

Still The Second Best Thing About Payday

NIH Adopts New Time-Saving Timekeeping System

By Dianne Vignovich-Needham

NIH has taken the time out of timekeeping. When Vice President Al Gore's National Performance Review made recommendations and issued requests for government reinvention 2 years ago, an NIH group responded. Members of the NIH time and attendance business process reengineering team identified one of NPR's objectives—eliminating unnecessary, labor-intensive time and attendance paperwork through the use of technology—as a paramount need at NIH.

This was the genesis of the Integrated Time and Attendance System or ITAS. Richard Drury, director of Human Resource Systems, said, "The Integrated Time and Attendance System is not just new software. It ushers in a new time and

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Prevention Conference Takes Topics from Headlines

By Susan Persons

A recent NIH conference jointly sponsored by the Office of Behavioral and Social Sciences Research and the Office of Disease



Dr. Nicole Lurie of HHS

Prevention focused on preventive intervention research and drew a sold-out crowd weeks before its reservation deadline. "Preventive Intervention Research at the

Crossroads: Contributions and Opportunities from the Behavioral and Social Sciences' was one of our most successful

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An 'Endangered Species'

Rosenberg Decries Decline Of Physician/Scientist

By Rich McManus

When Dr. Leon Rosenberg came to NIH in 1959 to begin a 6-year stint at the National Cancer Institute's metabolism service, he was a newly minted M.D. who was arriving at the Mecca of his profession: a burgeoning pinnacle of biomedical research crafted largely by the influence of then NIH director Dr. James A. Shannon, a physician/scientist whose "intelligence, vision...and political acumen...produced a powerful magnetism" that attracted Rosenberg, and many others among the best and brightest in medicine in that era, to NIH. "We were all eager to prove we had the right stuff," he recalls.

Clinical research at NIH was the thing to do for an ambitious young physician in those days, reflected Rosenberg, who delivered the second Shannon Lecture, sponsored by the NIH Alumni Association and NIH's Office of the Director, on Oct. 26 in Masur Auditorium. He went on to lament, "Why is it so clearly *not* the

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Overcoming 'Barriers Beyond Language'

Ugarte Takes on New Hispanic Communications Initiative

By Carla Garnett

Years ago, when Carlos Ugarte was a "young, idealistic health educator" in Miami, he began a field project wherein he would head out into a community armed with a clipboard and what he deemed a well-designed survey. He intended to ask Spanish-speaking folks at hospitals and clinics about their views on cancer, health, health care and other medical service issues. The results would eventually, he hoped, lead to development of better ways to get health messages to the nation's Hispanic population. So, he approached a woman in a waiting room at one of the local hospitals. Enthusiastic about this initiative



Carlos Ugarte

and about addressing people directly, Ugarte launched into his spiel. He'd barely finished his first question when the woman

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Symposium Explores Genetic Basis of Aging

The National Institute on Aging recently held an inaugural symposium, "Genetics of Aging: Advances and Trends," to mark the opening of new facilities for its Laboratory of Genetics. The program included discussions on the development of predictive theories of cellular and organismal aging, approaches to human premature aging syndromes and to aging in model organisms, and the impact of genomics on the understanding of the interplay of human development and aging.

Eight prominent geneticists spoke to a full house at the Johns Hopkins Asthma and Allergy Center in Baltimore, discussing a variety of approaches to analyze the genetic basis for aging.

The presentations spanned the range of modern studies of gerontology. The field is young enough to be within memory of premier practitioners, and two of them, Drs. Robin Holliday and Leonard Hayflick, gave the long view in their comments on meiosis, recombination and cellular senescence in relation to cancer and physiology, and the limited *in vitro* lifespan of fibroblasts. The program continued with presentations by five of the current top investigators funded by NIA. Dr. David Schlessinger, chief of the Laboratory of Genetics, then concluded with some

Eight well-known geneticists discussed a variety of approaches to analyze the genetic basis for aging at NIA's "Genetics of Aging: Advances and Trends" held recently. They are (rear, from l) Drs. Gary Ruwkun, David Schlessinger, Leonard Hayflick, Leonard Guarente and George Martin. In front are (from l) Drs. Carol Greider, David Burke and Robin Holliday.



The NIH Asian and Pacific Islander American Organization recently elected its officers for 1998-1999. They are (from l) Prahlad Mathur, vice president; Sunnie Kim, treasurer; Bill Bunnag, president; Lucie Chen and Nancy Wright, co-executive secretaries.

NLM To Close Temporarily

Just a reminder that the National Library of Medicine will be closed from Friday, Dec. 18 to Sunday, Jan. 3 as its exhibition hall and main reading room undergo renovation. The library will also suspend its public tours, normally offered at 1 p.m. weekdays, during this period. Although NLM will be closed to walk-in patrons during the renovation, researchers can still telephone (1-888-FIND-NLM) or email (custserv@nlm.nih.gov) the staff and place interlibrary loan requests through the 4,500 medical libraries nationwide in the National Network of Libraries of Medicine. If you are curious about the status of the renovation, check the library's Web page at <http://www.nlm.nih.gov/about/renovation.html>. ■



of the recent studies of "Developmental Genomics and Aging" in his lab.

"The symposium made it clear that studies of aging, like all medical research, are being increasingly aided by genetics," said Schlessinger. "It is wonderful to see approaches that range from the use of model organisms to complex trait analysis in founder human populations." ■

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Chris Denney Takes OD Budget Reins

NIH's recent budget windfall means work for the institutes' cadre of budget officers. And among their rank, there are probably few readier to dig in than Chris Denney, who recently took over as chief of the Office of the Director's budget office.

