

THE NIH RECORD

Still The Second Best Thing About Payday

Dedrick Named NIH's Engineer Of the Year for 2000

How relevant is exposing rodents to high doses of toxic chemicals to the prediction of risk to humans from low-dose exposure? For ovarian cancer localized to the abdomen, is it advantageous to perform chemotherapy by filling the abdominal cavity with a solution of the drug? For growing cells in the laboratory, is it better to provide their nutrients through fine permeable tubes that mimic the blood vessels to which they are accustomed? Can features of flow in arteries that influence where atherosclerotic plaques develop be determined by



Dr. Robert Dedrick

SEE ENGINEER OF YEAR, PAGE 2

Health Communicators Discuss How to Find What Works

Get some exercise! Eat your fruits and vegetables—five a day! Stomp that cigarette! And take your medicine, lower your fat intake, your cholesterol and your blood sugar! Promoting these kinds of messages is the daily business of federal health communicators. What works? What doesn't? And how do we know?

These and other questions brought 169 government health communicators to "So...What Happened? Incorporating Evaluation into Health Communication Programs," the third annual NIH Health Communications Forum. The forum was sponsored by the communications offices of NIDDK, NHLBI, NIDCR, NIAAA, NICHD,

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

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Genetics, Eliminating Health Gaps Among Priorities

President Calls for 5.6 Percent NIH Budget Increase in 2001

President Clinton asked Congress to appropriate more than \$18.8 billion to NIH in fiscal year 2001. The request represents a \$1 billion or 5.6 percent increase over the agency's current budget.

"By any measure, the amounts we received in FY 1999 and 2000—both nearly 15 percent increases—were dramatic and unprecedented," said NIH acting director Dr. Ruth Kirschstein, in her opening statement at recent congressional budget hearings. "These generous budgets have allowed us to undertake many new and important programs and to improve conditions throughout the medical research enterprise... We feel confident of public support for our research enterprise, but are aware of our need to deliver to the public the two things it most wants from the NIH—research advances, year after year, that improve the health of all members of society and assurance that we spend the public's money wisely."

Four Areas To Be Emphasized

Among fiscal year 2001 initiatives, NIH identified four areas of

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Genome Director Explains Institute's Mission

By Robert Bock

(The author is a member of the NIH Management Cadre class of 2000 and press officer for the National Institute of Child Health and Human Development. This story grew out of an assignment to study successful management.)

"You cannot micromanage an institute of 400 people," said NHGRI director Dr. Francis Collins. "You need to find the right people for the right jobs, and turn them loose."

Collins passed on this management advice during a recent brown bag lunch seminar for members of NIH's Management Cadre Program. The program is designed to train highly motivated employees to help meet future leadership needs at NIH. Its monthly brown bag seminars feature senior NIH staffers, who describe their management roles and functions. (Additional information about the Management Cadre Program is available at <http://mcp.nih.gov/>.)

"If you don't hire the right people," Collins continued, "you'll have to watch them all the time. They'll know that something's wrong, and will always be on edge."

SEE GENOME MANAGER, PAGE 6

ENGINEER OF YEAR, CONTINUED FROM PAGE 1

pumping simulated blood through polymer casts of arteries? Will direct infusion into tissue be effective for delivery of new kinds of therapeutic agents such as monoclonal antibodies, antisense oligonucleotides and gene therapy vectors? How controllable is chemical surgery for Parkinson's disease, epilepsy and brain tumors using infusions of toxins? Will inhalation of chemopreventive agents be efficacious in persons at risk for lung cancer?

Questions such as these have intrigued and preoccupied Dr. Robert Dedrick during the past 34 years. His success in addressing them has resulted in his selection as the NIH Engineer of the Year for 2000.

