

THE NIH RECORD

Still The Second Best Thing About Payday

NIDA's Mentoring Program Reaches Out

The chemist and educator George Washington Carver once said, "Since new developments are the products of a creative mind, we must therefore stimulate and encourage that type of mind in every way possible."

The National Institute on Drug Abuse is stimulating and encouraging not only creative minds, but also scientific ones through its Minority Recruitment and Training Program. Under the leadership of the program's codirectors, Mary Affeldt and Dr. Jean Lud Cadet, the MRTTP is working to increase participation of minority and underrepresented groups in research and training in the area of drug abuse.

According to Cadet, clinical director of NIDA's intramural program, the MRTTP not only provides a learning experience for minority scientists, but it also serves as a vehicle to expose prospective science

SEE MENTORING, PAGE 4

NIMH Beams First Interactive Lab Tour to D.C. Convention

The first "live" interactive video tour of NIH laboratories was presented by the National Institute of Mental Health on July 15. NIMH director Dr. Steven Hyman hosted the tour for 400 members of the National Alliance for the Mentally Ill (NAMI), assembled in the ballroom of a downtown Washington, D.C., hotel. The 90-minute broadcast from NIMH intramural outposts was made possible by the fiber optic network that normally connects computers on campus.

Standing before a large projection screen, Hyman guided the audience through visits to nine NIMH researchers in five locations in Bldgs. 10 and 36. Each made a brief presentation and took questions from the audience.

SEE VIDEO TOUR, PAGE 2

HIGHLIGHTS

1
CRC Rounds into Shape

911 System Debuts

3
Book Delights CC Kids

5
NIDDK Chemist Daly Honored



12
It's a Dog's Life



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

August 25, 1998
Vol. 1, No. 17

'Hiccoughs Happen'

Plans for Hospital Take Final Shape

By Rich McManus

Final plans for the Mark O. Hatfield Clinical Research Center—a new 850,000-square-foot hospital and lab facility to be grafted onto the north face of the current (and out-moded) Clinical Center—have been drafted and show a leaner, more elegant and more user-friendly structure than was announced a year ago. Despite a series of minor setbacks, dubbed "hiccoughs" by CRC Project Director Yong-Duk Chyun of the Office of Research Services, the \$333 million addition is only a few months behind the original schedule—time that planners have used to fine-tune everything from complex engineering features to such minutiae as placing commodes in patient rooms so as to achieve more commodious window size.

From grand plans for a dramatic Science Court atrium at the heart of the H-shaped building to determining the best color scheme for the finishes in 225 patient rooms, no detail has been too insignificant for consideration. Planners even built a standard patient room as well as an intensive care patient room in the CC's 14th floor assembly hall so that users could stroll through and critique such facets as lighting, TV placement, ceiling heights and the colors of furniture and drapes. Who, other than patients and

SEE NEW HOSPITAL, PAGE 6

Who Ya Gonna Call?

Campus Adopts Universal 911 System For Police, Fire Emergencies

Employees who work on NIH's Bethesda campus should now call 911 for police, fire and emergency services, according to O.W. Sweat, director of NIH's Division of Public Safety, Office of Research Services. Previously, the campus had its own emergency numbers for such crises, but DPS seeks to reduce confusion that employees, contractors and visitors to the campus may have. As always, NIH police, fire fighters and other emergency staff will



NIH Police Officer Tart Dickerson receives an emergency call.

SEE CALL 911, PAGE 8

VIDEO TOUR, CONTINUED FROM PAGE 1

The tour featured: the first public demonstration of near-realtime functional magnetic resonance brain imaging by Drs. Daniel Weinberger, Joseph Frank and Joseph Callicott; update on progress in schizophrenia treatment research by Dr. David

Pickar; discussion of informed consent issues by Dr. Trey Sunderland; glimpse of the outpatient clinic, overview of the clinical program, and research on sex hormones by NIMH clinical director Dr. David Rubinow; and a variety of other items.

"This was a pioneering event that could be duplicated for other institutes that want to communicate directly with interested groups," said Ken Ryland, head of the Medical Arts and Photography Branch video section, which orchestrated the high tech event in collaboration with the Center for Information Technology

and NIMH's Office of Scientific Information.

In all but one of the locations, analog signals from video cameras were first digitized and sent through CIT's ATM (asynchronous transfer mode) fiber-optic cable system to MAPB's control room in the basement of Bldg. 10. There they were converted back to analog video and sent to NAMI's convention hotel via another fiber optic link. The feed



NIMH's Dr. David Pickar provided an update on schizophrenia research from the NIMH outpatient clinic in Bldg. 10.

Schizophrenia Siblings Sought

The video tour included a request, by NIMH's Dr. Michael Egan, for participants in a genetic study seeking to recruit families in which at least one sibling has schizophrenia. Each sibling who completes the 2 days of extensive testing will be paid \$300. Interested families should contact Mary Weirich, 435-8970 or toll-free at 1-888-674-6464.

could also have been sent via satellite, but the extra expense was not required.

"Our members were thrilled," said NAMI Executive Director Laurie Flynn. "It was up close and personal. It's encouraging to know that the future of brain research is in such capable hands. We hope to do this again for next year's convention in Chicago." ■

New Office of Dietary Supplements Web Site

The NIH Office of Dietary Supplements has opened its new Web site at <http://dietary-supplements.info.nih.gov>. The site provides comprehensive information on ODS research programs and funding opportunities offered in partnership with many IC's. Also available are news releases and announcements of ODS-sponsored events and activities, several online publications resulting from past ODS conferences, and links to a wide range of sites offering useful information on dietary supplements.

One of the more useful components of the ODS site will be access to two large databases—International Bibliographic Information on Dietary Supplements (IBIDS) and Computer Access to Research on Dietary Supplements (CARDS). Access to IBIDS is scheduled to be available by early fall 1998 and CARDS will come online in early 1999.