Denney came in mid-September from the Army Research Laboratory in Adelphi, Md., where he had been a supervisory budget analyst. He is now in charge of the entire OD budget appropriation, which is in the neighborhood of \$300 million (over \$410 million if you throw in the Office of Research Services, whose budget comes not from appropriated dollars but from NIH's management fund and service and supply fund).

With a staff of six, his office "oversees the entire OD budget—its formulation, presentation, justification and execution," he said, sounding militarily crisp.

"NIH is remarkably similar (to the Army)," he said, "but the scale is dramatically larger." There were only 2,000 employees in the multi-site Army Laboratory, down from twice that number just 5 years ago, he said. "The magnitude of (NIH) is very impressive, and so are the people."

As he settles into his new post, Denney, born in D.C. and reared in Bethesda (for you natives, he was in the first graduating class at Thomas W. Pyle Junior High on Wilson Lane, and graduated from Whitman in 1967 and the University of Maryland in 1971), said he was busy getting his bearings and "absorbing as much as I can about the organization and its mission.

"I knew a lot about NIH from the newspapers and magazines, and I've been aware of NIH most of my life," he said. "My neighbors worked here when I was a kid."

Denney said he's wanted to work at NIH for the past 5 or 6 years for various reasons, and was delighted to have finally come aboard. He is determined to provide budget expertise on par with the world's finest biomedical research institution. "The work being done here is about as important as it gets," he said.—Rich McManus ■

Volunteers Needed for Cognitive Studies

The Laboratory of Brain and Cognition, NIMH, is seeking healthy volunteers ages 18-40 to participate in imaging studies on learning and memory. Participants will be paid. Call 496-5625 ext. 211 for more information. ■



Chris Denney



Maj. Robert Beck recently was appointed NIH deputy chief of police. A 29-year veteran of the Anne Arundel County, Md., police department, he retired in February 1997 after spending more than 2 years as its chief. Now Beck again dons the uniform to complete the NIH department's management team and

oversee the transition to community policing. "It's a philosophy that police departments across the country are adopting," he explained. "It means customizing police work to an individual community's needs and changing the mindset of officers from merely reacting to crimes already committed to solving the underlying problems that cause crime." In addition to the new crime-fighting strategy, Beck also revealed another sign of the changing times: He found his new job not by networking or referral, but while surfing the Internet. "I did not know a soul here," he said, "but I saw the announcement online and decided to apply...I'm gradually learning about the community—especially all the acronyms. I'm especially pleased that there is such a low level of crime at the NIH."



David Carter recently joined the Center for Scientific Review as chief of the Technology Services Branch in the Division of Management Services. The branch is responsible for the CSR LAN and its connection to the NIH/CIT operating

environment. The branch also manages all information technology and resources for CSR, and operates a customer support facility. For the past 7 years, Carter was chief of the operational process improvement office at the Defense Information Systems Agency, which consulted on improving business and engineering processes across the Department of Defense and the federal government.

Women Needed for Study

A study of endometriosis-associated pain will evaluate whether surgery followed by a new medical treatment reduces pain for a longer time than surgery alone. To qualify you must have: normal menstrual cycles (25-34 days); a 3-month history of pelvic pain; no recent treatment for endometriosis; no chronic medications including birth control pills; not be pregnant or nursing. If interested, call 402-0851.

TIMEKEEPING, CONTINUED FROM PAGE 1

attendance paradigm for the NIH.”

A system developed at the National Science Foundation is the model for ITAS. The reengineering team selected it as the best after researching automated time and attendance systems at other federal agencies and various commercial offerings. NIH acquired the base system, adapted it to agency



ITAS project team members (from l) Richard Drury, director of Human Resource Systems; Grace Taylor, ITAS project specialist; and Tom Boyce, senior enterprise systems manager, CIT, are ready to assist employees with issues regarding ITAS, the new timekeeping system.

requirements, and enhanced it with new features. The initial version of ITAS was first piloted at NIGMS and NHGRI.

These trials were successful and ITAS was implemented at both institutes in May 1996. In early 1997, NIH decided to implement ITAS for all employees.

One of the most important aspects of ITAS is that it moves NIH toward

timekeeping by exception. That is, if an employee is at work an entire pay period and does not take leave, the system automatically generates the timecard, so the employee and timekeeper don't need to do anything. As Drury pointed out, "Employees are effectively both empowered and obligated by ITAS."

The new system greatly reduces and may possibly eliminate the timekeepers' responsibilities by shortening the time required to record time and attendance information. Both paperwork and the number of data entry and payroll errors are reduced. "It's automated. If I don't do anything as an employee, I will get paid. I think it's a wonderful timekeeping system but, like anything new, we'll all have to be patient while learning how best to use it," said Crystal James, an administrative assistant at NIGMS.

By design, ITAS relieves users from the need to understand complex timekeeping rules and procedures by embedding these in the system's programming logic. The ITAS system can also be configured to support a variety of approaches to timekeeping instead of forcing users to conform to one model.

The main ongoing ITAS support roles are led by the Center for Information Technology and the Office of Human Resource Management in the Office of the Director. This marks the first time CIT and OHRM have worked as partners on a cooperative human resource systems venture.

