

THE NIH RECORD

Still The Second Best Thing About Payday

Introducing 'CareerHere,' a Job Hunter's Dream

Applying for a job at NIH will soon become a lot easier thanks to *CareerHere*, a new Web-based tool announced by the Center for Information Technology and the Office of Human Resource Management. Starting Apr. 26, anyone will be able to search for job openings at any IC, obtain complete vacancy announcements and submit applications with resumés entirely online. They'll just need to point their browsers to <http://careerhere.nih.gov>.

CareerHere, funded jointly by OHRM and CIT, allows visitors a number of ways to search for job openings—by position title, series, grade or other options. Users can then view full vacancy announcements at the touch of a button.

But what should excite most job hunters is
SEE CAREERS, PAGE 4

Dinareлло Gives 1999 Dyer Lecture

Immunologist Dr. Charles A. Dinareлло will present the 1999 NIH Director's R.E. Dyer Lecture titled, "Anti-Cytokine Therapies for Inflammatory Diseases," on Wednesday, Apr. 28 at 3 p.m. in Masur Auditorium, Bldg. 10.



Dr. Dinareлло

The Dyer lecture-ship is an honor conferred on an internationally renowned researcher who has contributed

substantially to medical as well as biological knowledge of infectious diseases.

Dinareлло is professor of medicine at the

SEE DYER LECTURE, PAGE 2

HIGHLIGHTS

1
U.S. Prepares to Deal with Bioterror

Mfume Lectures On Respect

3
'Take Your Child To Work Day' Set

9
Former Director Marston Mourned

12
R&W Treats Kids To Night at Circus



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

April 20, 1999
Vol. LI, No. 8

'Concerns Are Very Real'

Expert Panel Discusses Bioterrorism Threat, Preparedness in U.S.

By Rich McManus

The thought of adapting biological agents to do harm instead of good seems anathema at NIH. But the campus played host Mar. 23 to a sober discussion of how the United States must prepare nonetheless for the possibility, once regarded as taboo, that some group may use viruses, bacteria or toxins to sicken or kill unsuspecting thousands of citizens. Because this threat has become more plausible in recent years, NIH's role in both disease prevention and therapy has broadened.

"This is a subject we would as soon not have to talk about at all," admitted Dr. Donald A. Henderson, director of the Center for Civilian Biodefense Studies at Johns Hopkins University, who was the keynote speaker at a STEP Science for All session titled, "Bioterrorism: Ready or Not?" Widely regarded as the architect, while at the World Health Organization, of the plan that has eradicated smallpox worldwide, Henderson said he "didn't expect to be discussing smallpox again as a weapon, but I'm afraid this is

SEE BIOTERRORISM, PAGE 6

Respect Yourself, Others Will Join You

NAACP Chief Mfume Offers Thoughts on Workplace Respect

By Carla Garnett

A new campaign for workplace harmony is just getting under way with a simple theme: "Respect—Give it to Get it." During the campaign's kickoff event on Mar. 30, keynote speaker Kweisi Mfume, president of the NAACP, told employees it's important to lay the groundwork for the theme: Develop self-respect first; respect from others will follow.

"The workplace that we know, like the country that we love, is changing," Mfume said. "It is not today as it was yesterday and it won't be next year as it is today. You bridge the change by accepting it, but also by respecting it. Differences between



NAACP President Kweisi Mfume

SEE RESPECT, PAGE 10



Dr. Thomas Kresina has been named chief of NIAAA's Biomedical Research Branch, which focuses on the consequences of excessive alcohol intake, specifically damage to the liver and pancreas; fetal alcohol syndrome; and systematic modification of the immune, endocrine and cardiovascular systems. He comes to NIAAA from NIDDK, where he served 6 years as program director of the liver, biliary, pancreas and gastrointestinal AIDS programs. He coordinated NIH-wide liver and liver-related research through the digestive diseases inter-agency coordinating committee, and continues to serve as its executive secretary. He has also served on a variety of NIH-wide committees focusing on international research and HIV/AIDS research.

DYER LECTURE, CONTINUED FROM PAGE 1

University of Colorado School of Medicine in Denver and is a former clinical associate and senior investigator at NIH. He is a recognized leader in the field of inflammatory diseases and has published more than 450 original research articles on cytokines, particularly interleukin-1. His research has greatly enhanced understanding of the role cytokines play in many disease processes, including cancer, AIDS and microbial infections. Among his many scientific accomplishments, his research team was the first to clone the interleukin-1 beta gene and to determine its role in immunity and inflammation.

The Institute for Scientific Information recently listed him as the world's third most cited life scientist for the period 1981 to 1994. He was elected to the National Academy of Sciences in 1998.

Dinarello received his medical degree from Yale University School of Medicine and continued his clinical training at Massachusetts General Hospital. As an NIH clinical associate from 1971 to 1974, he worked at NIAID with immunologist Sheldon Wolff. In 1975, Dinarello became a senior investigator in NIAID and currently serves on the institute's board of scientific advisors.

In 1977, he left NIH to join the faculty of medicine and pediatrics at Tufts University School of Medicine in Boston, where he served for nearly 20 years.

Among his many honors are Germany's Ernst Jung Prize in Medicine and the Ludwig Heilmeyer Gold Medal of the Society for Internal Medicine (Germany, Austria and Switzerland). In 1997, the University of Marseilles conferred upon him the degree of doctor honoris causa.

