‘A Civil Rights Issue’

NAACP Stakes Out Health Agenda At Students’ Seminar in Natcher

By Rich McManus

On a day when it had to compete not only with a fly-by from astronaut/politician John Glenn, but also a snowstorm and the absence of a keynote speaker, a symposium on cancer in the Black community drew only a handful of participants to Natcher auditorium Jan. 8. But the few who came got a top-flight review of cancer’s inroads in medically underserved populations by a panel of gifted speakers.

Ironically, the most-anticipated voice on the panel did not show up. Former congressman Kwesi Mfume, who is now president of the National Association for the Advancement of Colored People, had been scheduled to give the keynote address, but sent his top health staffer instead. Caya B. Lewis, the first full-time health expert at NAACP headquarters, said Mfume is “very serious about health issues affecting African Americans. Health, at its base core, is a civil rights issue.”

She outlined three areas of focus for the organization which, founded in 1909, is the nation’s oldest and largest civil rights group: HIV/AIDS, hypertension (high blood pressure), and cancer.

“Fifty-seven percent of new cases of HIV

‘Next Flight, Please’

Glenn, ‘Discovery’ Crew Visit NIH, Recount Historic Space Journey

By Carla Garnett

6 a.m. That’s how early one of the first families reportedly lined up Jan. 8 in the Clinical Center in anticipation of an 11:15 a.m. visit to NIH by Sen. John Glenn (D-Ohio) and the rest of the crew of Space Shuttle Discovery Mission STS-95. By 10 o’clock, the still-growing line snaked from the Masur Auditorium entryway, past the main elevators and halfway down a connecting corridor. Hundreds of folks—including about 70 Clinical Center patients, youngsters from the Children’s Inn and their families—filled Masur (and several overflow rooms) to capacity to hear firsthand tales from the astronauts’ nearly 4 million-mile journey into space.

Accompanied by HHS Secretary Donna Shalala and NIH deputy

‘If You Build It…’

South Entry to Clinical Center Debuts

By Rich McManus

The airy and spacious new main entrance to the Clinical Center on the south side of Bldg. 10 was already a success before it officially opened with a ribbon-cutting on the morning of Jan. 11. Embodying the most famous line from the film Field of Dreams—“If you build it, they will come”—NIH’ers visiting the hospital on Jan. 10 tried the door, found it open, and immediately adopted it as their own, ceremonies be damned.

Yong-Duk Chyun, project director for the new Mark O. Hatfield Clinical Research Center, whose construction on the north face of Bldg. 10 made the south entrance necessary, was at the South Entry all weekend before the grand opening and witnessed scores of visitors tentatively approaching the former—and once far humbler—back door.

“They would walk in and their jaws would drop,” he said. “They were saying ‘This is really nice. Is this what the new Clinical Research Center is going to look like?’” Chyun recalls.
Management Intern Program Recruits Leaders

The NIH Management Intern Program is celebrating its 42nd anniversary. So if you’re looking to change careers, this is a program with a proven track record. Many of the interns have gone on to obtain successful, high-level managerial positions within NIH and other federal agencies.

The program uses entry-level career development training designed for outstanding men and women who have a clear commitment to a public service career. Rotational assignments introduce interns to potential administrative career tracks, for example grants and contracts management, general administration, human resources management, budget, legislation, information technology and program management analysis.

This year’s program opens on Feb. 8 and closes Mar. 8. Application packages and more information about the program will be available the week of Jan. 25 and may be obtained by calling the Division of Career Resources at 496-2403. The packages will also be offered by several personnel offices and at some off-campus locations such as Executive Plaza South, Solar Bldg., Wilco Bldg., Parklawn Bldg., NCI/FCRDC (Frederick, Md.), NIEHS (North Carolina) and NIA (Baltimore).

To apply you must be a U.S. citizen; be willing to work full-time; be a current Department of Health and Human Services employee at the GS-5 level or above or wage grade equivalent and currently employed in either a career or career-conditional appointment or be on a veterans readjustment appointment, severely physically disabled (Schedule A) appointment or any other appointment that offers noncompetitive conversion.

Detailed program information will be provided at the sessions listed in the next column. Applicants are encouraged to attend a session before completing their application package.

1999 NIH Management Intern Information

Session Schedule

(All sessions are from 11:30 a.m. to 1 p.m.)

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Symposium on Biology of Stress

The National Institute of General Medical Sciences and the NIH Office of Behavioral and Social Sciences Research are cosponsoring a day-long symposium on “The Biology of Stress.” The meeting, highlighting current research exploring biological mechanisms of stress, will be held on Thursday, Feb. 4 from 8 a.m. to 5 p.m. in Wilson Hall, Bldg. 1.

Participants will discuss how stress affects the body via hormones and general metabolism, the cardiovascular system, the brain, and the immune system, placing particular emphasis on how studying stress-induced changes can help scientists learn more about basic biological processes. The meeting is open to all and no preregistration is needed. Visit the OBSSR Web page at http://www1.od.nih.gov/obssr/EVENTS.HTM for further details, or contact Susan Persons at 402-3930.
NIA Employ Community Service to Honor MLK Legacy

The National Institute on Aging has wrapped up another successful year of programs for its adopted school, Sinclair Lane Elementary School, located near the institute’s Gerontology Research Center (GRC) in southeast Baltimore.