CIT provides expertise in

running and maintaining an enterprise-wide, client-server network and is the expert in maintaining the ITAS database and hardware. OHRM is the expert in timekeeping. It provides support for the rules and regulations regarding timekeeping; guidance on leave and pay issues and amending time and leave records through ITAS; and provides all necessary data to support the transition to ITAS.

Although the technologies involved in ITAS are advanced, they no longer represent the cutting edge. A World Wide Web-based version of ITAS has been under development for several months. The first phase of the effort to migrate ITAS to a pure Web environment is planned for January 1999.

The first phase will implement employee functions. This includes such items as requesting leave, timecard viewing, timecard verification, and more. There are plans to migrate the remaining timekeeper, administrative officer, and leave approving official functions to the Web but this is not currently funded or scheduled.

There have already been two versions of ITAS. A newer version includes such enhancements as online leave requests, the Voluntary Leave Transfer Program, the Family Medical Leave Act, and the Federal Employees Family Friendly Leave Act. According to Drury, as progress is made with the ITAS system, refinement will be perpetual. "We want to make this the most intuitive and efficient timekeeping approach NIH will ever utilize," he said.

Currently, ITAS transition has been completed in four institutes and centers: NIGMS, NHGRI, OD and CSR. A fifth, CIT, is in the midst of implementing ITAS. See the box below to determine when your area is scheduled to begin the transition to ITAS.

For more information, visit the ITAS Web site at <http://www4.od.nih.gov/itas/> or stop by the ITAS project team in Bldg. 31, Rm. B3C29 for a hands-on demonstration of the system.

ITAS Implementation Schedule

<u>Institute/Center</u>	<u>Start</u>	<u>Finish</u>	<u>Institute/Center</u>	<u>Start</u>	<u>Finish</u>
NIGMS	Done		NIDCR	1/99	3/99
NHGRI	Done		NEI	1/99	3/99
CSR	Done		NINR	1/99	3/99
OD	Done		NLM	2/99	4/99
CIT	Done		NIDCD	2/99	4/99
NIAMS	10/98	12/98	NIAAA	2/99	4/99
NCRR	11/98	1/99	NICHD	2/99	4/99
NINDS	11/98	1/99	ORS	3/99	6/99
FIC	11/98	1/99	NIDA	3/99	5/99
NIAID	11/98	2/99	NIEHS	3/99	6/99
NCI	12/98	4/99	NIA	4/99	6/99
NIDDK	12/98	2/99	NIMH	4/99	7/99
CC	1/99	5/99			

PREVENTION, CONTINUED FROM PAGE 1

conferences," said Dr. Norman Anderson, director of OBSSR. "Newspaper headlines across the country cry out (the need) for prevention," Anderson said, opening the 2-day conference with examples of periodicals heralding such health threats as AIDS, smoking, obesity, depression, drug abuse, suicide, homicide and child abuse—all preventable maladies.

Although the conference was designed to showcase individual examples of NIH-supported preventive intervention research strategies, participants commented that it was easy to discern common threads of successful interventions across health issues and age spans. For

example, Ken Resnicow, professor at Emory University, said it was clear that "successful interventions have been theory-based. We have had to endure trial and error for a long time, and we now know that disseminating information, scare tactics, and affective education simply don't work. Attention to social influences based on theory and personal and social skills training are the most effective." These findings have ramifications for programs such as Drug Abuse Resistance Education (DARE), which, despite its wide acceptance in many schools across the nation, has been shown to be ineffective.

A second common thread, according to several speakers, is the huge gap between what researchers know and what practitioners do. There was a strong consensus among the experts for the urgent need to bridge the gap between research and practice. In addition, David Olds, professor of pediatrics at the University of Colorado, expressed concern about the "watering down of programs as they are disseminated." Balancing the need to maintain the integrity of an intervention with the need to target specific populations remains a challenge, researchers agreed. John Jemmott, professor of psychology at Princeton, gave strong examples from his research illustrating that theory-based, targeted and culturally sensitive interventions can be highly effective in protecting adolescents from HIV/AIDS.

When focusing on children and adolescents, the significance of targeting interventions at early ages was often highlighted by conferees. "The importance of the first grade classroom has been greatly underestimated," said Prof. Sheppard Kellam of

Johns Hopkins University. "We are ignoring a major gap in socialization. Kids who are in chaotic classrooms are reinforced in negative behavior. It is a shame that teachers are not taught to socialize kids properly."

Keynote speaker Dr. Nicole Lurie, principal deputy assistant secretary for health, delivered a message that was reiterated by many subsequent speakers: the need to address the issue of health disparities. "We need a much greater understanding of the behavioral and social underpinnings for the huge differences in the rates of coronary heart disease and stroke, AIDS, infant mortality, diabetes, breast and cervical cancer between Blacks and whites," she said. Lurie also emphasized the need to develop trust among minority populations by getting involved in communities, sharing research and programs. "All health care is local," she said. "We need to develop both formal and informal health care. There is a notion among academics that once we have written a paper, we are done. That is when the work is just beginning."

Helping bridge the gap between health research and health policy realms, Lisa Layman, legislative aide for Sen. John Chafee (R-R.I.), spoke to conferees about the newly formed bicameral, bipartisan Congressional Prevention Coalition. Chafee, a cochair and founding member of the coalition, organized it to enhance the communication of science-based information about prevention-related issues in Congress with the goal of focusing on ways to integrate disease prevention and health promotion into the health care system. Layman urged researchers to "go where the money is and be loud" regarding advocacy for prevention health issues. "If you want to be successful in the budget process, have a clear message, begin early, and be aggressive." She also suggested that conferees encourage their representatives to join the Congressional Prevention Coalition. "This will help to make sure that prevention research becomes integral to what happens on the Hill," she said.