The ODS was established at NIH in November 1995 as a result of the Dietary Supplement Health and Education Act passed by Congress in 1994. The office explores the potential role of dietary supplements to improve health care. ■

Men Needed for Arousal Study

University study seeks healthy men, 18-60, for 3-hour laboratory assessment. The purpose of the study is to gain a better understanding of factors that affect sexual functioning. Two types of volunteers are needed: men with erection problems and men without any sexual problems. A \$40 payment is provided. If interested, call Jay Stone at (301) 295-3672 for more information. ■

NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 1998.

NIH Record Office
Bldg. 31, Rm. 2B03

Phone 496-2125
Fax 402-1485

Web address

<http://www.nih.gov/news/NIH-Record/archives.htm>

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

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

♻️ The Record is recyclable as office white paper.

'Jester' Jingles in Clinical Center Playroom

By Bonnie Flock

The Jester never gave up. Neither did his creator. Neither did his mother.

Barbara Saltzman, mother of the late author-illustrator David Saltzman, visited the Clinical Center recently to read, sign and give away her son's book *The Jester Has Lost His Jingle*, to CC youngsters.

The book, a fable about a court jester's quest for laughter and his discovery that laughter is inside all of us, is a tale of determination and hope.

These are qualities that Barbara Saltzman knows well.

She's spent the past 2½ years reading, donating and sharing the book at schools, libraries, hospitals, bookstores and charity events across the country.

"What really keeps me going is seeing the children's responses," said Saltzman. "I love watching their faces as I read to them and hearing their delight in the book."

The Clinical Center was one of four hospitals she visited while in the D.C. area. She also presented readings at several bookstores and toy stores.

"When I come to a city, I love to actually be able to visit the hospitals and the children, and talk with the social workers and everybody who is so involved with caring for these youngsters," said Saltzman. "They're all really special people because it takes a special kind of person to treat children."

"One of the real satisfactions is seeing the wonderful use that hospitals are putting the book to and what a wonderful role it's playing in therapies and in helping not only the children who are ill, but their families as well, because when one person is ill in a family, it affects everybody."

The Jester was written and illustrated by David as his senior project at Yale before he died of Hodgkin's disease in 1990, 11 days before his 23rd birthday.

His dying wish was that the book—and its heartfelt message—be published as he had envisioned it. His message? That laughter is inside all of us, even during times of hardship and illness. He also wanted the book to be given free to children diagnosed with cancer and other special needs.

David's wish came true.

Publishers rejected the book, believing it was too long and expensive to print. But thanks to much dedication, a little hope and a second mortgage, Barbara and Joe Saltzman and their son Michael published the 64-page book as David intended.

It was released in October 1995 and found immediate success.

In less than 2 years, the book sold more than 230,000 copies, reaching the best-seller lists of the

New York Times, *Los Angeles Times*, *USA Today*, and *Publisher's Weekly*, among other honors.

And perhaps more importantly, some 25,000 copies of *The Jester* have been donated to children so far.

"It's just so important for me to see that this book does what

David wanted it to do," said Saltzman.

"He wanted it to help all children, those going through cancer treatments and other illnesses, and even those who are just having a bad day."

She hopes, as David had hoped, that *The Jester* helps children through their difficulties and encourages them to find their inner resources.

While pushing herself to find her own inner resources, Saltzman's CC reading encouraged the smiles and praise of both adults and children.

"I liked the whole book," said Arielle Anacker, an 8-year-old cancer patient. "I liked that he got all the laughter back!"

"I loved the book. I really thought it was very inspirational," said Diane Trivelli, Arielle's mother. "I also enjoyed the rhymes and illustrations."

"I think I will always continue to visit hospitals and schools to talk to children about laughter and how important it is, and the Jester," said Saltzman. "Nothing will bring David back, but this really brings him into the lives of so many people who need him." ■

Garden Club Meets, Sept. 3

Now that gardening season is coming to a close, plans for next year can begin. Some preparations can be started in the fall. At the next NIH Garden Club meeting, Gloria Berthold will speak on "Special Places and Intimate Spaces." She will give pointers on how to make your garden a special place. The meeting is Thursday, Sept. 3 at noon in Bldg. 31, Conf. Rm. 7. The meeting is open to all interested gardeners. Check the club's Web page <http://www.recgov.org/r&w/garden> for more information. ■



Barbara Saltzman displays book written by her son David, whose dying wish was that his work be published. The volume is available in R&W stores on campus.

MENTORING, CONTINUED FROM PAGE 1

students to a "real world" research environment.

The MRTP program recruits African Americans, Hispanics, Asian/Pacific Islanders, Native Americans and women. Students come from all over the country and range from high schoolers to undergraduate and graduate students, to medical students and science faculty. Their backgrounds can be in either basic or behavioral sciences.



Pooja Sharma, NIDA Minority Recruitment and Training Program participant, takes a picture of gel to compare DNA genotypes.

Participants receive a paid summer research fellowship and spend 2 months working at the institute's intramural program in Baltimore. At the start of each summer session, students choose an area of focus and

are paired with a NIDA investigator.

"The MRTP learning experience is supposed to help develop or guide the interests of new scientists and researchers," says Cadet, whose role includes spearheading recruitment efforts all over the country. This involves holding focus group meetings at historically Black colleges and universities (HBCUs) to learn about the needs of minority researchers, as well as general recruitment efforts at HBCUs and job fairs in diverse communities. The institute has awarded 32 summer fellowships to faculty at minority colleges.

Cadet brings the influence of his own training to NIDA's mentoring program. As a 4th-year medical student at Columbia University, he spent 3 months studying brain disorders at the National Institute of Mental Health. Initially, his fellowship was to last for only 2 months. But Cadet recognized the value of his experience and was able to extend his fellowship.