According to Sheila Thornton, a consulting teacher at the school, the students benefit immensely from the partnership with NIA employees. “Our students crave the attention the NIA volunteers provide and they thank the principal profusely after they have spent time with the volunteers.”

Most recently, NIA participated in American Education Week last November through the “Ready, Set, Read” campaign. Thirteen NIA employees volunteered to read to students in classrooms. It proved to be enjoyable for the students and volunteers. Researcher Bruce Ziman, dressed as the Tin Man, presented a talk, “Ease on Down the Road to Research” as part of the Health Career Fair that week.

NIA scientist Dr. Yolanda Mock teaches a grammar lesson to second graders at Sinclair Lane Elementary School.

NIA’s Joanne Piezonki (l) and Carolyn Eames made labels for the teachers’ mailboxes and alphabetized files in the school office. Both are longtime volunteers in their communities.

A year ago, 29 GRC employees volunteered to read to students in classrooms and the school office in response to the Martin Luther King Commission’s request that all Americans set the example for honoring King and his work by getting involved in community service throughout the year.

The NIA IRP human relations committee sponsored “Observance through Service” week at the school last January. Each NIA volunteer spent at least 2 hours at the school reading to and tutoring students, assisting teachers in the classrooms, setting up computer equipment, labeling staff mailboxes, and updating files in the school’s office. NIA employees Arlene Jackson and Carolyn Eames read Curious George to first graders and helped them cut out flash cards and arrange them in the proper sequence of the story. Afterward, they made Curious George puppets out of paper plates and construction paper. “It is very rewarding for me to see the children light up because they see that people have a special interest in them,” said Jackson. “I feel good that I can give a little sunshine to these kids.”

In March 1997, NIA director Dr. Richard Hodes authorized supervisors to allow official duty time for employees in all levels, careers and localities to participate in the Adopt-a-School program. According to Jackson, “Observance through Service” week served as a mentoring program kickoff at the school.

Last year, NIA employees also donated used stamps from around the world, local grocery store cash register receipts that were redeemed for computer equipment, office supplies, and used magazines that students used for cut-and-paste projects. Also, NIA employees have accompanied students on field trips to the zoo and science center. “The past year’s partnership between Sinclair Lane Elementary School students and faculty and NIA employees has been most rewarding,” said Jackson of NIA’s EEO Office, who is coordinator of the Adopt-a-School program. “All NIA employees have gifts to contribute to this worthy program. I encourage other NIH institutes to implement an Adopt-a-School program if they haven’t already done so.”

To learn more about organizing an Adopt-a-School program, contact Jackson at (410) 558-8121.
NAACP, CONTINUED FROM PAGE 1

infection are reported in minorities,” Lewis said. “It has become a disease of people of color.” She said that last July’s national NAACP convention in Atlanta featured a march titled “Outrage Over AIDS” to draw attention to the disease’s ravages in Black communities. “Sixty-three percent of new cases of HIV infection in adolescents occur in African Americans,” she said. “I don’t know why we haven’t been screaming louder about (these statistics) before.” She said a state of emergency exists in the Black community, and that NAACP will respond with AIDS prevention programs aimed primarily at young people.

Regarding hypertension, Lewis said stroke was the nation’s top killer of African Americans, and added that NAACP will collaborate with such voluntary agencies as the National Kidney Foundation and the National Stroke Association to get the word out on reducing high blood pressure among Blacks.

When Lewis came to the topic of cancer, she lowered her voice dramatically. “For years, people kind of whispered the word—cancer. Thank God some of us can talk a little bit louder about it today. We whispered because it used to be a death sentence. It was scary, and there was nothing you could do about it. Well, I’m thankful we don’t have to whisper anymore. Thank goodness for mammography. Thank goodness for radiation therapy. Thank goodness for tamoxifen, and the PSA (prostate specific antigen—a sentinel of prostate cancer) test.

“Cancer is still striking African Americans disproportionately,” Lewis said. “The mortality rate and incidence rate of prostate cancer are the highest in the whole world among African American men. We’re advocating that minorities get involved on every level of treatment development, training and research on cancer. We want to see increased cancer research funding overall—but especially for the cancers that disproportionately affect African Americans. We need to send more effective prevention messages.

“African American physicians tend to have African American patients—they are more comfortable going to see them,” she explained.

She concluded, “Cancer is something that we must attack, it’s something we must continue to address, and it’s killing our families in ways that it shouldn’t. People aren’t finding out early enough that they have cancer of various kinds.” She urged physicians-to-be in the audience not to view the downtrodden in society as problem people, but rather as people with problems.

Sponsored by NCI and the American Cancer Society, the daylong program, titled “Cancer in the African American Community: Addressing the Medically Underserved” was organized by the Student National Medical Association, the preprofessional arm of the nation’s largest minority medical society, the National Medical Association.

Panelists, who included survivors as well as clinicians, explored cancers of the breast, colon, lung and prostate, which “are the major cancer killers in the U.S.—they constitute the majority of cancer deaths in this country,” said Dr. Gabriel Feldman, director of prostate and colon cancer for the American Cancer Society.