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

Solowey Award Lecture, May 21

Dr. Fred Gage, professor of neurology and neuroscience at the Salk Institute, will present the 1999 Mathilde Solowey Award Lecture in the Neurosciences at 4 p.m. on Friday, May 21 in Lipsett Amphitheater, Bldg. 10. Sponsored by the Foundation for Advanced Education in the Sciences, his lecture is titled, "Neurogenesis in the Adult Mammalian Brain." For more information call Michel Vloemans, 496-7975 or Dr. Anthony Basile, 496-4071. ■

Postmenopausal Women Sought

The Cardiology Branch, NHLBI, is recruiting postmenopausal women with a history of elevated cholesterol for a study comparing estrogen and L-arginine. Participants must be in good general health and not be taking any medication, hormone replacements or vitamins for 2 months prior to study. Volunteers will be paid. For more information call Londa Hathaway, 435-4038. ■

STEP Plans Holistic Medicine Panel

A Science for All session entitled "Holistic Medicine: Moving into the Mainstream," will be presented by the staff training in extramural programs (STEP) committee on Tuesday, May 4 from 8:30 a.m. to noon in Wilson Hall, Bldg. 1.

Dr. Wayne B. Jonas, former director of the NIH Office of Alternative Medicine (now the National Center for Complementary and Alternative Medicine, NCCAM) and now at the Uniformed Services University of the Health Sciences, will introduce the morning with a talk entitled, "An overview of research issues in complementary medicine."

Dr. Leonard A. Wisneski, medical director of the Bethesda Center of American WholeHealth, will discuss "Integrative medicine: the best of conventional and alternative approaches."

Dr. Jeffrey D. White, recently appointed director of the NCI Office of Cancer Complementary and Alternative Medicine, will close the session with a talk entitled "Complementary and alternative medicine in cancer: research and practice."

Staff of the NCCAM Clearinghouse will be on hand to provide literature and materials concerning these topics. You can gather more information by visiting their Web site: <http://altmed.od.nih.gov/nccam/>.

All NIH employees are welcome. No advance registration is necessary. Inform the STEP office at 435-2769 regarding any need for sign language interpretation or reasonable accommodation by Tuesday, Apr. 27. ■

NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 1999.

NIH Record Office
Bldg. 31, Rm. 2B03

Phone 496-2125
Fax 402-1485

Web address

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

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

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

♻️ *The Record is recyclable as office white paper.*

Fellows Award Competition Opens for 2000

The sixth annual NIH-wide Fellows Award for Research Excellence (FARE) 2000 competition will again this year provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE each receive a \$1,000 stipend to use for presenting their work at a meeting in the United States. Fellows who apply to FARE must submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality. Last year, FARE 1999 was very competitive: 666 abstracts were submitted, of which 130 were selected to receive the FARE award—an overall success rate of 19.5 percent (for FARE 1999 winning abstracts, see <ftp://helix.nih.gov/felcom/www/farewinners.html>.)

For FARE 2000, the NIH fellows committee expects a success rate of 25 percent. The travel award must be used between Oct. 1, 1999, and Sept. 30, 2000. The competition is open to postdoctoral IRTA's, visiting fellows, and other fellows with less than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their dissertation research at NIH are also eligible to compete. Visiting scientists/fellows must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute's scientific director.

Fellows are asked to submit their application, including abstract, electronically, between May 3 and June 1, 1999, via <ftp://helix.nih.gov/felcom/index.html>. Those who cannot access the electronic application in their laboratory can find computers at the Scientific Computing Resource Center in Bldg. 12A, Rm. 1018, the User Resource Center in Bldg. 31, Rm. B2B47, as well as the NIH Library in Bldg. 10. Winners will be announced by September 1999. Information is also available at the NIH fellows committee Web site above. Questions may also be addressed to FARE2000@nih.gov or to your institute's fellows committee representative. ■

Chamber Music Concert, Apr. 25

The Rock Creek Chamber Players will perform at 3 p.m. on Sunday, Apr. 25 in the 14th floor assembly hall at the Clinical Center. Reservations are required for this free public concert, sponsored by the recreation therapy section. The program will include solo piano works by Mozart; the suite for three clarinets, piano and strings, Op. 29, by Arnold Schoenberg; and Brahms' string sextet in G major. For reservations and information call (202) 337-8710. ■

Dr. Hynda Kleinman recently accepted the Mentoring Award for 1999 from the Bethesda chapter of the Association for Women in Science. Chief of NIDCR's cell biology section, she has been at NIH since 1975. In



1992, she served as chair of the task force on the status of intramural women scientists. She has given many talks on how to promote the status of women scientists and has worked to promote awards for women scientists as well as to increase the number of women speakers at meetings and the number of women on editorial boards. She has also mentored summer students and postdoctoral fellows in her laboratory, and served as a judge for local science fairs and the Westinghouse (now Intel) Talent Search. Her fellows have gone on to distinguished careers throughout the country.

'Take Your Child to Work Day,' Apr. 22

NIH will sponsor "Take Your Child to Work Day" on Thursday, Apr. 22 from 9:30 a.m. to 4 p.m. The purpose is to introduce school children to the vital public services their parents provide and to encourage children to consider careers in medical research and the many fields that support it. Employees are welcome to bring a child ages 8 to 15 to work, with the supervisor's approval. Activities will be held throughout the day on campus and include hands-on laboratory tours, fire prevention and public safety demonstrations, and other information sessions and workshops provided by the institutes and centers. In addition, musical entertainment is planned as part of this year's activities.

Due to the popularity of the program and space limitations, preregistration is required for the workshops. Preregistration will be held in Masur Auditorium, Bldg. 10 on Tuesday, Apr. 20 from 10 a.m. to 2 p.m. Tickets to the workshops will be distributed on a first-come, first-served basis. Information about activities will also be available at time of registration. For more information, contact Brenda Robertson at 443-0913 or Betsy Jett at 402-2675.

Women Needed for NICHD Study

NICHD's Developmental Endocrinology Branch is seeking healthy female volunteers for endometrial biopsy. Women must be under age 35 and have had at least one child. Compensation provided. If interested, call Dr. Rhonda Hearn, 402-0851.