Although he acknowledges that not all research experiences are positive, they are nonetheless "critical to the development of new scientists."

In the view of the MRTP, "the perspective of minority scientists and researchers is critical in an effort to advance our understanding of diverse health issues," notes Cadet.

In the field of drug abuse research, minority and underrepresented study subjects can benefit greatly from a more diverse pool of investigators. The goal of cultural competence challenges the field to strive for increased diversity that more closely represents

the cultural backgrounds of subjects.

At the beginning of their fellowship, students develop a contract that spells out their interests and expectations. With a NIDA investigator, participants work on experiments, collect data and analyze information.

Students have used such molecular techniques as differential display to identify genes regulated by drugs of abuse. Others have joined studies dealing with the behavioral effects of drugs in rodents, while still others have participated in studies of human subjects with a history of drug abuse.

Some students earn college credits. One completed work towards a masters degree at Howard University.

At the end of the program, participants evaluate their experience, a process critical to ensuring that future fellows benefit. The NIDA mentor also drafts a report card.

"Sometimes, knowledge is imparted easily from a seasoned researcher to a student, and sometimes not so easily," observes Cadet.

This summer, 22 students are in the program, bringing the total number to about 200. In its 8th year, MRTP continues to expand. Future goals include establishing an evaluation system to find out whether students end up pursuing research careers. Exposing students to science at an even younger age is another aim.

Concludes Cadet, "It is important that the program be expanded to use the perspectives and creativity of all our citizens, and NIH and NIDA are in a unique position to play a very positive role in this effort." ■



Malissa Liu, another MRTP student, isolates ribonucleic acid.



Bryan Lewis spins precipitated DNA.

'Roots of Chemistry at NIH' Revealed

By Sharon Ricks

Nobel Laureate Julius Axelrod and 100 government, academic and industrial scientists gathered at the Natcher conference center recently to celebrate the "Roots of Chemistry at NIH" and NIDDK's Dr. John W. Daly's 40-year career.

"What his life and this symposium demonstrate is the essence of what makes good science," said NIDDK Scientist Emeritus J. Edward Rall. "This symposium and John's life demonstrate that basic science is fun and, in the long haul, profitable."

The symposium opened with remarks by Dr. Phil Skolnick, one of Daly's former postdocs who now works at Eli Lilly and Co. Skolnick said Daly has made remarkable contributions to the biologist's toolbox. He cited Daly's studies on adenosine's role as a transmitter in the central nervous system and his discovery that adenosine receptors can be physically labeled. He also praised Daly's work on the behavioral actions of methyl xanthines and his discovery that forskolin, a compound from a medicinal plant, can activate adenylyl cyclase.

"Daly was for the expression of molecules what Darwin was for the evolution of man," remarked Dr. Edson Albuquerque, chairman of the department of pharmacology and experimental therapeutics at the University of Maryland's School of Medicine and a collaborator with Daly for 25 years.

In the 1960's, Daly began to hunt the Central and South American rain forests for poisonous neotropical frogs whose skins proved to be filled with novel biologically active compounds. His work has led to the discovery of more than 400 alkaloids in over 20 structural classes. Many are widely used as research tools for studying nerve and muscle function.

In 1978, Daly found that one of these alkaloids, epibatidine, is 200 times more effective than morphine as a painkiller. "Certainly, when Daly got interested in these crazy frogs, he had no idea that the secretions would possess a compound with analgesic properties," said Rall, who was NIDDK scientific director then. "You don't know where basic research is going, but if you've got people who are smart and think it's fun and work day and night, something is going to happen."

At the time, Daly could not obtain quantities necessary to determine the structure, so the original trace amount sat in a freezer for 13 years. In 1991, the power and sensitivity of nuclear magnetic resonance allowed Daly and his colleagues to determine the structure of epibatidine. They found that its analgesic action occurs via nicotinic receptors. Recently, researchers at Abbott Laboratories announced the development of an experimental drug with a chemical structure similar to epibatidine. This new painkiller is in early human safety testing

in Europe.

"The breadth and significance of his discoveries is dazzling, especially when you consider that most of it spawned from an esoteric interest in the skin of exotic frogs," said Dr. Michael Gottesman, NIH deputy director for intramural research, who added that such "arcane research" might not have been easily funded extramurally at NIH. "He is a very successful example of what we wish to foster in the intramural program and the perfect example of the type of scientist NIH will need to find more of, if we're going to succeed in the future in creating multidisciplinary groups to attack complicated problems."

Daly said he came to NIH in 1958 because he wanted a career in biomedical research. He joined Dr. Bernhard Witkop's Laboratory of Chemistry in the National Institute of Arthritis and Metabolic Diseases, now NIDDK, as a postdoctoral fellow. Axelrod had a strong, seminal influence on Daly's career as a chemist/pharmacologist. "Julius took a naive chemist and taught him how to think about science," said Daly. He and Axelrod collaborated on studies on the methylation of catecholamines. "John somehow drifted to our lab, and I was struck by his intense interest in research," said Axelrod, who won the 1970 Nobel Prize in Medicine for discoveries on catecholamines as transmitters in nerve terminals. "Over the years, I have valued his advice on chemical problems."

During the 1980's, Daly was among the 100 most-cited scientists worldwide as documented in *Current Contents*. In his 40-year career, he has published 500 papers and written 75 chapters and a book. "What makes John tick?" asked Gottesman. "What has made him so creative and productive over these years? Those who know him know it's not an ego trip or name recognition, and considering what industrial chemists make today, I'm sure he didn't stay at the NIH because of the money you could make here. The important thing for John is the joy of the discovery, be it a new species of frog, the NIH Shift [a novel migration observed in deuterium, tritium, halogens and alkyl groups with arene oxides identified as the reaction intermediates] or 400 new alkaloids in 20 structural classes. Our thanks go to John for serving as a model chemist and a model NIH scientist."