Cancer surgeon Dr. Robert DeWitty of Howard University gave a particularly engaging talk on his breast cancer practice, which draws some 175 women a week to his office downtown. Some 98 percent of his patients have concerns about their breasts. “Breast cancer engenders a lot of fear and anxiety, but the reality is that most women still don’t get breast cancer. Breast pain and breast cancer are usually not related,” he continued. “Most breast masses are not cancer either.”

Emphasizing the importance of early diagnosis, he ran through a series of slides depicting new technologies—stereotactic biopsy, and infrared heat-sensing devices (“Cancer tissue has a different heat pattern than regular breast tissue”)—adapted largely from Defense Department weapons research (“Some of the same technology the Army used to lob those bombs during the Persian Gulf war went into this stuff,” he recounted.)

He urged women to do a simple, 3-second breast self-exam in the shower each morning, and to learn their own bodies the way they know their own kitchens. “You could probably blindfold yourself and find your way around your own kitchen well enough to make a meal,” he said. Why not know your own body as thoroughly, he challenged.

Dr. Debra Saslow, director of breast and cervical cancer for the American Cancer Society, said the incidence of breast cancer is actually higher in white women than in Blacks, but that the mortality rate is higher in Black women. Around 5 or 6 more Black women than whites per 100,000 die of the disease. The average woman’s breast cancer risk at age 25 is 1 in 14,493, then rises with age to 1 in 230 at age 40, and finally 1 in 8 at age 80. The ACS recommends annual mammography for women, beginning...
at age 40, and monthly self-exams starting at age 20. The good news in the African American community, Saslow said, is that screening rates are up for Black women. “There has been a dramatic rise in the number of African Americans getting mammographies and clinical breast exams,” she said. “And as a result, breast cancer mortality and incidence rates in this population are starting to come down.” Interestingly, there are biological differences in breast cancer in different cultural groups, Saslow reported.

Another bit of hopeful news was delivered by Dr. Otis Brawley, director of special populations research at NCI, in opening remarks to the medical students. Acknowledging “an extreme shortage of minority individuals on the scientific staff at NIH (he said he’s one of only 4 tenured Black investigators here),” owing to a dearth of minority medical school applicants, there are, nonetheless, “quite a few well-paid fellowships available at NIH.” Brawley exemplifies the path he urged the audience to take: he came to NCI’s endocrinology section and SNMA member—at the University of Chicago and is now an expert in the design of medical trials, chiefly those recruiting socially disadvantaged patients.

**Memorial Service Set for Rodbell**

A memorial service for Nobel Laureate Martin Rodbell will be held at 10:30 a.m. Friday, Feb. 12, in the National Institute of Environmental Health Sciences Conference Center at 111 T.W. Alexander Drive, Research Triangle Park, N.C. Rodbell died Dec. 7 at the University of North Carolina Hospitals after an extended illness.

Rodbell’s wife, Barbara, of Chapel Hill, his daughter Suzanne Richardson of Cabin John, Md., and his sons Paul of Silver Spring, Md., Andrew of Bethesda, Md., and Philip of Ringham, Mass., plan to attend the service, along with many colleagues. All who knew Dr. Rodbell, as well as friends of the family, are welcome. There will be several scheduled eulogies, and then others who have a remembrance to share will be invited to speak.

There has been a memorial page established on the NIEHS Web site at http://www.niehs.nih.gov/external/memrly.htm for people to leave messages in remembrance of Rodbell. A printed compilation of these thoughts will be presented to the Rodbell family at the service.

**Santas Lavish Gifts on Pediatric Patients**

It was the assault of the Santas on Dec. 16 as one version of Mr. Claus entertained at the recreation therapy section’s holiday party on the 14th floor of Bldg. 10, and another Claus (really Chief Tom Rufty of the NIH Police) sped over to the hospital aboard an NIH fire engine and hand-delivered some 10 gifts to each of 25 young patients in their rooms on various pediatric units.

Together with the NIH Fire Department, the NIH Police collected some 500 toys in a pre-Christmas drive organized by Lt. Lawrence Brown and Sonja Young. “We had just a ton of toys—the room we stored them in was jammed full,” said O.W. “Jim” Sweat, director of the Division of Public Safety. His staff delivered gifts not only to children in their rooms at the hospital, but also at the Children’s Inn and a play area on the hospital’s 14th floor.

Because of a few of the youngsters were in treatment at the time of Santa Rufty’s visit, he dispatched a sergeant later in the day, clad in the Claus costume, to visit kids missed on the first trip.

Another officer dressed as Santa brought gifts to the few children who had to spend Christmas Day at the hospital or inn.

“I think the kids were Santa Claused to death,” chuckled Rufty, who expressed some dismay over the confusion of twin Santas alighting on the CC in the same day. He was also mildly ruffled by the fire truck ride over to Bldg. 10—his first excursion on such a vehicle. “I’m too old and fat for this kind of thing.”

Rufty said he was touched by the large number of children who wrote to him thanking him and the other officers and fire fighters for their generosity. “A lot of them were really rather cute,” he said.

The gifts, collected from NIH’ers who left them at the police desk, were sorted according to which age group would most appreciate them, he said. As he handed them out, one by one, an assistant took photos of the grateful recipients, and left them with the kids as mementos.

Rufty said the experience was “really sort of heart rending” for his staff, but also deeply rewarding. “It’s nice to let the community know we do more than just write tickets and arrest people,” he said. Santa couldn’t have put it any better.