National Day of Prayer, May 6

The President and the Congress of the United States have designated Thursday, May 6 as a day to take time out to pray for America and the people of the nation. Visiting NIH that day will be evangelist Pat Kelly, a former Baltimore Orioles baseball player and coach who is now with Lifeline Ministries of Ellicott City, Md. NIH'ers are invited to gather around the flagpole in front of Bldg. 1 from 11:45 a.m. to 12:45 p.m. to mark the National Day of Prayer.

CAREERS, CONTINUED FROM PAGE 1

the ability to build a resumé and apply online through *CareerHere*. Helpful links appear at every stage of the process to assist applicants, including nonfederal job seekers, complete each section. Applicants can even copy and paste entire resúmes from a word processor right into the application.

And no more endless retyping whenever new openings come up—*CareerHere* lets applicants update their information and apply for other vacancies as needed. For each application submitted, the system automatically replies with a notification of receipt.

As an added feature, *CareerHere* posts the applications into a database available to human resources offices at every IC. That way, should a manager want to advertise a new position, HR can easily search for highly qualified candidates whose resúmes are already on file. Privacy across the entire system is safeguarded by password protection and other security methods.

Such user-friendly features are the result of extensive pilot testing done by five ICs. Led by CIT, participants in CSR, NIDDK, NIAID and OD fashioned the kind of powerful, intuitive tool initially envisioned by the National Academy of Public Administration. NAPA has been working with the pilot group to improve human resources programs at NIH. In the first phase, *CareerHere* replaces the NIH Automated Vacancy Announcement System. When combined with other improvements designed at NIAID with additional OHRM funding, *CareerHere* will form part of the most comprehensive federal recruitment and staffing product yet developed.

Human resource staff stand to benefit from *CareerHere*'s features as much as job seekers, for good reason. During testing, a special user group of HR officers from several ICs met frequently to advise designers and suggest modifications. Pilot users have commented that *CareerHere* saves many steps in creating and posting vacancy announcements. Not only is it faster to cut-and-paste vacancy announcements online, but also the new program automatically provides a direct link to OPM's USA Jobs Web site.

By making it easier to apply for NIH jobs, the new automated vacancy announcement system could improve NIH's ability to recruit top scientists and administrators. Developers expect job hunters will appreciate the advantages of having their applications available to multiple ICs, as well as the ability to modify their resúmes for each new announcement that opens.

Now may be a good time to polish up your own resumé and get it online at careerhere.nih.gov.—Gregory Roa ■

Dr. John M. Hallenbeck, chief of the NINDS intramural Stroke Branch, recently received the Mihara Award from the Charitable Trust Mihara Cerebrovascular Disorder Fund. Created in 1981, the award is given annually to a single researcher in recognition of outstanding scientific contributions to the field of cerebrovascular disease. Hallenbeck was chosen for his research demonstrating that inflammatory and immune mediators impair microcirculatory perfusion and participate in the progressive damage to the brain that occurs in the early hours after a stroke. Nominations for the award are made by chairs of neurology and neurosurgery departments at research and medical institutions in Japan. Generally the award is given to outstanding Japanese scientists. Hallenbeck is one of a few international scientists who have won the award. He received the award along with a prize of 10 million yen at a private ceremony held in Tokyo.



He received the award along with a prize of 10 million yen at a private ceremony held in Tokyo.

Theatre Group Has 'Best of Times'

Looking for a good time? Then you will want to come to "The Best of Times: with Jerry Herman," the Bethesda Little Theatre's spring musical production, featuring songs from Jerry Herman's Broadway hits *Mack & Mabel*, *Mame*, *Hello Dolly*, and *La Cage Aux Folles*.

The show will run for three consecutive weekends from Apr. 30 through May 15. Friday and Saturday evening performances will begin at 8. Two Sunday matinee performances will also be offered, May 2 and 9, at 3 p.m. All performances will be held in Masur Auditorium, Bldg. 10.

Ticket prices are \$10, \$8 for seniors, and \$5 for children (12 and under). Tickets may be purchased at NIH R&W stores or at the door. Group discounts are available. For ticket information, call Elaine at (301) 589-0720.

Clinical Center patients and their families are invited to all performances free of charge. The Bethesda Little Theatre is an R&W organization whose proceeds benefit NIH charities.

Bldg. 1's Cathy James Retires After Nearly 31 Years

By Celia Hooper

Catherine James, who retired from the Office of Intramural Research in January, is at once an anachronism and a timeless classic.

She will openly admit that she likes to type. Not "keyboard." Not "enter data." Not "process information." Type. She also, quite voluntarily, made coffee for the board of scientific directors every 2 weeks for 24 years; came in early and left late; often referred to herself and her colleagues as "the girls"; and, though her duties went far beyond typing and filing, she is still listed in the NIH phone directory as a "secretary."

"I never thought of myself as being 'just a secretary,'" Cathy James says. "In this day and age they call it something else, but when I started out, I felt I was part of something important—a group that was really accomplishing something."

James' replacement will be a "program assistant," yet will be hard-pressed to fill her sensible shoes in Bldg. 1's Rm. 140.

James, 72, brought a timeless grace, gentleness and warmth to work every day and became the sweet-

smiling, public face of the OIR.

She first came to NIH part-time in 1968, working for NIH director Dr. James Shannon for 1 month before he retired. When the late Dr. Robert Q. Marston began work as director in September 1968, she began working full time in the Office of the Director. After 5 years she was moved down the hall to what was then the Office of Intramural Affairs. There she worked for Dr. Philip Chen, and when he came on board, Dr. Richard Wyatt. James says two events that stand out vividly for her were the NIH visits of the Queen of Belgium and the Princess of Denmark. She played an active role in orchestrating the events and got to meet the royalty. She recalls that the Princess of Denmark "was a lovely, lovely lady—so interested in talking to people; so easy to talk to. She was always showing her enthusiasm."