To obtain a copy of the conference program and research abstracts, call Patricia Evans at (301) 315-9000 ext. 516. ■

Annual Holiday Show, Dec. 17

The Bethesda Little Theatre is presenting the annual NIH Holiday Show on Thursday, Dec. 17 at noon in Masur Auditorium, Bldg. 10. Admission is free to a performance that will provide merry entertainment to all who attend. The Bethesda Little Theatre is an R&W organization whose proceeds benefit NIH charities. The Holiday Show is BLT's gift to the NIH community in thanks for their support throughout the year. ■



Lisa Layman of Sen. Chafee's staff discusses Congressional Prevention Coalition.



Sandra Z. Walter recently joined NINDS as its director of human resources. She brings to the post more than 20 years of experience in the human resources field at several government agencies. Her most recent position was at NASA, where she was involved in a training program in biology. Prior to that, she spent 14 years at the U.S. Army Research Laboratory (ARL) as director of human resources, acting chief of the recruitment and placement branch and chief of training and development. Before joining ARL, she served in a variety of human resources and administrative positions at NASA, the Department of Agriculture, and the United Nations Environment Programme in Geneva, Switzerland. She recently received the Army's Meritorious Civilian Service Award.

HCI, CONTINUED FROM PAGE 1

halted him with words that have both inspired—and haunted—him ever since: “You know, I really don’t have time to think about cancer,” the woman told him, gently but plainly. “I don’t have the luxury to think about cancer or how to prevent it. I spend all my time working, just trying to make a living day to day, for myself and for my children.”

“That experience always reminds me that there are barriers beyond language,” said Ugarte, who in October was appointed the first coordinator of NIH’s new Hispanic Communications Initiative



Launching NIH's Spanish-language Web site recently are (standing, from l) Delcina Phelps, Tasha Endara, Sylvia Shaffer and Pat El-Hinnawy, and (seated) NIH deputy director Dr. Ruth Kirschstein and Dr. Carlos Caban, who heads the communications committee of NIH's Hispanic task force.

(HCI). Improving the “bedside manner” of the average communications program—dealing not only with a medical problem, but also addressing the patient’s other realities such as the importance of the whole family being involved in decisionmaking—can go a long way toward reaching the unreached communities, he continued. “In everything we do, we need to be sensitive not only to people’s language and cultural differences, but also to the people themselves, their perceptions, concerns and fears.”

Extending NIH’s Reach

Even without Ugarte’s hopes, HCI has a tall order to fill. Established in the NIH Office of Communications as part of HHS’s Hispanic Agenda for Action, HCI has been in its embryonic stage for a little more than a year now. [The 2-year-old agenda is part of a much larger government-wide effort to reach and improve services to Hispanic Americans, who are predicted to become the nation’s largest minority group in the next century.]

Delivering health messages to minority populations—especially people whose native language is not English—comes with unique challenges and responsibilities. Case in point: Although the nation is realizing significant health improvements on the whole, studies show gaps remain wide between Hispanics and nonminority populations. Hispanic communities in the U.S. are hit particularly hard by such disorders as diabetes, heart disease, tuberculo-

sis, stomach cancer and asthma—all of which research has shown can be prevented or lessened in severity with effective health education interventions. The basic message is that the government’s prevention and healthy living recommendations are reaching some, but not all of its citizens.

Dr. Carlos Caban, a division director in the Office of Extramural Programs who also serves on NIH’s Hispanic task force, identified some major obstacles that hampered past communication efforts. “The main barriers have been the extreme shortage of trained Spanish-speaking staff at NIH with whom the Hispanic media community could communicate effectively about NIH, and variability across the agency in the quality of translations of information into culturally appropriate Spanish,” he said.

“NIH had outreach to Hispanic populations before this initiative,” pointed out Sylvia Shaffer, senior advisor to the NIH associate director of communications, who was recruited last year to get HCI up and running. “A number of the institutes—NCI, NHLBI and NIDDK, to name a few—had health education campaigns and materials available in Spanish, but there was no central place at NIH where all this information could be found. We wanted to make it easier for the public to locate and get NIH information in Spanish.”

Laying the Groundwork

In its first year—before it was even officially dubbed “HCI”—the initiative focused primarily on two objectives: getting the word out to mass-media outlets, and finding the right person to coordinate NIH’s outreach efforts in the Hispanic community. In the course of addressing those issues, though, NIH was also realizing an additional benefit: a great amount of coalition-building was happening within, as IC information offices, the task force, the Hispanic Employee Organization and other employee groups here, and the burgeoning HCI began to collaborate. Some of the previously identified barriers started to fall.

“From the beginning, we wanted to stress communication of credible, science-based health messages and information,” Shaffer said, adding that in HCI’s first few months the need for more staff who are fluent in Spanish became apparent. “Not all information offices have Spanish-speaking staff, so HCI began by providing quality review of Spanish translations. The program built from there.”

Ideally, Ugarte said, information offices will include development of Spanish-language, bilingual and/or culturally sensitive English language materials as they begin to design their overall communications strategy.

Most recently, HCI and the task force launched NIH’s first Spanish-language Web site, bringing to the Spanish-speaking public—in one convenient

place online—much of the health information already available from NIH in English.

“Over the next couple of weeks,” Ugarte said, “we’ll be working with the task force and with information offices to determine what we have done, where we are now and what our projections should be. That will help us outline an HCI structure and operational plan that will best support and facilitate efforts already under way.”

