: 11/26

---

## Join Martial Arts Club

The R&W Chinese Martial Arts Club is now accepting new members. Training sessions are Mondays and Wednesdays from 1 to 2:15 p.m. in the Malone Center (NIH Fitness Center), Bldg. 31, B4 level. The training includes meditation, physical conditioning, internal and external exercises, self-defense and traditional kung fu in the Jow Ga style. Everyone interested is welcome to come and watch or participate in a free introductory session. For more information call (703) 759-9669 or visit the web site at http://www.regov.org/r&w/cmac/cmac.html.

---

## Use or Lose Annual Leave

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. Employees who have not already planned to take those excess hours should discuss leave plans with their supervisors now, while there is still time to schedule leave. Bi-weekly Earnings and Leave Statements (pay slips) tell how much annual leave must be used or lost when the leave year ends on Saturday, Jan. 3.

Despite planning, circumstances sometimes arise that prevent taking scheduled and approved leave. In such cases, employees and supervisors are jointly responsible for ensuring that “use or lose” leave is rescheduled in writing. This year, use or lose leave must be scheduled in writing no later than Saturday, Nov. 22.

Questions on use or lose leave policy should be directed to ICD personnel offices.

---

## 'Frankenstein' Exhibit, Film Series at NLM

The National Library of Medicine has opened a new exhibit, “Frankenstein: Penetrating the Secrets of Nature,” which explores the popularization of the Frankenstein myth and broader questions about the public's fear of science and its powers. It features 19th century artifacts on resuscitating the nearly dead, early efforts at blood transfusion, and attempts to reanimate dead bodies. The exhibit is on view now through next August in the lobby of Bldg. 38. NLM is also hosting a free film series about the monster on five Thursdays at noon and 7 p.m. in Bldg. 38A, starting Nov. 6. Call 435-3270 for more information.
NIH Grantees Awarded Nobel Prizes

Two long-time NIH grantees recently won Nobel Prizes. Dr. Stanley Prusiner of the University of California, San Francisco, received the 1997 Nobel in physiology or medicine for his discovery of an unusual class of infectious particles called prions. Dr. Paul Boyer of the University of California, Los Angeles, is one of three recipients of the 1997 Nobel in chemistry.

A grantee of the National Institute of Neurological Disorders and Stroke since 1975, Prusiner is a professor of neurology, virology and biochemistry at UCSF. He led the work that uncovered the nature of prions (a term he coined from “proteinaceous infectious particles”), which are believed to be responsible for a group of diseases that include “mad cow” disease. Prions are unusual infectious particles because, unlike viruses, bacteria, fungi and parasites, they contain no DNA or RNA. Instead, they are a type of protein normally found within cells in human and other organisms. In some cases, however, the structure of prions can change into a disease-causing form. These abnormal proteins appear to convert other, normal prions to the abnormal shape. Many scientists now believe this conversion process leads to several demetming diseases in humans, including Creutzfeldt-Jakob disease. Similar diseases in animals include bovine spongiform encephalopathy (“mad cow” disease) in cattle and scrapie in sheep.

Boyer, a UCLA biochemistry professor emeritus, has received grant support from NIH since 1948. The vast majority of the more than $4.4 million he has received came from the National Institute of General Medical Sciences, with additional funding from the National Institute of Diabetes and Digestive and Kidney Diseases. He and Dr. John E. Walker of Cambridge, England, shared half of the Nobel in chemistry “for their elucidation of the enzymatic mechanism underlying the synthesis of adenosine triphosphate (ATP).” The other half of the chemistry prize went to Dr. Jens C. Skou of Aarhus University in Denmark for “the first discovery of an ion-transporting enzyme, sodium potassium-stimulated adenosine triphosphatase.” Skou received grant money from NINDS in the early 1960’s.

Since the early 1950’s, Boyer has sought to understand the inner workings of ATP synthase, the enzyme he calls the “splendid molecular machine” that produces ATP. He developed a model of how the various subunits of the enzyme work together like gears, levers and ratchets to generate cellular energy. His theories were confirmed in 1994 with a detailed, three-dimensional structure of the enzyme determined by his Nobel co-winner Walker.

Open Season for Thrift Savings Plan

The Thrift Savings Plan is having another open season from Nov. 15 through Jan. 31, 1998. FERS employees who were hired before July 1, 1997, as well as CSRS employees have an opportunity to change their current election, or make an initial election.

Eligible FERS and CSRS employees may elect to contribute to the G fund (government securities), C fund (stocks), and/or F fund (bonds). FERS employees may contribute up to 10 percent of their salary each pay period and will receive matching agency contributions on the first 5 percent. CSRS employees may contribute up to 5 percent of salary, but do not receive any matching contributions.

FERS employees who do not contribute receive an automatic 1 percent agency contribution each pay period. They may choose to distribute this among the three funds.

The features of the plan and directions on how to make a plan election or to change your current withholding are described in the Thrift Savings Plan Open Season leaflet, which will be distributed to eligible employees by their ICD personnel office. More detailed information is provided in the Summary of the Thrift Savings Plan for Federal Employees booklet and is available in your ICD personnel office.

Danielle Warfield of NIGMS’s public information office recently won the fire prevention slogan contest with her entry, “Fire Prevention—It’s Hot.” Congratulated here by O.W. “Jim” Sweat, director of NIH’s Division of Public Safety, which sponsored the contest, and Sparky the Fire Dog, Warfield received tickets to a local sports event, a home smoke detector and a portable fire extinguisher. In addition, her slogan will appear on 1998’s NIH Fire Prevention Week posters and campaign materials.