"It is a great honor," Daly said about the symposium. "I am kind of overwhelmed. I'm a private person. I am more at home on the jungle trail or in my boat. I'm known to avoid social gatherings, but this is a special one. My life has prospered because of your contributions, and I hope yours has prospered because of mine." ■



Symposium honoree Dr. John Daly tries out an authentic poison dart blowgun, a gift from Dr. Bernhard Witkop presented by Dr. Julius Axelrod.

NEW HOSPITAL, CONTINUED FROM PAGE 1

caregivers, could give better advice?

"The response from users has been absolutely amazing," said Chyun. The NIH'ers consulted by the design team "have been very bright and cooperative," added Margaret DeBolt, the project architect with Zimmer Gunsul Frasca, the firm that designed the CRC. "They've gone out of their way to

participate in meetings. They understand that we're not just bugging them." "There's a definite sense of ownership" on the part of the new users, said Chyun.

Holdups on the project have been

sundry: difficult weather, controversy last fall over removal of old oak trees, the prolonged demolition of Apartment Bldg. 20 (owing to asbestos removal, retiring various water mains, and the sheer, stubborn stoutness of the structure itself) and the complications of finding and relocating long-buried utility lines ("It's not that uncommon to lose track of where they are," noted Chyun. "Out of sight, out of mind.") Too, the contract-awarding process for the realignment of Center Drive some 150 yards north of its current path in front of Bldg. 10—a key factor in CRC site preparation—took longer than expected.

"Construction is very busy in the D.C. area right now," said Chyun, "so the time it takes for contractors to respond to bid packages has been slower. Instead of taking 2 weeks, it takes 4." Cheerily undeterred by the delays, Chyun says, "Hiccoughs like these happen."

Originally scheduled to open at the end of 2001, the CRC is now projected to debut in mid-2002. But the wait will be worth it, say designers. New features include a slimmed-down look—instead of occupying 8 "blocks," the refined version will have 6: 4 nearest to Bldg. 10's ambulatory care addition, and 2 out front. "Our original design had more area than the defined program," said DeBolt. Parking entrances have been moved from the front to the sides, and Center Drive was realigned to include more buffer space and less proximity to Wilson House. "It's a tighter site now," she observed.

Imagine the letter "H" lying on its side.

Initial drawings had all of the hospital portion of the CRC in the "south" bar of the H (nearest Bldg. 10) and all lab space in the north bar. "Now the hospital occupies the 4 central, inboard blocks," said Chyun. "That's because a hospital gets visitors. The labs can be outboard, at the far east and west ends of the south bar, because they get fewer visitors." Both lab and north bar patient blocks are being designed for interchangeability—if the state of science demands conversion of a patient care unit to a lab, or vice versa, the adaptation will be relatively efficient, said Chyun.

What is generating the most excitement is the 7-story Science Court linking the north and south bars. "The treatment of this space is much more defined, and has much more character than before," Chyun enthused. Capped by a glass cone that will reflect light of varying colors—in the manner of a stained-glass window—the court will house a dramatic, helix-shaped staircase and see-through glass sides. Art consultant Larry Kirkland has been retained to further embellish the interior with elements lending "a higher level of meaning," said DeBolt. "He's a fascinating guy—we're all very excited about it. He's been talking to (NIH deputy director Dr. Ruth) Kirschstein and (NIH deputy director for intramural research Dr. Michael) Gottesman about his ideas, and also is interviewing some patients for their views. He wants to incorporate a number of different perspectives." The design team expects Kirkland to use certain germane scientific images and quotations in whatever he comes up with to improve the space.

While the Science Court will be an appealing venue for social interaction, even the less glamorous parts



An architect's model incorporates the final design changes recently approved by ORS. Note the two lanes of Center Drive that pass in front of the hospital, and the Science Court at the heart of the H-shaped structure.



Planners built a standard patient room as well as an intensive care patient room in the CC's 14th floor assembly hall so that users could stroll through and critique decor and other features.



This view of the CRC model shows the courtyards separating the front two blocks from the rear four blocks of the new facility.

of the CRC will include warm touches. For instance, the new South Entry, set to open in early November on the south side of Bldg. 10, will feature wood ceilings and paneling, terrazzo floors, and stylish stone baseboards—all of which will be echoed in the new north entry once the CRC is complete. The effect will be a sense of unity and complementarity, said DeBolt.

The decidedly unglamorous work of assigning space within the CRC—the so-called “blocking and stacking” process—has nevertheless not been artless. Unlike the Clinical Center, whose space was rigidly assigned by institute, the CRC will be organized based on the kind of research being done. For instance, the first floor will include an array of outpatient services, travel, pharmacy and the rehabilitation medicine department—all of which require easy access and involve a majority of patients. It will also include a pediatric unit, with an adjoining outdoor playground. The third floor (see sidebar for all floor assignments) will house an intensive care unit, which makes sense because this is the floor that will connect with the surgery suites on the second floor of Bldg. 10. As in 10, a light-filled chapel will be on the top floor (floor 7) of the south bar. This floor will also include conference rooms, and sleep studies. “It’s logical for these to be somewhat more remote,” observed DeBolt.

A particularly knotty issue in finalizing the

CRC design was deciding just how intimate the interface with the ACRF would be; initial plans had the two buildings in a virtual embrace on all floors. That has since been modified to connections only on floors 1 and 2 of the ACRF, and via “bridges” linking the 5th floors. “It was a lot more complicated than we had originally planned,” Chyun said.