To Dedrick, these problems have provided opportunities for demonstrating the power that engineering tools and quantitative perspectives can bring to collaborations with physicians and biological researchers. His insight, grounded in his training in chemical engineering, has led to numerous seminal contributions by him and by the Drug Delivery and Kinetics Resource he directs in the ORS Division of Bioengineering and Physical Science. Commercial capillary tissue culture systems that he co-patented are in widespread use. His prediction of a large pharmacological advantage for giving drug directly into the abdominal cavity has been validated in numerous clinical trials. A large trial for treating ovarian cancer found a significant survival advantage with lower side effects for this approach over intravenous administration. Studies of simulated blood flow in physical models of arterial networks have illuminated problems of maldistribution of drugs administered intra-arterially and have then suggested efficacious solutions. The infusion of agents directly into the brain has had promising results for treating tumors with a protein-based toxin, and is being investigated for other applications such as gene therapy.

Probably the best known of Dedrick's engineering successes was the introduction of an approach to mathematically describing the time-dependence of drug distribution in various parts of the body. Termed physiological pharmacokinetics, this approach has been widely adopted in pharmacology and toxicology. Among other benefits, it permits "engineering scale-up" in guiding the dosing of drugs to patients based on studies in rodents and other laboratory animals. In addition it has provided a rational basis for extrapolation from high-dose to low-dose exposure to environmental contaminants in cancer risk estimation. Five patents and more than 100 peer-reviewed publications attest to how well Dedrick has been meeting his objective of applying chemical engineering principles to important medical and biological problems. His publications have included more than 100 NIH coauthors and have been cited well over 6,000 times.

Together with Engineer of the Year designees from other participating federal agencies, Dedrick was honored at a Federal Engineer of the Year ceremony on Feb. 24 during National Engineers Week. The annual awards are sponsored by the National Society of Professional Engineers.—Dr. Pete Bungay 



The NIH Lodge #2547 Order Sons of Italy in America (OSIA) recently presented the Children's Inn at NIH with a delivery of toys for Valentine's Day. Members of the OSIA Lodge who delivered the gifts are (rear, from l) Mabel Battistone, A. Robert Polcari, Cathy Battistone. In front are (from l) Nina Baccanari, 12-year-old inn resident Breann Kasputis of Westland, Mich., and Gina Cianflone. Anyone of Italian descent who is interested in joining the NIH Lodge may call Baccanari (301) 869-4045 or Cathy Battistone (301) 594-1088 for more information.

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AALAS Holds Annual Seminar

The National Capital Area Branch of the American Association for Laboratory Animal Science is holding its 27th annual seminar entitled "On the Cutting Edge...Biomedical Research in the Electronic Age," on Sept. 28-29, 2000, in Hagerstown, Md. For more information, contact Buster Hawkins at 496-4801.

NINDS Sponsors Workshop on the 'Dopamine Connection'

NINDS recently sponsored a workshop on "The Dopamine Connection in Restless Legs Syndrome, Periodic Limb Movement Disorder, Parkinsonism and Narcolepsy: Toward a Better Understanding of Common Mechanisms in Uncommon Disorders." The meeting was a collaborative effort with the NIH Office of Rare Diseases, the National Institute on Aging, the National Institute of Mental Health, the National Center for Sleep Disorders Research of NHLBI and the Restless Legs Syndrome Foundation.



Dr. Mablon DeLong discusses the dopamine connection.

The purpose of the 2-day workshop was to bring together basic and clinical scientists with expertise in the fields of central and peripheral motor and sensory systems, sleep, and movement disorders to assess the current level of knowledge of dopamine in relation to four uncommon disorders—restless legs syndrome (RLS), periodic limb movement disorder (PLMD), parkinsonism and narcolepsy—and to focus on the poorly understood areas of these disorders. The workshop was also intended to serve as a catalyst for increasing scientific interest in these disorders and identifying new approaches to research on the dopamine connection.