HCI is also developing a Hispanic communications research agenda. The agenda will seek to increase the visibility of NIH programs for Hispanics through partnerships with such intermediary Hispanic-constituency organizations as National Coalition of Hispanic Health and Human Services Organizations (known as “COSSMHO”) and National Council of La Raza.

Involving the Community

Originally from Costa Rica, but reared in Miami, Ugarte has spent his entire career promoting health issues in minority communities. After graduating from the University of Florida with a bachelor’s degree in psychology, he attended the University of Miami for a master of science and public health degree in health education and chronic disease

Online Health Info Available in Spanish

NIH’s Hispanic Communications Initiative recently launched its new Spanish-language Web site. To check it out, click on “Información en Español” on the NIH home page. The site makes available in Spanish the reliable, science-based, and timely health information currently offered by from the institutes, centers and offices.

epidemiology. He has served as director of health education at Memorial Sloan-Kettering Cancer Center in New York City and he has done field studies to develop health communication and health care delivery systems in Latin America. In addition, he interned for 6 months in 1985 in the Office of Cancer Communications at NCI.

A former health education strategist at the Washington, D.C., bureau of the Seattle-based Program for Appropriate Technology in Health, Ugarte believes his experiences in Latin America and working at the grass roots level in this country largely prepared him for building HCI basically from the ground up.

“In Latin America, for example, we saw a very effective model of a community being mobilized around its health strategies,” he recalled. “What made it work is that the people were not told what to do after a program had already been devised. The people were involved in developing the program

from its onset. The methodology involved self-diagnosis and participatory processes. The people had ownership of the program. It was structured, but also open enough to allow the community to run it for themselves. That’s what seemed to make the difference. That is what made it work.”

HCI is going to make sure that communicating health issues means more than simply translating pamphlets into Spanish, concluded Ugarte, who describes himself as bilingual and bicultural. “It’s going to mean that we stop and look back and ask ourselves, ‘What has worked and what has not?’ It’s going to mean setting up clear ways of evaluating our efforts and redirecting our future efforts based on those evaluations. It’s relatively easy to put out a Spanish-language pamphlet. The challenge is assuring that we truly represent the needs and wishes of the communities we are here to serve.” ■



Dr. William Bara-Jimenez (r), a senior staff fellow in the human motor control section of the Medical Neurology Branch, NINDS (shown here with NINDS clinical director and chief of the Medical Neurology Branch Dr. Mark Hallett), recently presented a poster on “Increased Spinal Cord Excitability in Patients with Restless Legs Syndrome” at the fifth annual International Congress of Parkinson’s Disease and Movement Disorders. His poster was one of the few chosen for oral presentation. Funded in part through a fellowship from the Restless Legs Syndrome Foundation, Bara-Jimenez’s research focuses on the nature of involuntary movements of people with restless legs syndrome and periodic limb movement disorder. Restless legs syndrome is a common movement disorder characterized by an irresistible urge to move. Periodic limb movement disorder is present in most individuals with restless legs syndrome.

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.

SHANNON LECTURE, CONTINUED FROM PAGE 1

thing to do today?"

Rosenberg, now a professor of molecular biology at Princeton, lecturer in the university's Woodrow Wilson School of Public and International Affairs, and president and chief executive officer of Funding First, built a carefully documented analysis of the demise of the M.D. who also does research; whereas this creature once predominated, he now finds himself extinguished by a variety of factors including powerful messages from the public about the M.D.'s social (versus intellectual) responsibilities, economic disincentives, inadequate postdoctoral training, unstable NIH funding, and the explosive growth of managed care. These factors "are toxic to spawning young [M.D.] investigators," he argued. "The students hear nothing but how hard it is to get



Dr. Leon Rosenberg (c), who gave the second annual Shannon Lecture, is flanked by hosts Dr. William Jordan (l), president of the NIH Alumni Association, and NIDDK's Dr. Alan Schechter. Jordan drew laughs when he observed, in introductory remarks about Shannon, that "Bldg. 1 (the Shannon Bldg.), as far as I can tell, is the only building on campus named after a scientist."

research money and the time to do research."

Rosenberg admitted that his own start as a young doc at NIH, even in a halcyon era, was bumpy. "Things began badly," he confided. "I didn't get along with my supervisor. I didn't want to work on the project to which I was assigned."

He was rescued by Dr. Nathaniel Berlin, who gave him the time and freedom to get his bearings—a period lasting almost a year. During that time, Rosenberg became responsible for the care of an 8-year-old patient named Steven, a boy who died 2 years later, just as his older brothers had, due to an inborn metabolic error.

"I read up on medical genetics and amino acid metabolism," Rosenberg recalled, and an NIAMD investigator named Stanton Segal gave him a haven. "He was an ideal mentor for me. He was nurturing, tireless, inventive." Rosenberg said the "sense of well-being and exuberance were so intense" following his first NIH experiment that he made a lifelong commitment to clinical research, a marriage that lasted through a variety of administrative and academic posts at Yale University (where he was dean of the medical school) and at Bristol-Myers

Squibb, where he has been president of the Pharmaceutical Research Institute and senior vice president of scientific affairs. "My research lab has always been my port in the storm, my sturdy anchor. I always thought of myself as a clinical investigator, though some would have described me as a basic scientist. I didn't care how it was qualified, as long as it involved doing the best possible research."