**Healthy Women Sought**

Healthy postmenopausal women are needed to participate in a study of normal blood. To be eligible, you must have had no abnormal bleeding or clotting in the past. Participants must be willing to stay off any hormone treatment for 9 months and to give small blood samples. The study involves no hormones or medications. Compensation is provided for each blood draw. For more information, call 1-800-892-3276.
Following the presentation, Glenn faced a friendly mob hungry for his autograph.

director Dr. Ruth Kirschstein, the 7-member team now widely referred to as the “Magnificent Seven” entered the auditorium to a thundering standing ovation and proceeded to guide the audience—via a 20-minute film and slide show—through the mission’s 9 days in space. Their visit was arranged by the National Institute on Aging, which helped Glenn and NASA mission coordinators design many of the medical research projects conducted during the trip.

“It’s an honor to welcome the ‘magnificent seven’ from the Space Shuttle Discovery’s latest mission to NIH—the world’s preeminent center for science,” said Shalala. “From the release of the Spartan spacecraft to the scores of biomedical experiments, the work of these astronauts will help us learn not only about our stars, but about ourselves. [Their work] will help us unlock the mysteries of the heavenly bodies and our human bodies, will help us chart new paths to a better understanding of the universe and—I believe—a better life here on Earth.”

The mission represented a historic return to space for the 77-year-old Glenn, who 36 years ago on Feb. 20, 1962, piloted the Friendship 7 Mercury spacecraft on the United States’ first manned orbital mission. With his recent journey, Glenn became the oldest person ever to participate in space flight.

From its 2 p.m. liftoff from the Kennedy Space Center in Cape Canaveral, Fla., on Oct. 29, 1998, at speeds reaching approximately 18,000 miles per hour, through 134 orbits of Earth, to its 11:50 a.m. return landing on Nov. 7 into the “most crosswinds ever,” the journey was the most research-intensive in the history of the space program, remarked Mission Commander Curt Brown. Discovery carried to orbit nearly 3 dozen life sciences, microgravity sciences and advanced technology experiments sponsored by NASA and the Japanese and European space agencies. In all, about 83 different science projects—29 in the SpaceHab laboratory module alone—were conducted during the 9 days. In addition, more than 2,500 images were collected for future study, including geologically and geographically invaluable photos of damage caused by Hurricane Mitch.

Included among the crew with Glenn and Brown were three other U.S. space veterans, pilot Steve Lindsay and mission specialists Steve Robinson and Dr. Scott Parazynski, and Japanese cardiovascular surgeon and payload specialist Dr. Chiaki Mukai, who took her third space flight with STS-95. Mission Specialist Pedro Duque of Spain, his country’s first astronaut, made his space debut with the flight. Commander Brown later joked that with the 20 personal computers on board, Duque was often able to email his wife.

By far, though, the most fascinating aspect of the voyage—and the most interesting for NIH, NIA in particular—was Glenn’s return to space.

“Because of your collaboration with NASA,” Shalala said, “all of you at NIH are very much partners in this historic mission and in all shuttle missions. By working with our colleagues at NASA on cutting-edge research, everyone at NIH is helping all of us live longer and better. Because of our longstanding partnership with NASA, we’re learning that there are parallels between what happens to our bodies in space and what happens to our bodies as we age. That’s why we sent Sen. Glenn into space. Thirty-six years ago he showed us the way to the heavens. Now he’s helping to show us the way to age.”

In an unguarded moment, Glenn clearly expressed how much he enjoys his role as galactic pathfinder. It came toward the end of the 2-hour visit, as the astronauts were winding up their slide presentation,
during which each took an opportunity to explain his or her various activities on board the spacecraft. As they finished describing a slide, each would call "Next slide, please." Glenn was midway through his series of slides, intending to call for the following slide, when he inadvertently said, "Next flight, please." There was silence for a beat, as both the audience and Glenn realized what he'd said. Then the senator began to chuckle and the crowd joined in. "Good thing Annie isn't here," he said, wryly, referring to his wife, who has indicated publicly that she'd rather he kept his feet on the ground, or at least on Earth, from now on.

The senator found that much had changed about space travel in the decades since his last flight: In 1962, he remained seated and was only allowed to loosen his safety belt; this trip, he was able to float freely. "That added a whole new dimension to it for me personally," he enthused, smiling broadly.

"Back then, we just wanted to see if we could do this thing," he recalled. "Although we had a few science projects on board—in one I remember in particular, I was to take a spectrometer reading of the sun—they were nothing like they are today." Back then, he said, scientists and doctors didn't know what to expect would happen to a body in space. Some had predicted that astronauts' eyeballs might change shape, and other fantastic phenomena.

Later in the program, Glenn described the importance of the NIH-NASA partnership and why he was determined that he and the Discovery crew pay a special visit to NIH. Glenn, NASA and other mission coordinators worked more than a year with NIA staff and director Dr. Richard Hodes to develop a workshop that addressed questions of scientific interest to both agencies. The workshop helped to define better what could be learned from someone Glenn's age traveling in space. Already it is known that older people and astronauts in space experience several common health problems including difficulties sleeping, reduced immune function and bone density loss. Twelve research projects on these disorders were conducted on board Discovery.