With so much of the vitality resected from old Bldg. 10, what will become of that facility? At present, authorities have completed a very general master plan approach for it. While notions are still being sketched, one idea is that a round-robin renovation of laboratories can be initiated (beginning with the E and F wings, followed by renovation of

the distal wings in sequence) once space is freed in Bldg. 10 by occupancy of the CRC. “Whatever the final program plan, the renovation of old Bldg. 10 is a crucial part of the NIH campus master plan to meet the needs of the intramural program over the next 15 to 20 years,” said Chyun.

For the near future, NIH’ers are advised of two coming disruptions: Chyun already sent an NIH-wide email warning—followed by pamphlets available in some building lobbies—that the corner of Memorial Drive and Center Drive between Bldgs. 10 and 31 will be chewed up by two phases of construction lasting from late July to mid-December. Then, late in the fall, workmen will demolish the porte-cochere in front of Bldg. 10, under which cars now come and go to drop off people and patients. “Once that happens, we’ll proceed to the entire excavation. It will be huge,” Chyun assured.

Space Assigned by Use, Not Institute

Not every square inch of space in the new Clinical Research Center has been assigned yet—the lab space is still being parceled out—but a general outline has emerged. Keep in mind three general principles: First is that, unlike its predecessor, the CRC is organized by type of research, not by which institute or center has dibs on a certain floor. Secondly, the lab blocks on the east and west ends of the “south bar” and the front 2 blocks on the north bar are but 6 stories tall. The only 7-story structures are 2 blocks on the south bar, nearest the ACRF, or clinic part of Bldg. 10, and the Science Court. The third thing to remember is that both bars feature “interstitial” space on the second, fourth and sixth floors. These are floors dedicated primarily to utility lines, ventilation systems and mechanical space. However, there will be some offices on mezzanines within these interstitial floors.

One more thing to remember is that so-called “day hospital” stations will be scattered throughout the clinical blocks; inpatient rooms will occupy all four clinical blocks.

Basement—Nutrition department, NCI Radiation Oncology Branch, vivarium, corridors linked to loading dock for distributing materiel.

Floor 1—Pediatric units with adjacent outdoor playground, outpatient services, pharmacy, rehabilitation medicine department, travel office, alcohol studies.

Floor 3—Intensive care unit, oncology medical/surgical unit, bone marrow transplant and hematology/oncology.

Floor 5—General medical unit for NIDDK, NICHD and others doing endocrine studies, cardiopulmonary care, infectious diseases, neuro and surgical subspecialties.

Floor 7—Alzheimer’s unit, sleep lab, mental health unit, chapel, conference space.

CALL 911, CONTINUED FROM PAGE 1

respond to on-campus calls. A year-long overlap between the old 115 and 116 systems and the new 911 system will allow everyone to get accustomed to the universal system. Those employees working in off-campus buildings will still need to press "9" before calling 911.

"Universal 911 will enable the police department and the fire department to serve the NIH community better," says Capt. Will Liston of DPS. "We should see quicker response times, smoother operations and fewer breakdowns in communication. Employees and visitors will see an improvement with this system."

The switchover to 911 is the culmination of a long process that required that NIH be certified according to national emergency standards and will include a complete overhaul of the agency's communications system within DPS. The universal 911 system has already been tested both on and off campus. It became fully operational on Aug. 17. All those who use NIH telephones are urged to call 911 only for emergency situations. To contact the Police Branch for nonemergency assistance, call 496-5685; the Fire Department can be reached at 496-2372 during



NIH Police Capt. Will Liston demonstrates the campus's new universal 911 system, which was officially activated just a week ago. Learning the ropes is new civilian emergency dispatcher Ron Olmsted.

PHOTOS: CAROLINE NORTHROP

nonemergencies.

The new universal system requires at least two operators to staff the unit at all times. Already, DPS has hired six new civilian dispatchers to run what is called its "Emergency Communication Center." Among other upgrades to the system, the required new equipment will allow dispatchers to know immediately where calls originate. They also will be able to accept calls more easily from people using telephone devices for the deaf and hard-of-hearing.

Eventually, the new system will also give dispatchers a complete onscreen history of the building or site of the emergency, explains Liston. "That's going to be particularly important in hazardous material situations," he says. "As soon as the call comes in, we'll know exactly what we're dealing with, whether there are special chemicals in the area or other things emergency personnel need to be aware of immediately."—Carla Garnett ■

Symposium on Genetics of Aging

A symposium commemorating the inauguration of NIA's Laboratory of Genetics will be held Friday, Sept. 11, from 8:30 a.m. to 5 p.m. at the JHU Bayview campus, Baltimore, Asthma & Allergy Clinic Auditorium. Titled "Genetics of Aging: Advances and Trends," the symposium's roster of speakers will include Drs. R. Holliday, L. Hayflick, G. Martin, L. Guarente, G. Ruvkun, D. Burke and C. Greider. Deadline for registration is Aug. 28. For more information and to register, visit www.grc.nia.nih.gov/welcome/genetics.htm. ■

Burmese Cultural Show, Sept. 12

The Burmese Multicultural Show, sponsored by the Burmese Association of the Capital Area, will be held in Masur Auditorium, Bldg. 10 on Saturday, Sept. 12, from 6:30 to 10:30 p.m.

Tickets can be purchased from Mya Hlaing (496-4611) and Annie Aung (594-2663). ■

New Emergency System Passes Real-Life Test

Earlier this month, the new universal emergency call system was tested—for real.

On Wednesday, Aug. 5—soon after the system's installation, but weeks before formal testing was to begin—NIH Dispatcher Archie Tolbert received a 911 emergency call from an employee reporting the potential suicide of her father. She was calling from NIH, she said, but her father was located in Kensington. Tolbert immediately transferred the call to Montgomery County's 911 emergency system, where they were able to dispatch officers to the father's residence before tragedy could strike.