This description of the princess sounds much like the accolades heaped on James at her retirement party in Wilson Hall, where scores of friends and colleagues came to tell the elegant white-haired lady how much they had appreciated her friendliness over

the years and how much they would miss her efficient and knowledgeable assistance.

As practical and hard working as she was, James also possessed a cosmopolitan elan. This she attributes to her Greek parents—who insisted that all their children become fluent in the language—and her years spent abroad with her late husband, J. Frank James, who worked in the Foreign Service and USAID. Their travels took them throughout Europe and the Far East, from Morocco to Pakistan, where the Jameses—including their children Stephanie and Christopher—spent 10 years. It was when the children left for college that James first started her part-time work at NIH.

When her husband retired in 1984, James had planned to do likewise, but was persuaded to wait until December. Tragically, on Oct. 15 of that year, Frank James was diagnosed with acute leukemia. He died less than a month later. "It was so fortunate I had not retired," she recalls. "I could continue to work and keep my sanity. That was almost 15 years ago." What sustained her, she says, "was the great people [whom] I will always remember. I hope I've contributed to this institution and all it does for sickness and health. It's been a great experience."

Sending "many thanks for your best wishes and kind thoughts" to those who attended her retirement party, to the "Supramural Singers" and those who sent their regards from the far corners of the world, James says she plans to use a monetary retirement gift from her friends to take a cruise, perhaps to Greece. She also will spend more time with her five grandchildren, and—who knows?—maybe start a second career as a translator. ■

Female Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, is seeking female volunteers ages 18-45 to participate in a 6-month study of the effects of reproductive hormones on measures of cerebral activity and blood flow. Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses and not taking any hormones or medication on a regular basis. They will complete daily rating forms and be asked to participate in studies of cerebral blood flow with positron emission tomography and magnetic resonance imaging. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, 496-9576. ■

Moody Teens Sought

You and your 14-16-year-old may be eligible to take part in research at the National Institute of Mental Health. This is a study about how young people experience emotions, and how bad moods can cause problems. Payment will be provided. For details, call Barbara Usher, 496-1301.



Cathy James

BIOTERRORISM, CONTINUED FROM PAGE 1

where we are.”

Arguing that the threat of bioterrorism is neither hype concocted by scientists in search of fatter research budgets nor the result of sensational reporting by irresponsible media, he said, “I’m afraid the concerns are very real. The consensus is that a bioterrorist event is likely in the next decade,



Smallpox authority Dr. Donald A. Henderson of Johns Hopkins said the virus could be used eventually as a weapon of bioterrorism.

“...The consensus is that a bioterrorist event is likely in the next decade, and that it could be a catastrophic one. We’ve only just begun to prepare.”

and that it could be a catastrophic one. We’ve only just begun to prepare.”

Like nuclear and chemical warfare, biological weaponry is intended for mass destruction. While the world has some experience with nuclear war (Japan in World War II) and chemical warfare (during WW I, the Iraq/Iran conflict, and in 1995 when a religious cult in Tokyo poisoned thousands with

sarin gas), biological warfare has been little used, said Henderson. During the French and Indian War, the British gave smallpox-infected blankets to Indians to transmit the deadly virus, Henderson recounted, and the Germans tried to “weaponize” anthrax during WW I. He said the Japanese “undertook extensive work that is very little known” to wage biological warfare against mainland China during WW II.

As science grew more sophisticated in the postwar period, “the negative side of developments in biology—like the dark side of nuclear power—resulted in a bioweapons race among the world powers,” continued Henderson. In 1969, President Nixon tried to end the offensive use of biological warfare, an effort that resulted in the Biological and Toxin Weapons Convention of 1972. “Iraq and Russia signed on,” noted Henderson, “and so did the U.S.”

The result was an evolving complacency. “That was the hallmark for many years,” Henderson said. “It was a taboo subject at academic institutions.” Four characteristics kept biological warfare in the background of world affairs: it was historically uncommon, morally repugnant, technologically difficult (not only hard to produce, but also tough to deliver via aerosol), and, lastly, unthinkable.

Breaking the Taboo

Since 1995, however, the taboo’s potency has eroded. That was the year an Iraqi defector, Saddam Hussein’s son-in-law, produced the so-called “chicken coop documents” showing a biological warfare program far more extensive than anyone had imagined. “It was a log greater in sophistica-

tion than anyone had given them credit for,” Henderson said, and included schemes to deliver aerosolized anthrax and botulism toxin by drone aircraft. Nineteen-ninety-five was also the year the Japanese religious cult Aum Shinrikyo spread sarin gas at 5 stops in Tokyo’s subway system, hoping to kill hundreds of thousands of people (12 people died and there were some 4,000 casualties—probably

because the group used only 30 percent pure sarin, said another panelist).

“They had tried to use anthrax and botulism toxin before the sarin

event,” reported Henderson. “They had trucks with aerosolizers ready, but they had the wrong strain of anthrax and the nozzles on their spray guns got plugged up. What they released was something more like an anthrax vaccine than anthrax,” he said. Aum Shinrikyo failed in eight previous attempts to effect mass destruction before the sarin incident, he said, adding that the group is still legal, has many devotees worldwide (including some in what used to be Russia) and conducts businesses earning revenues of \$20 million to \$30 million a year.

“We haven’t heard the end of Aum Shinrikyo,” he predicted.

Also, in 1992, Soviet scientist Ken Alibek defected to the West, revealing “quite a remarkable story of what Russia had been engaged in. They had a very extensive complex of facilities in eight cities, employing some 60,000 people engaged solely in biological warfare work,” reported Henderson.

“They took advantage of the eradication of smallpox by ‘weaponizing’ the virus—putting it on multiple re-entry warheads. These were strategic weapons for use in lands far distant, such as the United States.”

This evidence led to a Presidential Decision Directive in June 1995 to coordinate national preparedness measures among a variety of federal agencies including the FBI, HHS and Defense Department.