At one time, 21 electrodes were connected to Glenn's body just before bedtime, to measure his sleep responses. That couldn't have made for a very comfortable slumber, noted Commander Brown. But, he said, the senator endured every test with good humor.

Following the crew's presentations, they took questions from the audience. They described how several mundane aspects of life on Earth are handled in space. Shampooing one's hair, for instance, must be done very carefully since—without gravity—water for rinsing can be flung all over the cabin. As for napping, Glenn said, "Other than there being no 'down' for laying your head down, it's okay." The astronauts use Velcro to stick their pillows and other gear to walls or the ceiling so the objects won't float away. And, if the bathroom breaks, Brown said to much booting and laughter from the audience, "then we have to come home immediately."

He also reported that, contrary to advice from even the most seasoned astronauts, most space travelers choose not to sleep while they are in orbit, mainly because they don't want to miss anything. "I guess [sleeping] just seems like poor time management to them," he quipped.

As time drew near for the crew to depart NIH, Glenn concluded with a message of gratitude.

"In 24 years in Congress," he said, "I don't think there was a single thing that came about NIH that I didn't support—and support enthusiastically. I didn't do that for political reasons, but because I truly believe in what you're doing here. [STS-95] was just a little 'toe-in-the-door' of this type of research. I'm hoping that it'll prove valuable, and that NASA will continue it. I hope that by comparing what happens to me at my age in space with what happens to younger astronauts and with older people right here on Earth, maybe we can not only increase the ability of younger people to go on longer space flights, but also perhaps we can help eradicate many of the frailties of aging—things like balance and muscle system changes, osteoporosis and sleep disorders."

"That's why I was particularly glad to come out here today—to say thank you to all of you folks here who, through Secretary Shalala, Dr. Varmus, Dr. Hodes and others, make NIH programs work," he said. "It means so much, and not just to us here. We have such an increasing life expectancy for our own people and for people around the world, and much of that credit goes to you right here at NIH. So thanks to all of you."
To which he responded with characteristic enthusiasm, “The new CRC will be even better!”

During a routine quarterly report to NIH director Dr. Harold Varmus on CRC construction progress in early January, Chyun was shocked when the notoriously unceremonial Varmus said the debut of the South Entry deserved a bit of circumstance.

So, on a chilly bright morning in the aftermath of a snowfall, NIH officials gathered to snip a ribbon officially opening the permanent back door to what Varmus called the Magnuson/Hatfield complex. As cold as it was on the other side of the glass, it was toasty inside as huge windows admitted warming sun.

“My colleagues were quite surprised when the anti-ceremony NIH director called for a ribbon-cutting to mark this occasion,” Varmus quipped. “But I think it’s important to pause just a moment to realize that we have reached a milestone in construction of the Mark O. Hatfield Clinical Research Center, which we hope to see finished in 2002. The opening of the South Entry is a pivotal event in that process.”

Varmus said that despite ugly mounds of dirt and awkward pedestrian routes engendered by the new entryway, the job was done “on time, and with a certain amount of grace and artistic panache. We can expect that the rest of the building will have a similar architectural beauty.”

The opening of the South Entry also means “we can get to work more seriously now on the CRC,” Varmus said. “You can expect a great deal more activity by the end of the month.”

Dubbing the new back door “a permanent entry to the Magnuson side of the Magnuson/Hatfield complex,” Varmus grabbed an overlarge gold scissors, snipped the ribbon and bade, “Enter at your pleasure.”

Which is exactly what dozens of people did anyway throughout the ceremony.

Some two stories tall and a marriage of glass and honey-tinted maple veneer, the South Entry prominently displays, on the wall facing entrants, the original metal letters spelling out Warren Grant Magnuson Clinical Center, and a bold PHS shield. These accoutrements once graced the north front of what was once known as the Ambulatory Care Research Facility, or ACRF, built onto the face of old Bldg. 10 in 1982. But few could see the letters because they contrasted so poorly with the building’s pink brick, noted architect David Esch of the firm Zimmer Gunsul Frasca, which is designing the new CRC.

Now mounted on wood paneling, the signage stands out. “Our firm likes to use wood finishes in all our projects,” Esch explained. “It creates a warm, inviting feel to the space that people can relate to. We’re also known for creative approaches to using natural light.”

As scores of employees and visitors made the space their own—valets barked “Rides to Baltimore-Washington Airport!” and hustled luggage through the lobby—Chyun confirmed that the pace of CRC construction will soon pick up dramatically. Five huge cranes the size of the ones recently placed at the west and east edges of Bldg. 10 will be erected on the north side of the complex, and the porte cochere under which cars once approached the hospital’s old front door is imminently due for a month-long demolition. When excavation reaches the front edge of the building, some 300-400 dump trucks will visit the site daily, Chyun said.

The new South Entry to the CC, located in the heart of campus, offers more light and far more warmth than the former entrance on the north face of Bldg. 10.

Ironically, the new South Entry answers a need that long predates the new CRC, according to longtime CC employees; for decades, workers have bemoaned blustery, Arctic conditions on the north face of Bldg. 10. Some insist the winter winds blew colder and more furiously there than anywhere else on campus. By comparison, the south side was sunny and calm, the breezes blocked by the building’s monolithic heft. Why not make that the front door?, they wondered.