The Shannon legacy from which Rosenberg benefitted so greatly—"the accomplishments of the Shannon years were so prodigious they cannot be overstated," he declared—is now imperiled, he argued. It was during Shannon's 13-year directorship that "the proverbial bridge between the [laboratory] bench and bedside was built and buttressed," but that edifice is in danger, Rosenberg warned. "Are we doing enough to sustain and strengthen the medical research enterprise? The defect must be addressed soon, and well."

The steady decline in the number of physician/scientists is not new, he admitted; former NIH director Dr. James Wyngaarden called attention to it in a 1979 address entitled, "The Clinical Investigator as Endangered Species."

"I simply couldn't believe the threat was real," said Rosenberg, who in 1979 was happily running his own lab. He now concedes he was blinded by denial, "which is mediated by a most potent neurotransmitter. I didn't want to believe that it was a dinosaur I was facing each morning when I looked into the mirror."

Today, however, "the entire species of physician/scientists is at risk and in serious jeopardy of vanishing. It endangers everyone involved with medical research...This threat can only be averted by bold and concerted effort by all."

Slide after slide built the evidence: Ph.D.s are applying for research project grants in far larger numbers than M.D.s; physician/scientists are a progressively smaller minority seeking NIH support; the number of M.D. first-time applicants for grants and traineeships is plummeting. The number of graduating medical students indicating interest in research careers is dwindling (14 percent indicated interest in a 1989 survey, 10 percent in 1996). "The human pipeline is emptying at the worst possible spot," Rosenberg observed.

Does it matter if the species evaporates? Rosenberg predicts that the bench-bedside bridge "will weaken and perhaps even collapse" if it does. "The physician/scientist is the critical link in the medical research chain—we must not forget that. The public equates health with medicine, and medicine with physicians."

Rosenberg called for a comprehensive national effort to reestablish a supportive environment for physician/scientists in academia, create or expand attractive training programs, establish a national

network of clinical research units by linking the Clinical Center to the various far-flung General Clinical Research Centers, increase the participation of foundations and industry (particularly pharmaceutical companies, the insurance industry, and biotechnology firms) in clinical research, and develop and maintain a national database to track the restoration of the species.

"NIH training programs have not grown apace with budget increases," he charged. "It's time they did."

NIH can't rectify the problem alone, and no quick fix is on the horizon, he concluded. "It will be costly, and will take many years. But we must act now to change the climate in which today's physician/scientists work. Their attitudes will affect their students."

Rosenberg was at NIH again Dec. 3 to give a report to the NIH director's advisory committee about an Institute of Medicine panel he chaired; it issued a report last summer critical of the way NIH acquires public input in setting research priorities. Among the IOM report's outcomes has been the creation of a Council of Public Representatives—currently being established—to advise the NIH director on how best to allocate resources. ■

Roundworm Genome Sequenced

Human Genome Project researchers in the United States and Great Britain announced Dec. 10 that they have sequenced the entire 97 million-base genome of the roundworm *Caenorhabditis elegans*, a common but tiny worm inhabiting the soils of temperate regions. It marks the first time scientists have spelled out the instructions for a complete animal that, like humans, has a nervous system, digests food and has sex.

The work, carried out at Washington University School of Medicine in St. Louis and the Sanger Centre in Cambridge, England, was reported in the Dec. 11 issue of *Science*.

Although it occupies a relatively distant branch on the evolutionary tree, *C. elegans* nevertheless shares many similarities with humans, which makes it an important organism in which to carry out studies that parallel human biology. In its 2-to-3-week life span, the worm carries out many of the same processes that humans do: they undergo embryonic development, eat, reproduce, get old and die.

The worm's genetic material is packaged on 6 chromosomes. Analysis of its genome revealed 19,099 protein-coding genes—about 1 every 5,000 DNA bases—and 800 or so genes that have other functions. That's several times the number of genes predicted by classical genetics experiments. About 40 percent of the 19,099 genes match those of other organisms, including humans; the other 60 percent await explanation. ■



Dr. David M. Monsees, Jr., has recently joined the Center for Scientific Review as a scientific review administrator in the health promotion and disease prevention initial review group, with responsibility for the review of epidemiological applications. He

holds a doctorate from the University of Chicago (sociology and demography) and has made many contributions to NIH over more than 20 years, during which he has held positions in the extramural programs of several ICs including OD, NHLBI, NICHD and NCI. He has also served on STEP and other NIH committees evaluating various extramural policies and procedures.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—opens the new year with Dr. Roger Y. Tsien on Jan. 13, speaking on "Imaging and Manipulating Protein Interactions and Gene Expression in Individual Cells." He is professor, departments of pharmacology and chemistry, and HHMI investigator, University of California, San Diego.

A special Thursday version of the lecture series takes place Jan. 14 when Dr. Robert D. Goldman, the Stephen Walter Ranson professor and chairman, department of cell and molecular biology, Northwestern University Medical School, speaks on "Intermediate Filaments: From Cell Shape to DNA Replication."

For more information or for reasonable accommodation, call Hilda Madine, 594-5595.

Celebrate the Holidays in Song

The NIH Chamber Singers invite NIH'ers to join in the holiday spirit at its 1998 Holiday Concert and Sing-Along on Friday, Dec. 18, at noon in the Natcher Bldg. balcony. The music spans centuries of glorious music to celebrate the season, with an added touch of humor. Patients and staff are welcome. The event is free; no tickets are required. For more information about the Chamber Singers, visit its Web site at <http://www.recgov.org/r&cw/chamber/default.htm>. ■

3rd Gene Therapy Policy Conference Set

The third NIH Gene Therapy Policy Conference, "Prenatal Gene Transfer: Scientific, Medical and Ethical Issues," will be held Jan. 7-8 from 8 a.m. to 5 p.m. at the Hyatt Regency Bethesda. For more information or to register for the conference (free and open to the public), visit the Office of Recombinant DNA Activities Web site at <http://www.nih.gov/od/ordea> or call Strategic Results, (410) 377-0110.