The *Journal of the American Medical Association* devoted an entire issue to bioterrorism in 1997; four themes were enunciated: a bioterrorist act is increasingly likely, civilian preparedness had scarcely begun, prevention is extremely difficult, and interdiction is extremely unlikely.

Henderson said evidence of an incident of bioterrorism—the “poor man’s nuclear weapon”—would likely first show up in an emergency room. “That’s the first we’ll know we’ve had an outbreak,” he said. Possible agents of such an attack could be anything that infects man, but “serious damage will likely result from smallpox, plague or anthrax.” According to Soviet defector Alibek, Russia at one time had some 30 tons of dried

anthrax spores, capable of quick activation, in storage.

Smallpox Outbreaks Hint at Danger

Two outbreaks of smallpox in Europe during the 1970's hint gravely at its danger, said Henderson. The first occurred when a German electrician returned from Pakistan. Treated at Meschede Hospital, the man never left his room but managed to infect others throughout the facility, including patients one and two floors above, and a person who only briefly opened a door some 30 feet from the patient's room to ask directions.

"This is what an aerosol would do," forecast Henderson, who said the man had a cough that helped spread the virus. Appearing first as severe flu and rash, smallpox then raises extremely painful sores and high fever; 30 percent of those infected die—survivors are left with scabs and pitting scars. There is no treatment.

The second outbreak occurred in Yugoslavia in 1972; it was the first case in that country since 1927. In this instance, a pilgrim returned from Mecca, and had been previously vaccinated against smallpox, but came back with a mild case. This patient managed to infect 11 others within a few days; those in turn infected 135 more. By the time the small epidemic had been contained, 175 cases had been found.

"The countries around Yugoslavia closed their borders in response to the outbreak," Henderson said. "This is the type of action this disease engenders. The government decided to vaccinate all 20 million of its citizens in the following weeks. Some 10,000 people ended up in isolation.

"This was not a big epidemic," he cautioned, "but a dramatic one. It occurred in a country where smallpox vaccination was regularly provided to all its citizens."

The United States ended its smallpox vaccination program in 1972, noted Henderson. "But immunity is not lifelong—it drops over time. Only about 10 to 20 percent of the population today is immune. We're a more susceptible population than at any time in history."

He noted that Maryland has only 80 or so negative-pressure hospital beds, which are the kind a smallpox patient would occupy. "If you figure that 10 or 20 people get infected from each person with smallpox, and consider the succeeding generation of cases, the scenario is not a pleasant one."

An accidental release of anthrax in 1979 at a bioweapons plant in Sverdlovsk, Russia, resulted in more than 75 human deaths and many animal deaths as spores drifted as much as 30 miles downwind. "Most of the deaths occurred within 3 or 4 days, but some were as late as 42 days," said Henderson. "It grows very rapidly in the lungs. It's too late to provide antibiotics once the disease is

recognized. It's a very ugly disease indeed."

Spores are viable for 40 or 50 years once they settle out of the atmosphere; they are tasteless, odorless and behave like a gas, invading both interior and exterior spaces. "There is no (anthrax) vaccine available for civilian use," Henderson cautioned. "You can give antibiotics, but the patient would need them for 2 months after the disease was diagnosed."

There are only 6 million or 7 million doses of smallpox vaccine in the U.S., said Henderson, and that would "quickly run out after the the first two generations of cases. There is no capacity anywhere in the world to meet the potential need."

The federal government is now providing funds to create a reserve supply of vaccine, and to train "first responders" to a potential terrorist act in which an explosive or chemical agent has been used. "These will be emergency room folks, police and fire fighters. Essentially, nothing has been done so far to train the medical and public health personnel who are the first responders to a bioweapons event," Henderson reported.

He said six policy "white papers" are in preparation; the first one, on anthrax, is due in May, to be followed by papers on smallpox, plague, etc. "Happily, money has recently been allocated to HHS to counter the threat of bioterrorism." He said that \$150 million has been appropriated this year, and that the President's request for next year is in the range of \$230 million.

"We've only begun to acquaint the medical and public health community that there is a problem," he concluded. "There's a lot to do. There is at least an awareness and concern now on the part of the public health profession."

Prudence of Paranoia

Watchdogs at the federal level include Dr. Ali Khan, deputy director of CDC's Bioterrorism Preparedness and Response Activity, who noted that "civil defense is unlikely territory for public health experts. Nowadays, I talk to the FBI every day."

He said CDC's resources are currently strained simply for nonterror outbreaks of illness, to say nothing of such deliberate infections as the 1984 seeding of salad bars with salmonella in The Dalles, Ore., by members of the Rajneeshee cult, or an incident in Dallas in 1994 when a disgruntled worker put shigella bacteria in coworkers' donuts and muffins.

"We need to be prepared for any (biological) agent that might be used against us," he said, "including via food, water, air, insects or the blood supply. The job ahead of us is even bigger than we thought

CONTINUED ON PAGE 8



Dr. Ali S. Khan is deputy director of CDC's Bioterrorism Preparedness and Response Activity. He said the threat of bioterrorism is forcing public health authorities to consult regularly with law enforcement officials.

PHOTOS: BILL BRANSON

CONTINUED FROM PAGE 7

initially."

Unlike conventional warfare, with biological attack there is no "bang" to respond to, said Khan. "It might be 2 or 4 days, depending on the agent, before we recognize a terrorist act." Epidemiologists at CDC must sift through a menu of clues to determine if nature or man is behind any unusual outbreak. Sadly, hoaxes are common at CDC, which handles 5-10 such calls per day.

CDC is bolstering its preparedness in two major areas, Khan said: it is expanding capabilities with its traditional allies in state and local health departments ("The rapidity of response at the local scene is more important than ever before," he noted) and beefing up its surveillance, epidemiology and lab diagnostics capability. A multilevel national laboratory network will enable CDC to answer the newest question on its mind: "Could this be bioterrorism?"