Whether oldtimers or new visitors, those using the new South Entry needn’t worry about how to find their way through the hospital once inside the revolving door. Guides wearing red “Ask Me” buttons have been posted in the lobby and are happy to give directions.
NINDS’s Jones Retires After 34 Years of Government Service

By Shannon E. Garnett

NINDS will never be the same, coworkers lament. One of the friendliest, most effective and perhaps most charismatic members of its staff, John H. Jones, deputy executive officer, recently retired. “The time was right. I’ve accomplished a lot of the things I wanted to accomplish,” said Jones. “I was also envious of my siblings, who are all retired now.”

Tall with a striking smile, Jones was born the youngest of 8 children in Prattville, Ala., a small town approximately 15 miles north of Montgomery. He graduated from Morris Brown College in Atlanta, earning a degree in biology in 1964.

Upon receiving his diploma, he joined the Army, where he served for 3 years. He hung up his fatigues in 1968, grabbed his biology degree and headed to NIH—the land of opportunity for budding young scientists.

He remembers vividly the day he decided NIH was where he “had to be.” While watching television coverage of the riots in Washington, D.C. (after the assassination of Dr. Martin Luther King, Jr.) with his parents, Jones’s father suddenly turned to him and said, “Are you sure you want to go there?” Jones simply answered, “It’s not a matter of want, but I have to go.”

Soon after, he began his NIH career working in the laboratories of the NINDS Electroencephalography Branch. Although he loved working in the labs, the opportunity for career advancement caused him to switch to an administrative position. In 1971 he became an administrative assistant in NINDS’s Intramural Research Program, where he served until becoming the administrative officer in the institute’s Office of the Director in 1976.

“From the lab bench to the halls of administration, John has played a key role in the implementation of the mission of the NINDS, and has been especially effective in helping the cause of equal opportunity in brain and nervous system research,” said Levon O. Parker, NINDS equal opportunity officer, who has worked side-by-side with Jones for nearly 30 years—beginning in the NINDS labs.

In 1990, Jones became deputy executive officer, the position he held at the time of his retirement. With the exception of a brief detail assignment from 1996 to 1997 as acting executive officer for DRG, Jones served his entire NIH career at NINDS.

“John is easily one of the most well-known and respected people on campus,” said Kevin E. Kirby, NINDS executive officer. “I’ll really miss his competence, his vast experience, and his friendship.”

Throughout his career Jones has garnered many accolades. Most recently he was presented the NINDS Leadership Award in recognition of his “consistent, outstanding and effective administrative guidance and direction to the NINDS.”

He was specifically honored for his exceptional service during a critical time when the institute experienced several major personnel changes. During that time, he played a significant part in keeping NINDS’s administrative functions running smoothly—serving as acting executive officer in 1997 and acting personnel officer in 1998—while the institute searched for new executive and personnel officers and also for a new director. Jones made sure NINDS suffered no disruption of service during the transitions.

Jones also served as a mentor to many interns and young staff members, encouraging them and offering advice and guidance when needed. He never hesitated to make new staff feel welcome with pleasant greetings or a simple friendly wave, immediately putting newcomers at ease.

When asked what he will miss most about NIH, Jones said, “The people. I’ve established good working relationships with many people. I’ll miss them.” He will not, however, miss the Beltway commute, he joked.

Jones plans to travel to Florida, California and Alabama to visit his siblings, to work on home improvement projects, and to garden. “I think NIH is a wonderful place to work. I’ve spent the majority of my career here,” he said. “NIH is the best government agency to work in and NINDS is one of the best institutes to work for.”

Experts from NIDCD and NIEHS recently met with counterparts at the National Institute on Occupational Safety and Health for a congressionally recommended meeting on communicating the risk to the American people of noise-induced hearing loss. NIOSH’s Max Lum (c) is shown speaking with industry representatives about building partnerships to prevent the problem. The communication plan that emerged from the meeting will be available on the NIDCD Web site at http://www.nih.gov/niddc.
NEI Mourns Statistician Marvin Podgor

By Linda Huss

Dr. Marvin J. Podgor, 47, an NEI employee for 25 years, died Oct. 24, 1998, at his home in Potomac, Md. He had kidney cancer.

He was born in Oak Ridge, Tenn., and obtained a B.A. degree in mathematics from the University of Rochester in 1973. That same year, Podgor joined NEI's Division of Biometry and Epidemiology as a statistician. He also spent the next several years studying at George Washington University and earned a Ph.D. in statistics in 1992.

Dr. Roy Milton, Podgor's former NEI supervisor, said, "Marvin was a colleague and friend and almost like a son, except sons can give one a few gray hairs and in 22 years Marvin never did. My approach to supervision was laissez-faire, and it worked perfectly with Marvin. I consider hiring him to be among my personal and professional accomplishments at NEI."

In 1995, Podgor was named chief of NEI's statistical methods and analysis section. One of his major achievements was a collaborative project with colleague and mentor Dr. Joseph Gastwirth of George Washington University. In many scientific settings there are several plausible models that might generate the observed data. Gastwirth and Podgor developed a method to combine the procedures appropriate to each model into a single one that had high efficiency for retrieving data from any of the plausible models. The concepts apply to a variety of biomedical applications, e.g., survival analysis and dose-response studies. Their methodology has been incorporated into the highly regarded statistical package Stat-Xact. Podgor was invited to present their approach at the 1998 spring meeting of the Biometric Society, and a summary of their work appears in the 1998 Encyclopedia of Biostatistics.