"This type of call supports our rationale for establishing 911 on the NIH campus," said O.W. Sweat, director of the Division of Public Safety. "When people are under stress and excited, they will dial 911 and tend to forget other unusual emergency numbers such as our old 115 (police) and 116 (fire) emergency numbers. This employee was at work here on the campus and mistakenly called 911. However since we had the system up and running (although unannounced) we received the call... [The new system gives us] the ability to monitor the conversations and the tape reveals that both our communications dispatcher and the county dispatcher performed exceptionally. Needless to say, the system obviously saved a life in this instance. That makes all the work worthwhile."



Fire fighter Archie Tolbert, surrounded by computer and video monitors, staffs the 911 reception desk.

Women's Health Seminar Series Examines Eating Disorders, Sept. 16 in Masur

The 1998-1999 ORWH Women's Health Seminar Series, Women's Health Research for the 21st Century, continues at noon on Thursday, Sept. 16, in Masur Auditorium, Bldg. 10. The 2-hour seminar will focus on "Eating Disorders: Fads and Facts."

The program will open with an overview by Dr. Harold Goldstein, clinical director of the National Institute of Mental Health's Eating Disorders Program. He will examine the incidence of anorexia nervosa, bulimia nervosa and binge-eating disorder, as well as the morbidity and mortality of eating disorders.

Dr. Sarah Leibowitz, associate professor at the Rockefeller University, will explain the neurobiology of eating disorders.

Dr. Ruth H. Striegel-Moore, professor and chair of psychology at Wesleyan University, will summarize findings from studies of the epidemiology of eating disorders.

Dr. W. Stewart Agras, professor and associate chair of psychiatry and behavioral sciences at Stanford University School of Medicine, will provide an overview of effective treatments.

A question-and-answer period will follow the four speakers. The series is sponsored by the Office of Research on Women's Health. For more information, call 402-1770. ■

Get By on Little Sleep?

The NIMH section on biological rhythms is looking for volunteers ages 18 to 31 who routinely sleep 6 or fewer hours. Volunteers must have no sleep disturbances or insomnia, plus no history of mental illness. They must be in good general health and not taking any medications or birth control pills. The study requires living on the research unit for 4 consecutive days. For more information call 496-6981. ■

CIT Seminar Addresses Year 2000 Questions

Wondering if your PC or Mac will face problems handling the conversion from 1999 to the year 2000? Are the computer microchips embedded in your laboratory or medical equipment fully compliant with Y2K technology? And what about interfacing with outside contractors or grantees—could their noncompliance affect you?

CIT is offering a timely seminar to address your questions: "Year 2000 Concerns for Researchers and Clinicians." The course, presented Wednesday, Sept. 2 from 9 to 11 a.m. in Bldg. 12A, Rm. B51, will help you understand the impact that Year 2000 problems could have on your research. Register online at <http://livewire.nih.gov/training/training.asp> or call 594-3278 for information.

Workshop on Spondylitis Research

A scientific workshop titled, "Ankylosing Spondylitis Research: HLA-B27 and Beyond" will be held Sept. 1-2 at the Lister Hill Auditorium, Bldg. 38A. Dr. Joel D. Taurog, professor of internal medicine at the University of Texas Southwestern Medical Center at Dallas, is the workshop chairman and organizer. The event is being coordinated and supported by NIAMS and the Spondylitis Association of America.

The workshop will bring together scientists from a variety of disciplines to evaluate ongoing research related to ankylosing spondylitis, stimulate ideas and methodology from disciplines that could productively be applied to AS, and identify potential new areas of research into the pathogenesis and treatment of this disorder.

Because space is limited, advance registration is required. To register, fax your name and position, affiliation, mailing address, telephone and fax numbers, and email address to Reva Lawrence, 480-4543 or email it to her at rl27b@nih.gov. ■



Dr. Manuel J. Torres-Anjel (r), director of the Diagnostic Imaging Program in NCI's Division of Cancer Treatment and Diagnosis, is welcomed as a 1998 distinguished scholar member of the National Academies of Practice in Veterinary Medicine (NAP-VM) by Dr. Edward Rhode,

NAP-VM chair. An active member of NIH's Hispanic scientific and employee activities, Torres-Anjel also serves as an EEO counselor. NAP, which consists of 10 academies, is an organization of individuals judged by their peers in the health care disciplines to have made significant and enduring contributions to the advancement of professional practice.

Judy Field, president of the Special Libraries Association, presents Larry Wright of the NIEHS Library and Information Services Branch with the Rose L. Vermelker Award at the group's annual meeting in Indianapolis recently. The award, given for the first time this year, recognizes Wright's exceptional mentoring of students and professionals in the field. As chair of the association's student and academic relations committee, Wright brought faculty, students and practitioners together at universities throughout the world.



Dr. Rochelle M. Long was recently named chief of the Pharmacological and Physiological Sciences Branch of NIGMS' Division of Pharmacology, Physiology, and Biological Chemistry. She joined NIGMS in 1990 as a program director responsible for managing research and training grants in the areas of receptor pharmacology; pharmacogenetics; signal transduction; pharmacokinetics; and drug metabolism, delivery and bioavailability. She served as co-director of the Pharmacology Research Associate intramural postdoctoral program for 5 years. In addition to regularly writing for the journal *Pharmaceutical Research*, Long serves on the educational committees of the American Society for Pharmacology and Experimental Therapeutics and the American Association of Pharmaceutical Scientists.

ORS Official Leaves To Head Peace Corps Mission

By José Alvarado

This month, the Kingdom of Tonga will receive a new resident with NIH expertise. Arturo Giron of the Office of Research Services left NIH July 10 to prepare for his new post as country director of the Peace Corps mission in this South Pacific archipelago of just over 100,000 inhabitants. He will be the highest-ranking U.S. official there.