NINDS's Schmidt Retires After 26 Years

Dr. Edward M. Schmidt recently retired from his position as a senior investigator in the Laboratory of Neural Control (LNLC), NINDS, after 26 years of service.

He joined LNLC in 1969, initially as a visiting scientist and, in 1972, as a tenured investigator. Schmidt came to NIH to work with Dr. Karl Frank, the founder of LNLC, because of their mutual interest in using fundamental knowledge in bioengineering and neurophysiology to aid handicapped people through the development of neuroprosthetic devices.

The field of neuroprosthetics was in its infancy in the early 1970's and Schmidt was a true pioneer in the field. He first worked on methods to transfer signals directly from nerve cells in the brain to control external devices in animals, using innovative designs for chronically implanted electrodes. During the course of this research, he also made important contributions to knowledge about how individual nerve cells in the motor cortex of the monkey brain are used during voluntary movements.

In recent years, Schmidt used many of these same techniques to reverse the direction of information flow, that is, from external devices directly into the brain. His major goal, working in collaboration with colleagues in LNLC and the NINDS extramural program, was to develop a safe and practical "visual prosthesis" system that has the potential to provide visual perception in blind people through direct stimulation of the visual cortex of the brain.

Schmidt received his B.S. degree in electrical engineering from Northwestern University in 1956 and his M.S. degree in electrical engineering from Purdue University in 1957. He worked in the electronics industry from 1957 to 1961, after which he returned to Purdue to get a Ph.D. in 1965. The subject of his thesis was "The Feasibility of Controlling Blood Pressure in Animals by a Servo-Control Stimulation of the Aortic Nerve."

Having always been enthusiastic sailors, he and his wife Marilyn have moved to a house near Easton, Md. There, they can easily reach their boat "Cat's Paw," which is moored in the adjacent creek that leads out to the Chesapeake Bay. When not out sailing, Schmidt pursues his other long-time hobby—collecting and restoring antique music boxes and band organs. He has put his computer and engineering expertise to work in developing a device that enables him to restore the heavy paper music rolls that are the lifeblood of these pre-phonograph wonders. He distributes these rolls to aficionados all over the world. No rocking chairs for Ed and Marilyn!—Dr. Robert E. Burke ■

Chaplain Linehan Retires from Clinical Center

By LaTonya Kittles

What started as a temporary assignment has now almost three decades later turned into a "wonderful experience that words can't explain."

Rev. Eugene Linehan, Catholic chaplain in the Clinical Center's spiritual ministry department, recently retired after 26 years of service.

At the age of 18, Linehan entered the Society of Jesus (Jesuit) seminary. After 15 years of training, he was ordained and began working as a high school teacher. He also taught at a Jesuit retreat center. In 1972, he joined the chaplain staff at the CC.

Linehan said he was instantly drawn to the CC when he first entered the building. "I was immediately fascinated by the research taking place here and the grandness of the facility," he said. But as time went on, he said that it was his interaction with the staff and patients that taught him many life lessons and earned his admiration.



Rev. Eugene Linehan, S.J.

"Daily Mass has always given me a tremendous amount of strength," said Linehan. "We are praying for real things and prayer comes alive because of the needs of patients."

He credits the wonderful friends that he has made among CC patients and staff for his happiness here. "It is great to have friends among people who are of different faiths," he said. Among those is Rabbi Joseph Levine, Jewish chaplain in spiritual ministry, who calls Linehan, "one of the most loving men in the world." Levine credits Linehan with having the ability to love people as individuals and not because of their religious beliefs.

"Father Linehan has no denominational boundaries but he is respectful of all beliefs," he said. "We all have cultural fences and he has the ability to transcend them."

Among the most vivid experiences that Linehan has had is the daily opportunity to see the enormous amount of strength in pediatric patients being treated here. He said that one of his fondest memories was when one young patient was discussing his pending death and said, "I have lost the battle, but I've won the war."

"These children and patients here who can accept illness and death with complete serenity are a blessing," he said. No doubt, Father Linehan has helped them reach that point. ■

Editor's Note

This is the 25th and final *NIH Record* of the year. There is no issue next payday, Dec. 29. However, Dec. 29 is the deadline for the first issue of the new year. That will appear on Tuesday, Jan. 12, 1999. We wish you the happiest of holidays!



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 the DWD's User Resource Center at no cost to NIH employees. For details, visit DWD online at <http://trainingcenter.od.nih.gov> or call 496-6211.