"On the personal side I can only say that Marvin was one of the best students I have ever had," said Gastwirth. "Not only was he intelligent, he was unusually careful and reliable. Over the years I had gotten to know him and his family and he was a wonderful father in addition to being a fine statistical scientist."

Podgor's other research interests included the Framingham Eye Study and the Framingham Offspring Eye Study. In the course of analyzing data from these studies, he developed novel approaches to solving difficult statistical problems. One notable instance was his application of generalized estimating equations to examine familial aggregation of ocular pathology and the association of types of lens opacities between and within eyes of individuals.

Dr. George Reed, chief of NEI's Biometry Branch, said, "I am grateful for the brief time that he and I were colleagues. He had seen and solved many of the difficulties that I was to encounter in vision research, and he made my job much easier. As a statistician and a friend, he is widely missed."

Podgor received NEI Director's Awards in 1991 and 1996.

"Marvin was always quick to make available his statistical expertise—especially to the scientists in the intramural program of the National Eye Institute," recalled NEI director Dr. Carl Kupfer. "He did this willingly and with enthusiasm. His collaborations were a major factor in strengthening the statistical validity of our publications."

In his 25-year career, Podgor authored and coauthored 56 publications. He was associate editor of the American Journal of Epidemiology from 1992 to 1998. He was a member of the American Statistical Association, the International Biometric Society and the Institute of Mathematical Statistics.

Apart from his career, Podgor's interests were his family. He leaves his wife of 23 years, Debbie Podgor; a 20-year-old daughter, Melinda; and a 17-year-old son, David. He loved watching baseball games and playing catch with the neighborhood kids. He coached his children's soccer teams for many years, and took a great interest in children's educational needs. In addition, he loved growing his herb garden.

Milton points out, "I think good people just happen, and I was fortunate to have Marvin happen to me. We shall miss his quiet wit, his remarkable repertoire of trivia, and above all his indomitable good spirits which prevailed to the end."

Skills Development Offered

The Administrative Skills Development Curriculum is being offered in 1999. The curriculum is open to all NIH administrative staff in one-grade-interval jobs who have IC approval and funds authorization.

All participants will take part in a workshop, "Planning for Career Advancement for Administrative Support Staff," Mar. 16-18. Enrollees will use data from professionally administered assessments to formulate individual development plans. These plans, approved by participants' supervisors and personnel offices, will guide employees through the program. A minimum of six courses must be completed in 3 years to receive a certificate of completion. At least two courses must be taken each year.

Interested individuals should submit training nominations to the Division of Workforce Development. Participants will receive confirmation from DWD. For more information, call or email Pauline Irwin, 402-3385, irwinp@od.nih.gov.
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.

Management, Supervisory & Professional Development

1. Supervision and Group Performance 3/1
2. Budget Execution  3/4
3. Feedback Skills: How to Give Constructive Feedback 3/8
4. Emotionally Intelligent Leadership 3/9
5. How Managers Design Organizations 3/11
6. 360 Degree Feedback: The Whole Story 3/12
7. Congressional Operations Workshop for NIH 3/15

Administrative Systems

1. Domestic Travel - Overflow 3/1
2. Basic Time and Attendance Using ITAS 3/9
3. IMPACT for Administrative and Professional Staff 3/10
4. Basic Time & Attendance Using TAIMS - Overflow 3/15

Administrative Skills Development

1. Taking Minutes at Meetings 3/2
2. Making the Most of Your Memory 3/11
4. *Preliminary course for employees participating in the Administrative Skills Development Curriculum

Human Resource Management

1. Basic Employee Benefits 3/15

Career Transition

1. NIH Retirement Seminar - CSRS 3/3
2. Federal Resume Writing 3/8
4. Mid-Career Benefits and Financial Planning - FERS 3/16

Communication Skills

1. NIH Correspondence: Letter & Memo Preparation 3/4
2. Proofreading Skills 3/9
3. Effective Writing I 3/15

Computer Applications and Concepts

1. Introduction to Visual Basic 5.0 3/1
2. Intermediate TANGO 3/1
3. Advanced MS Word 97 - Office 97 3/3
4. Intermediate MS PowerPoint 97 - Office 97 3/4
5. Introduction to MS Excel 97 - Office 97 3/8
6. Introduction to MS Word 7.0 - Office 95 3/9
7. Introduction to Macintosh 3/11
8. Upgrading to Windows 98 3/11
9. Advanced MS Excel 7.0 - Office 95 3/15
11. Introduction to Corel WordPerfect 7.0 3/16

FAES Chamber Music Series Opens

The FAES Chamber Music Series will open its 1999 season with Michala Petri, recorder, on Sunday, Feb. 7 at 4 p.m. On Sunday, Feb. 14, Bruno Canino, piano, and Rocco Filippini, cello, will perform at 4 p.m. Concerts are in Masur Auditorium, Bldg. 10. Tickets are available at the door for $20; students/fellows, $10. For details, call 496-7975.

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.