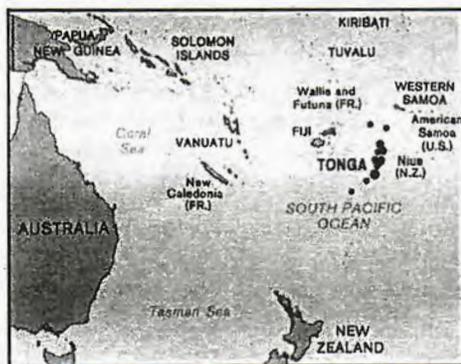


Arturo Giron

Giron's departure from his position as assistant director for quality development at ORS culminates a 10-year tenure at NIH. During this time he oversaw implementation of policies that improved the quality of a range of ORS services, as well as the management of an apprenticeship program which, in its 20 years

of existence, trained over 80 journey-level mechanics including carpenters, plumbers, electricians and electronic technicians. Colleagues expressed sadness over his leaving, but wished him well in his new undertaking.

Giron recently relocated to Tonga with his wife and 2-year-old daughter after a month-long training program. The family will start a new life, learning a new culture and adapting to a tropical environment. The Kingdom of Tonga is one of the last monarchies in the world. Of 170 islands in the archipelago—located in the area between Fiji, Samoa and New Zealand—36 are inhabited, the largest one being Tongatapu.



The Peace Corps, established by President John F. Kennedy in 1961, has had missions in 132 nations. Since its inception, 150,000 volunteers and trainees have worked in community projects in the areas of education, environment, health, business, agriculture and housing. Currently, the corps has about 6,500 volunteers working in the field in 84 countries. Assistance is provided to underdeveloped countries that face economic and social problems.

Despite economic growth, Tonga is beset by difficulties facing many small island nations. A large youth population and a shortage of teachers predict limited opportunities for future generations of islanders.

"My wife and I have been talking about this for a couple of years. We decided that if we were going

to do international work, it would be now. I feel that I am young enough and that I have a lot of energy to devote to an overseas program like this. Being a country director for the Peace Corps is the kind of job that probably requires not just experience, but physical stamina as well," he said.

For Giron, who was born in Cuba and whose family emigrated to the United States in 1962, it would not be the first time he has led an endeavor overseas. While in graduate school in entomology during the late 1970's and early 1980's, he headed a scientific project in Peru, funded by the Department of Agriculture, to find biological agents that could be used to control the Mexican bean beetle, which feeds on soybeans and lima beans, two major crops in the Delmarva peninsula. His latest foray into the Peace Corps follows a long-held desire to "help other people who do not have the advantages we take for granted" and contribute his "creativity, energy, perhaps a little bit of idealism from my youth" for a humanitarian cause.

He paralleled Peace Corps aims with the NIH mission. "Everybody talks about the NIH as being a jewel on the crown of the U.S. government. NIH is the place where miracles occur. The Peace Corps is like that as well; it's another jewel on the crown of the government. Its entire mission is to do good," said Giron. He also mentioned personal satisfaction and challenges to be derived from the job. "I have several friends who were Peace Corps volunteers and they felt they had made a difference. They came back with a wealth of experience and knowledge, and exposure to diverse cultures. They came back better people and more ready to tackle the big challenges."

Giron's experience at NIH will certainly come in handy in what is basically a management job in a foreign setting. His first ties to NIH were developed in the mid-1980's, when he started teaching technical mathematics at Montgomery College to technicians from a variety of government agencies including NIH. In 1985, he was appointed director of apprenticeship and technical training for Montgomery College. Three years later, Giron was hired by the director of the Division of Engineering Services to be assistant director for training and employee development. He was promoted to assistant director for quality in DES in 1991. Finally, in 1995, he became assistant director for quality development for ORS.

The road Giron is about to embark on is like no other road he has taken before. "This is not like simply switching jobs. I am selling my house, putting my furniture in storage, and moving my family to a different country with a completely different culture. This is not changing corporate hats; this is changing the focus of your life," he concluded. ■



Six Named to NICHD Council

Six new members were recently appointed to the National Advisory Child Health and Human Development Council. They are: Dr. John Borkowski, Dr. Eli Adashi, Ela Yazzie-King, Dr. Warren Pearse, Prof. Karen Rothenberg and Dr. Ruby Hearn.

Borkowski is the Andrew J. McKenna Family chair and professor of psychology in the department of psychology at the University of Notre Dame.

Adashi is the John A. Dixon professor and chair in the department of obstetrics and gynecology at the University of Utah School of Medicine.

Yazzie-King is the regional team coordinator of the Utah State Indian Children's Program; she has had a



The new members of the National Advisory Child Health and Human Development Council include (seated, from l) Ela Yazzie-King, Dr. Warren Pearse, Prof. Karen Rothenberg, and (back, from l) Dr. John Borkowski, Dr. Eli Adashi, NICHD director Dr. Duane Alexander and NICHD deputy director Dr. Yvonne Maddox.

longstanding interest in children with special needs and has been involved in programs for Native Americans with disabilities, including persons with spinal cord injury.

Pearse is the past executive director of the American College of Obstetricians and Gynecologists and former dean of the Medical School at the Medical College of Virginia.

Rothenberg is Marjorie Cook professor of law at the University of Maryland School of Law.