CDC is also purchasing \$51 million worth of supplies for its National Pharmaceutical Stockpile, and developing a Rapid Response and Advanced Technology Laboratory, since most states don't have labs that can handle biosafety level-3 agents. "The purpose of the rapid diagnostic lab at CDC is not to replace local labs but to serve as a national reference and provide reagents and proficiency testing for local laboratories," Khan said, adding that bioterrorism funding at CDC in FY 1999 is about \$121.7 million.

Even if no incidents of bioterrorism occur, "strengthening our public health infrastructure will serve us in good stead for any new and emerging infectious diseases, and food-borne illnesses from abroad," said Henderson. Unlike a group of National Guard units being trained as first responders who would be utilized only if needed, biological warfare first responders will always be on the job, always contributing to public health. "It's a very good investment," Henderson argued. "Broadening our defenses generally is good policy."

The NIH Role in Preparedness

Though bioterrorism didn't surface dramatically in the NIH appropriation until FY 2000, about \$13 million of ongoing basic research overlaps with research needs related to bioterrorism (about half that figure, roughly \$7 million, is very specifically targeted to likely agents of bioweaponry).

According to Dr. James Meegan, acute viral infections program officer at NIAID, events as far back as the 1982 Tylenol scare alerted public health authorities to the threat of biology-based violence against the citizenry. NIH is focussing on agents that pose the biggest public health threat, including smallpox, anthrax, plague, tularemia, and other agents.

"Protection of the civilian population is a very

different challenge than military preparation," he explained. The military is quite homogeneous—mostly young, male, and not immune-depressed. Therefore, "A tool optimum for the military might not be optimum for the civilian population."

Meegan said NIH is working closely with other branches of government to develop a comprehensive research plan, including new diagnostics, therapies and vaccines. "We're also working with FDA to streamline the approval process for therapeutics, but mainly for vaccines."

The current smallpox vaccine is an old preparation based on calf lymph, and is not optimum for many who may need it, he reported. It is also in short supply, and requires special bifurcated needles for delivery; there aren't enough of those, either. Further complicating preparation is a lack of corporate sponsorship for work on a smallpox vaccine, for which there is currently no market, and the fact that smallpox isn't even available as a research tool; scientists must use vaccinia and monkeypox as surrogates.

"A new therapeutic antiviral drug could be of great benefit treating smallpox infections and treating complications that might occur during an immunization campaign," said Meegan. "We don't know which strain of smallpox might be used as a weapon against the U.S., so a broad-based therapy needs to be developed."

Foreseen is a new smallpox vaccine propagated in cell culture, not calf lymph; the Defense Department is working on such a product that would protect both civilians and troops.

Meegan said a federal working group is examining the current 6-shot anthrax vaccine, but noted there is very little research base on this organism. Perhaps only two doses of the current vaccine would be effective, he noted, although a new, recombinant product looks promising in monkeys.

As thorough, reasonable and sophisticated as the NIH contribution to preparedness is, the notion of the evil motivating such readiness is still a stumbling block, Meegan admitted. "As scientists, we have a hard time grasping evil intent." He remains baffled by the motive behind the Oklahoma City bombing of April 1995: "How could anyone park a Ryder truck full of explosives in front of a day care center, then get out and look kids in the eye before leaving the scene?" he asked.

The program wrapped up with presentations by a Montgomery County official who spoke about local readiness which, though fairly meager, still far outdistances most counties in the U.S., according to Henderson, and NIH's community liaison Jan Hedetniemi, who warned of community fears that NIH may eventually be called upon to harbor dangerous viruses or bacteria in the event of a national emergency. ■

"...Strengthening our public health infrastructure will serve us in good stead for any new and emerging infectious diseases, and food-borne illnesses from abroad."

Former NIH Director Dr. Robert Q. Marston Dies

Dr. Robert Q. Marston, 76, former NIH director and seventh president of the University of Florida, died of cancer Mar. 14 at the Hospice of North Central Florida in Gainesville.

Marston was born in Toano, Va. He received his bachelor's degree from Virginia Military Institute in 1943 and his doctor of medicine degree from the Medical College of Virginia in 1947. Later, he attended Oxford University as a Rhodes scholar, earning a research degree and working with Nobel Prize winner Howard Florey as well as Dr. Norman Heatley and other key members of the team that developed penicillin.



Dr. Robert Q. Marston

Marston interned at Johns Hopkins Hospital and did a year-long residency at Vanderbilt University Hospital. He was stationed at NIH from 1951 to 1953 as a member of the Armed Forces Special Weapons Project, conducting research on the role of infection after whole-body irradiation. He completed his residency at the Medical College of Virginia the following year.

He served on the faculty of MCV for 3 years and as an assistant professor of bacteriology and immunology at the University of Minnesota for a year. He returned to MCV in 1959 as an associate professor of medicine and assistant dean for student affairs.

In 1961, he became director of the University of Mississippi Medical Center and dean of the School of Medicine in Jackson, Miss. He was appointed vice chancellor in 1965. Under his leadership, the first Blacks were admitted to Mississippi's medical college and new national standards were set for the peaceful integration of academic health centers.

In 1966, Marston came to NIH as director of the newly created division of regional medical programs. In April 1968, he was named administrator of the Health Services and Mental Health Administration under a departmental reorganization. He became director of NIH in September 1968.

His years at NIH were ones of conflict between scientific researchers and their political masters in Congress and the executive branch. News stories and editorials of the time reported that political authorities wanted to cut back medical research funding at NIH and to have greater say in how medical research was conducted. According to *Washington Post* reports, "NIH staff and researchers were demoralized." *Post* articles describe events when "six prominent NIH scientists (four of them

Nobel Prize winners) announced that they were unwilling to accept more 'unwarranted and counterproductive political control' of medical research."