1. NIH Data Warehouse Research Contracts and Grants 1/27
2. NIH Data Warehouse Property Management 1/28
3. PC Hardware Concepts and Usage 2/2
4. Troubleshooting PC Hardware 2/2
5. NIH Data Warehouse Personnel Costs (Human Resources) Mini 2/2
6. Fundamentals of Unix 2/2-4
7. Macintosh 8.5 Operating System 2/5
8. NIH Data Warehouse Advanced GQL 2/5
9. Electronic Forms Users Group 2/5
10. Tango Users Group 2/5
11. NIH Data Warehouse Research Contracts and Grants Mini Session 2/4
12. Visual Basic for Programmers 2/5
13. NIH Data Warehouse Budget and Finance 2/5
14. Getting Started with C 2/8-11
15. Relational Database and Client/Server Access Overview 2/9
16. NIH Data Warehouse Budget and Finance Mini Session 2/9
17. WIG - World Wide Web Interest Group 2/9
18. Introduction to HTML 2/10
19. Advanced Features of HTML 2/10

Dietary Supplements Database Launched


The purpose of the database is to help scientists and the public locate credible, scientific literature on dietary supplements. The computer interface was designed to be user-friendly so individuals with all levels of expertise may use it easily. For those unfamiliar with dietary supplement terminology, a drop-down list of standard keywords is available.

The database is one of the specific mandates for ODS designated in the original Dietary Supplement Health and Education Act of 1994, which created the office. ODS initiated an interagency cooperative agreement with the Food and Nutrition Information Center, National Agricultural Library, Agricultural Research Service, U.S. Department of Agriculture to develop and maintain the IBIDS database.
NLM Exhibit Commemorates First Woman Physician

One hundred and fifty years ago, on Jan. 23, 1849, a young woman ascended the platform of the Presbyterian church in Geneva, N.Y., and received from the hands of the president of Geneva Medical College a diploma conferring upon her the degree of doctor of medicine. Thus, after many years of determined effort, Elizabeth Blackwell became the first woman to complete a course of study at a medical college and receive the M.D. degree.

In commemoration of this event, the National Library of Medicine has mounted an exhibit entitled, “That Girl There Is Doctor in Medicine: Elizabeth Blackwell, America's First Woman M.D.” The exhibit, curated by Carol Clausen of the library’s History of Medicine Division, is located at the entrance to the division, just off the NLM lobby (Bldg. 38). Items illustrating Blackwell’s admission to medical school, her experiences as a medical student, her graduation, and her subsequent medical career are displayed.

When her initial attempts to gain admission to a well-established medical school met with failure, Blackwell persevered, applying to a dozen smaller colleges. As she recounted in her autobiography, Pioneer Work in Opening the Medical Profession to Women, “At last, to my immense relief (though not surprise, for failure never seemed possible), I received the following letter from the medical department of a small university town in the western part of the State of New York.” The single acceptance came from Geneva Medical College. Accompanying the letter from the dean was a resolution by the students, affirming their support of her endeavors. Displayed in the exhibit is a formal copy on parchment of the acceptance letter and resolution, which Blackwell had copied from the original and esteemed as “one of my most valued possessions.”

The exhibit includes items illustrating Blackwell’s life as a student, including a set of her class notes on materia medica, pictures of the Geneva College buildings, a college circular, and class admission tickets. Most intriguing is the manuscript syllabus of James Webster, professor of anatomy and Blackwell’s strongest supporter. In her diary, Blackwell describes an anatomy class on a day soon after her arrival as “a trying day...a terrible ordeal...Some of the students blushed, some were hysterical...My delicacy was certainly shocked ...” The syllabus reveals the source of embarrassment. The academic career begun with such difficulty was completed in triumph. Blackwell had gained the support of the students, faculty and townspeople, and graduated first in her class. Her brother Henry, who attended the graduation, described the ceremony in a letter to his family and noted the special esteem in which she was held. In his address to the graduating class, printed as a brochure, Dean Charles A. Lee commended Blackwell’s “perseverance under difficulties, and obstacles next to insurmountable.” Her thesis, on ship fever (i.e. typhus), was given the unusual honor of publication in the Buffalo Medical Journal.

After 2 years of further study in Paris and London, Blackwell settled in New York City. Her efforts to establish a medical practice were met by what she described as “a blank wall of social and professional antagonism.” Instead, she turned to social and hygienic reform and the promotion of the medical education of women. She founded a free clinic, the New York Infirmary for Women and Children, which still exists as the New York Infirmary/Beekman Downtown Hospital, and the Woman’s Medical College of the New York Infirmary. The exhibit includes circulars and catalogues from both of these institutions, some of Blackwell’s own publications, and several portraits of her.

The exhibit will be on display until June 30. Flyers about it will be available at NLM or by mail from the History of Medicine Division, National Library of Medicine, Bethesda, MD 20894.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. James Smith on Feb. 3, speaking on “Health and Economic Outcomes of New Immigrants.” He is RAND chair in labor markets and demographic studies, RAND Population Research Center, Santa Monica, Calif.

On Feb. 10, Dr. Mark S. Ptashne, Ludwig professor of molecular biology, Memorial Sloan-Kettering Cancer Center, NY, will discuss “Imposing Specificity by Localization: Mechanism and Evolvability.”

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