<i>Administrative Skills and Development</i>	
Reviewing Math Skills	2/11
<i>Administrative Systems</i>	
Introduction to Property Management	1/21
Foreign Travel	1/25
Basic Time and Attendance Using ITAS	2/8
<i>Career Transition</i>	
NIH Retirement Seminar - FERS	2/10
<i>Communication Skills</i>	
Federal Resumé & ECQ Writing Workshop	2/2
Fundamentals of Grammar	2/8
Ten Secrets to Powerful Writing	2/9
Writing Skills Review	2/10
<i>Computer Applications and Concepts</i>	
Introduction to Javascript Scripting	1/20
Introduction to MS Access 7.0-Office 95	1/20
Introduction to MS Word 97-Office 97	1/21
Introduction to Lotus 1-2-3 97	1/26
Intermediate MS Word 7.0 for Office 95	1/26
Introduction to MS Excel 98-Mac	1/28
Introduction to TANGO	2/1
Intermediate MS Access 97-Office 97	2/1
Intermediate MS Excel 97-Office 97	2/1
Upgrading to Corel WordPerfect 8.0	2/2
Introduction to MS Outlook 97-Office 97	2/3
Introduction to Personal Computing for New Users	2/3
Introduction to MS Word 98-Mac	2/9
Advanced MS Word 7.0-Office 95	2/9
Introduction to Internet	2/10
Intermediate Internet	2/10
Intermediate MS Access 7.0-Office 95	2/10
Introduction to Adobe Illustrator 7.0	2/10
Intermediate MS Word 97-Office 97	2/11
Advanced MS Word 98	2/11
<i>Human Resource Management</i>	
Introduction to Staffing	1/20
<i>Quality of Work Life</i>	
Financial Management	2/11

Healthy Women Sought

NIMH seeks healthy women ages 18-45 on no medications for 5-month study of the relationship between physical stress (treadmill exercise) and immune function. Volunteers must be premenopausal, nonsmokers, without any chronic psychiatric or nonpsychiatric illness. The time commitment is one morning a month for 5 months. Payment will be provided. For more information, contact Dr. Sophie Ligier at 435-8775. ■

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>.

Advanced Features of HTML	12/17
GCG Sequence Analysis	12/16-18
Molecular Modeling Interest Group	12/18
Database Technology Seminar	12/18
Parachute Startup for Windows 95/Windows98	1/5
LAN Services and Email from Parachute	1/5
Abstract Data in Java 1.2	1/6
Web LISTSERV	1/6
Electronic Forms Users Group	1/6
Visual Basic	1/7
Security for Server Administrators	1/7
The NIH Contractor Performance System	1/8
Chemical Reaction Rate Theory	1/11
WIG - World Wide Web Interest Group	1/12



Dr. Kenner C. Rice, chief of NIDDK's Laboratory of Medicinal Chemistry, received the 1998 Research Achievement Award in Medicinal and Natural Products Chemistry from the American Association of Pharmaceutical Scientists Nov. 15 in San Francisco. Sponsored by Parke-Davis, the \$2,000 biennial award, accompanied by a plaque, is considered major recognition in the field of medicinal chemistry. Internationally recognized for his work in the mechanism of action of abused drugs and the treatment and prevention of drug abuse, Rice joined NIDDK in 1972, and has been chief of the Laboratory of Medicinal Chemistry since 1989. Among his major accomplishments is the development of the NIH Opiate Total Synthesis, a practical method for synthetic production of all opium-derived medical narcotics and narcotic antagonists. Rice and his colleagues have recently developed a long-acting agent that eliminated self-administration of cocaine in rhesus monkeys for nearly 30 days without affecting normal behavior. The agent has potential benefits for human drug abusers.

Diabetes Study Needs Participants

The Cardiology Branch, NHLBI, is recruiting persons with non-insulin dependent diabetes for a 2-day outpatient study. Volunteers should be otherwise healthy. Participants will be paid. Call 496-8739 for more information. ■



Dr. Richard M. Suzman recently became head of the National Institute on Aging's behavioral and social research program. He comes to the post following a long and distinguished career in the social and behavioral sciences, most recently as chief of NIA's demography and population epidemiology unit and director of the Office of the Demography of Aging. He has overseen such demographic and statistical studies as the Health and Retirement Study and the continuation of the National Long Term Care Surveys, which are breaking new ground in our understanding of the health, demographic, and economic aspects of aging. Suzman has been at NIA since 1985.

Quality of Work Life Week Celebrated

NIH marked Quality of Work Life Week Nov. 16-19 with several activities including a visit by local weather forecaster Tom Kierein (l) of WRC News Channel 4, who discussed the



importance of volunteering in the community. Shown at right, during the first event of the week—a Volunteer Fair—with NIH deputy director Dr. Ruth Kirschstein (l) and Corliss Taylor, director of NIH's Work and Family Life Center (WFLC), Kierein receives a



basketful of NIH logo items in thanks for his visit. About 35 agencies and more than 500 NIH'ers and guests participated in the fair. On Tuesday, employees were invited to the department's QWL celebration at HHS headquarters in downtown Washington.

PHOTOS: ERNIE BRANSON



NIH's QWL week concluded on Thursday with WFLC holding an open house to celebrate its first anniversary. Above, Kirschstein addresses staff and attendees. Below, Michelle Gray (l) of the Office of Human Resource Management and Brian Easley, a WFLC career counselor, were among the 200 or so who stopped by.



On Wednesday, an awards ceremony presented 53 honors to individuals and groups who had made significant efforts in the past year to improve the quality of work life for NIH employees. Above, Kirschstein congratulates a group that was honored for addressing parking issues. They are (from l) Stella Serras Fiotes, Rick Rodriguez and Jimmy Chou.

Join R&W in December and Save!

If you join the Recreation and Welfare Association in December, it costs only \$5. Take advantage of the offer this month and help yourself to R&W gift shops, fitness centers, clubs, discounts, travel, day trips, tickets, florists, hair salon, dry cleaning service, video rentals and more. Be sure to visit its Web site at www.recgov.org. **R**