The *Post* reported that Marston, siding with his scientists, "came to clash with the Nixon administration and efforts to conduct a large, costly and futile 'war on cancer' that would include separating the National Cancer Institute from NIH. He fought these moves as detrimental to the nation's biomedical research program as a whole.

"As a former educator and researcher, Marston also helped to implement NIH legislation to work with universities to increase the nation's supply of health professionals. But, after 5 years as director, he was fired by the Nixon White House" in April 1973.

He then became a scholar in residence at the University of Virginia. He was also named the first distinguished fellow of the Institute of Medicine, National Academy of Sciences. The following year he was named president of the University of Florida.

After stepping down in 1984, he became an eminent scholar at VMI, where he later served on the school's governing board. A year later he returned to the University of Florida faculty and worked with graduate students, conducted research and presented papers for the departments of medicine and fisheries and aquaculture.

He wrote more than 50 scholarly publications and coedited the books *Medical Effects of Nuclear War* and *Medical Education in Transition*.

Marston was president of the National Association of State Universities and Land Grant Colleges, a distinguished service member of the Association of American Medical Colleges and two-term member of the governing board of the Institute of Medicine.

Survivors include his children, Ann Wright Peace of Tappahannock, Va., Robert D. Marston of Newport News and W. Wesley Marston of Gainesville, and six grandchildren. His wife, Ann Marston, died in 1998. ■

Career Opportunities in the Trades: There's a Future in it!

Apply now for the Apprenticeship Program as a

utility systems repairer operator, air conditioning equipment mechanic, or sheet metal mechanic.

Open to NIH personnel only with a minimum of 1 year permanent status. Call Ron Poole at 402-1082 for more information. Submit applications to ORS Personnel Office, Bldg. 31, Rm. 4B41, 402-1528. Accepting applications through May 10.



RESPECT, CONTINUED FROM PAGE 1

[racial, religious, cultural] groups are not novel or new, but our approach to those differences must be both."

Mfume's visit to NIH was sponsored by the EEO advisory committee of NIH's Office of the Director. Composed of 18 representatives from OD components and facilitated by the OD EEO office, the committee devises an annual plan for improving life in the workplace. At this year's all-day strategy session, the concept of respect emerged as an overarching theme, paving the way for a campaign that although only weeks-old is already reaching outside OD. Masur Auditorium was pretty well filled to capacity (in addition to a number of employees watching via NIH videoconferencing) by a little past noon, when Mfume took the podium.

Before he uttered a word at NIH, the former radio host, college teacher and politician Mfume had been recognized as a model for respect. Rising from poverty and escaping a rough adolescence on the streets of Baltimore, he was first elected—by a 3-vote margin—to the Baltimore city council in 1979. By 1986 he had been elected to Congress, where he served 10 years before leaving in 1996 to assume the helm of a then financially troubled NAACP. During the last decade, the name of the former chair of the Congressional Black Caucus has become nearly synonymous both with civil rights and with the outspoken defense of such rights.

"The remarkable life Mr. Mfume has experienced reminds us of something that we as health professionals already know—that there is not one America, there are multiple Americas," said NIH director Dr. Harold Varmus, in introductory comments. "There is not one standard of health, there are many standards and some of them are deplorable. That we do not live in a country that provides everything we'd like for all of its citizens, but that we have many challenges ahead. That's the problematic side."

On his first visit to NIH, Mfume (r) is welcomed by (from l) Hilda Dixon, EEO officer for the Office of the Director; Dr. John Ruffin, NIH associate director for research on minority health; and NIH deputy director Dr. Ruth Kirschstein.



NIH director Dr. Harold Varmus (l) shares a moment with NAACP President Kweisi Mfume.

The good side that Mfume's life demonstrates, Varmus continued, is that "by his own talents and drive, one can move from one economic level of society to another, and achieve this kind of prominence and leadership that we all strive to see in our most talented citizens."

An hour or so before his speech, Mfume was greeted at a small reception where he said he met and heard the concerns of quite a few NIH'ers regarding respect issues in the work environment.

"We really ought to understand that none of the things we face now in 1999 just fell out of the atmosphere," he explained. "They are all interconnected and interrelated with a long history of social practice and acceptance of norms that were not so normal, with approval in a tacit way of things we knew were wrong but failed—regrettably, for one reason or another—to speak out against."

Our parents had it right, Mfume pointed out. Many of the simple lessons taught to children have as much or more value when applied in the workplace, he said. Especially because the workforce is constantly changing, he stressed, lessons such as "if you don't respect yourself, no one else will respect you," "do unto others as you would have them do unto you" and "if you can't do it right, don't do it at all" need to continue to be practiced and passed on to incoming employees.

Much of the ongoing tension between scientists, administrators and support staff, he surmised, is probably rooted in the fact that people feel disrespected. Whether the person's feelings are right or wrong, Mfume said, even the perception of disrespect presents a real problem and must be addressed.

"We have to have at least a modicum of respect for ourselves," he suggested, noting that employees can exert a great deal of control over how they are treated by first recognizing their self-worth. "We've got to find a way to respect ourselves so much that people can't continue the practices of old" or risk revealing themselves for what they are. "When you



establish yourself at a certain level, all that other stuff falls away—because you won't tolerate it and others won't bring it to you."

Referring to the nation's history of civil rights disputes and to current incidents of hate crimes, he acknowledged that it may sometimes be hard for affected individuals to put faith in the remedies for disrespect. "For many of us," he noted, "because of our race or our sex or our religion, the gate to the American mainstream often remains a bridge and ultimately results in discussions on the discussions, proposals on the proposals, studies on the studies and then another plan B for the plan A that failed. As a result of that, respect is lost. The lesson of mutual respect is never learned." Nevertheless, he said, citizens should "never give up on coalition-

building," because it is that interdependence among different people that gives the nation its strength.

"America at her very best has treated differences with a blend of common sense and compassion," he said.