Hearn is senior vice president of the Robert Wood Johnson Foundation, which is devoted to improving the health and health care of Americans. **R**

Get Ready for Pumpkin Chase 5K

The 7th annual Great Pumpkin Chase 5K run and 1-mile fun walk will be held Sunday, Oct. 25 at 9 a.m. Presented by the NIH Federal Credit Union and R&W Association, it will benefit the Friends of the Clinical Center. Site of the event is the National Naval Medical Center, across the pike from NIH. For more information call (301) 230-4819. **R**

DWD Training Tips

The Division of Workforce Development, OHRM, will offer the courses listed below. Hands-on, self-study personal computer training courses are available through DWD's User Resource Center at no cost to NIH employees. For details, visit <http://www-urc.od.nih.gov/dwd/dwdhome.html> or call 496-6211.

<i>Administrative Systems</i>	
Basic Time and Attendance Using TAIMS	9/23
<i>Administrative Skills Development</i>	
Fundamentals of Grammar	9/23
<i>Career Transition</i>	
Career Assessment and Planning	9/23
NIH Retirement Seminar - CSRS	9/23
<i>Communication Skills</i>	
Editing: An Introduction	9/28
<i>Computer Applications and Concepts</i>	
Web Page Design - HTML	9/24
Microsoft Outlook 97 - Fundamentals	9/24

CIT Courses and Seminars

All courses are on the NIH campus and are given without charge. For more information call 594-3278 or consult the training program's home page at <http://livewire.nih.gov>.

Oracle PL/SQL for Application Developers	8/27-28
Fundamentals of Unix	8/31-9/3
Creating Animated Web Presentations with PowerPoint	9/1
NT Workstation Troubleshooting	9/2
Year 2000 Concerns for Researchers and Clinicians	9/2
Electronic Forms Users Group	9/2
Advanced Network Topics	9/3
WIG - World Wide Web Interest Group	9/8
Creating Presentations with PowerPoint97	9/9
Security for Server Administrators	9/9
NT Server Resource Kit	9/9



Five college students who worked in NIH's Office of Equal Opportunity were among the hundreds completing summer internships at NIH this year. Shown are (from l)

Wisconsin native January Zernicke, who attends College of the Menominee Nation in Wisconsin, Yvette Velasco of California, a student at Syracuse University, Karla Nephew of New York, who attends the State University of New York at Fredonia, Eric Lester of Columbia, Md., a student at the University of Maryland School of Law, and Washington, D.C., resident Kevin Wiggins, who attends Prince George's Community College.

Poster Day '98 Welcomes Surgeon General

On Thursday, Aug. 6, NIH'ers and summer interns (bottom photos) gathered in the Clinical Center for the annual Poster Day.



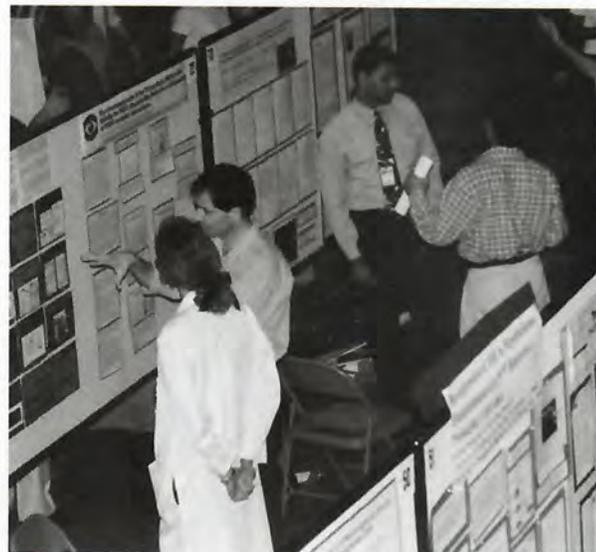
Hundreds of young scientists, many of them medical students, proudly displayed the results of their research completed while interning at NIH this summer.

Raqueeb Haque (top, c), a rising junior at Harvard, presents his findings on autoimmune markers and cerebral palsy to an attentive crowd. Haque, who studied neurobiology with NCI, plans to go into pediatrics. Surgeon General David Satcher (above) was on hand to view the intern presentations.

Haque, who studied neurobiology with NCI, plans to go into pediatrics. Surgeon General David Satcher (above) was on hand to view the intern presentations.



PHOTOS: CAROLINE NORTHROP



New Class in Clinical Pharmacology

A new course in "Principles of Clinical Pharmacology" will be sponsored this fall by the Clinical Center. The course is offered free of charge to anyone in the D.C. area and will meet on Thursday nights from 6:30 to 8 in Lipsett Amphitheater, Bldg. 10. The course schedule and registration form can be accessed on the Web either through the Clinical Center's "Medical and Scientific Education" page or directly at <http://www.cc.nih.gov/cc/principles/>. Classes begin Sept. 3 and end Apr. 29.



Snoop Doggy Daisy—Daisy, the newest addition to the NIH Police Department, sits obediently at attention. The 2-year-old yellow Labrador retriever obtained from an animal shelter will undergo 3 months of training, beginning in September, for explosive detection. Daisy is the third member of the department's K-9 unit.



Stress Study Needs Vols

The Uniformed Services University of the Health Sciences is recruiting volunteers for a brief research study investigating the value of educational components relating to stress. This study takes approximately 2 hours over two visits to the lab. Also, you will complete some simple "homework" assignments and several questionnaires. Volunteers should have no current or past psychological diagnosis or treatment history. Participants will be paid \$50 upon completion of the study. For more information visit <http://members.aol.com/AnxietyLab> or call Darin Lerew at (301) 295-9665. **R**

Seminar on Meditation, Medicine

A seminar on the meditative practice of Sahaja Yoga and its use in health care will be held from 9 a.m. to 3 p.m. on Tuesday, Sept. 8 in Masur Auditorium, Bldg. 10. Keynote speaker is Dr. U.C. Rai, director of the International Sahaja Yoga Research and Health Center, Bombay. The seminar is free, but registration is necessary. Contact Dr. George Patrick, 496-2278. Sponsors are R&W and the CC rehabilitation medicine department. **R**