Finally, Mfume delivered a mini history lesson on his institution and its commitment to the topic at hand. The NAACP has a legacy of basic



OD EEO advisory committee cochair Dexter Collins of the Office of Financial Management gives opening remarks.

respect, he said, recounting that the organization has seen America through many tough battles with unfairness including eras of Jim Crow laws, legal lynchings, securing the right to vote for all citizens and segregation in the armed services. "It was based on a very basic principle of respect for a person because of what they could do, not what their zip code was or what the color of their skin was," he concluded. "We found a way to help a nation divided against itself through the confusion and turbulence of the 1960's and later through the indifference and the all-too-familiar 'I-isms' of the 1980's. So we stand as an organization on this issue of respect, which has guided us, to help the nation face challenges now that are educational, economic, institutional, social and systemic." ■

Otitis Vaccine Needs Volunteers

NIDCD is recruiting 40 volunteers between the ages of 18-35 for a phase 1 trial of a vaccine to prevent middle ear infections commonly seen in childhood. Volunteers need to have a healthy immune system without chronic disease or respiratory problems. Participants will be paid. Call Suzanne at 496-7491 for details. ■

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>Management, Supervisory & Professional Development</i> | |
| An Introduction to Strategic Planning | 5/25 |
| Successful Management at NIH | 5/26 |
| Supervision: New Skills and New Challenges | 6/1 |
| <i>Administrative Systems</i> | |
| Delegated Acquisition Training Program | 5/24 |
| <i>Administrative Skills Development</i> | |
| Making the Most of Your Memory | 5/27 |
| Introduction to NIH for New Support Staff | 6/2 |
| <i>Career Transition</i> | |
| NIH Retirement Seminar-CSRS | 6/2 |
| <i>Communication Skills</i> | |
| Writing Skills Review | 5/25 |
| <i>Human Resource Management</i> | |
| Qualifications Analysis | 5/24 |
| <i>Computer Applications and Concepts</i> | |
| Adobe PageMaker 6.5 Production 1-Mac | 5/25 |
| Intermediate MS Word 7.0-Office 95 | 5/25 |
| Introduction to JavaScript Scripting | 5/26 |
| Advanced MS Word 97-Office 97 | 5/27 |
| Adobe Pagemaker 6.5 Production 2-Mac | 5/27 |
| Intermediate Tango | 6/1 |
| Upgrading to Corel WordPerfect 8.0 | 6/2 |

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>.

| | |
|---|-------|
| SGI IRIX Security and Y2K Issues | 4/26 |
| Preparing Scientific Images for Publication and Display | 4/27 |
| Good Web Page Practices | 4/27 |
| PC Viruses | 4/27 |
| BRMUG - Macintosh Users Group | 4/27 |
| SILK Web Technologies | 4/28 |
| Account Sponsor Orientation | 4/28 |
| NT Workstation Troubleshooting | 4/28 |
| Upgrading and Improving the Performance of Your Macintosh | 4/29 |
| Introduction to the Macintosh Operating System | 4/29 |
| Advanced Presentations with PowerPoint 97 | 4/29 |
| NIH Data Warehouse Budget and Finance Mini Session | 4/29 |
| VBScript for Interactive Web Design | 4/30 |
| Avoiding Pitfalls in Statistical Analysis | 5/3 |
| Introduction to Visual Basic | 5/3-6 |
| Producing Graphs with SAS | 5/4-5 |
| MATLAB 5 - Matrix Laboratory | 5/4-5 |
| Fundamentals of Unix | 5/4-6 |
| Electronic Forms Users Group | 5/5 |

DWD Has New Graduate Business Courses

The University of Maryland University College's Graduate School of Management & Technology, in partnership with the NIH Division of Workforce Development, is offering graduate business courses at the Training Center at Executive Plaza South. The courses fulfill requirements for UMUC's master of science in management degree. Courses will be offered either online through the NIH Integrated Training System or instructor-led. Program begins in October; prerequisite course Library Skills for the Information Age is available online. Call DWD, 496-6211, for more information.

R&W Sponsors Night Under the Big Top for Area Pediatric Patients

Some 10,650 circus fans were treated to an evening with the Ringling Bros. & Barnum and Bailey Circus Mar. 24 at the MCI Center downtown. R&W contributed \$30,000 worth of tickets so that children from all the local hospitals' pediatric units could get a behind-the-scenes glimpse at circus life. Patients and their families hailed from the Clinical Center, Georgetown University's Lombardi Cancer Center, Walter Reed Army Hospital, Fairfax Hospital and Children's Hospital. Also on hand were foster children from several programs in Montgomery County. The kids from the CC and the Children's Inn also got a free dinner at the MCI Sports Gallery Eatery. R&W President Randy Schools received a sheaf of thank-you notes from grateful parents.



Above, a clown from the circus joins sisters Kimberly (l) and Alexis Blanding at their table for dinner Mar. 24 at the MCI Center. At left, a circus fortune teller handles queries from the youngsters. Below, glamorous circus ladies allowed some of the guests to try on costumes, including this star-spangled cape.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Charles A. Dinarello on Apr. 28 (see story, p. 1).

On May 5, Dr. Walter C. Willett, professor of medicine, Harvard Medical School, Fredrick John Stare professor of epidemiology and nutrition, and chair, department of nutrition, Harvard School of Public Health, will speak on "Diet and Coronary Heart Disease: Have We Mised the Nation?" This is the Robert S. Gordon, Jr., lecture in epidemiology.

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



PHOTOS: ERNIE BRANSON



A pair of clowns give visitors to the circus a backstage look at how they prepare for each performance. The youngsters also witnessed a performance by an elephant trainer demonstrating mastery over a herd of the beasts. Wrote one of the visitors in a thank-you note to R&W President Randy Schools, "One little girl, who came in a wheelchair, was close enough to smell the elephants. She loved it."