RLS is a neurological disorder characterized by unpleasant sensations in the legs and an urge to move them for relief. It is estimated that the majority of RLS patients also have PLMD, a movement disorder characterized by repetitive stereotyped movements of the limbs, primarily the legs, during sleep. And, recent research has found that PLMD occurs in many patients with parkinsonism—a group of conditions characterized by tremor, rigidity, postural instability and bradykinesia. Narcolepsy is a disabling neurological disorder that affects the control of sleep and wakefulness. The causes of RLS, PLMD, parkinsonism and narcolepsy are unknown, but all are thought to involve central dopamine mechanisms, and all of the conditions react to dopaminergic agents. Dopamine is a chemical messenger that transmits impulses from one nerve cell to another.

On the first day of the meeting, which was held at the NIH Neuroscience Center, workshop leaders provided a scientific overview of what is known about dopamine and the four disorders. Roundtable and working group discussions on the role dopamine plays in each disorder were held on the second day.

Discussion leaders included researchers from the NINDS intramural division as well as other scientists from institutions around the country who are studying the dopamine connection.

The topics of greatest interest included: How are dopaminergic systems altered in the four disorders to produce the variety of clinical presentations? How can research on the dopamine connection in these disorders benefit from advances in the field of genetics? And, what are the most promising scientific opportunities and where does research go from here? Greater understanding of the role of dopamine in these disorders may provide a key to new treatment and prevention strategies.

Response from the workshop has been positive, according to Dr. Charlotte McCutchen, program director in the NINDS systems and cognition neuroscience cluster, who organized the workshop. She said a number of the scientists who attended are devoting renewed attention to the dopamine connection in these disorders.



Dr. Charlotte McCutchen organized the workshop.

The workshop was described by Dr. Bruce Alberts, president of the National Academy of Sciences, as a prototype that should be emulated for generating progress in needed areas. It was also hailed by Dr. Harold Varmus, former NIH Director, for bringing together "basic and clinical experts in divergent but complementary fields" that "can refocus and catalyze research and lead both to new opportunities and to unprecedented advances."—Shannon E. Garnett ■

Healthy Married Men, Women Needed

NIMH seeks men ages 56-73 and women ages 51-59 to participate in an fMRI study on the visual processing of faces. Participants must be right-handed and currently married. Volunteers should have no history of psychiatric disorders, and should not be taking prescription medications, with the exception of hormone replacement therapy (estrogen and/or progesterone), thyroid medication, and/or medications for high blood pressure (diuretics or ACE inhibitors). Volunteers must have normal vision or wear contacts. Participation requires a 2-hour screening interview, a followup visit, and a 3-hour visit for fMRI scan. Participants will be reimbursed. For more information, call Lisa Kalik or Neil Santiago at 496-8381. ■

Endometriosis Study Recruits

The National Institute of Child Health and Human Development invites women with pelvic pain associated with endometriosis to take part in new treatment study. Call the Patient Recruitment and Public Liaison Office for more information: 1-800-411-1222.

COMMUNICATIONS FORUM, CONTINUED FROM PAGE 1

and the NIH Office of Communications and Public Liaison.

Keynote speaker Dr. Bill Smith, a nationally recognized expert in health communications and social marketing from the Academy for Educational Development, encouraged participants to begin by understanding the needs of their audiences; trying different methods to find out what works; and then

using those methods. He added that they should not hesitate to change strategies to meet the needs of their audiences.

Speaking about the "fear and loathing" that many professional communicators feel for the task of



Speakers Elaine Bratic Arkin (l) and Anne Lubenow discuss the forum.

evaluating, Elaine Bratic Arkin acknowledged that there is little money to evaluate health education programs; outcomes from other federal programs are often data-based; and health education is hard to quantify. In addition, results from a health education program may take years to surface.

A former PHS deputy assistant secretary for public affairs who is now a popular health communications consultant, Arkin urged the audience not to let apparent barriers stymie them. She suggested myriad ways to evaluate such as using case studies, measuring processes, examining activities rather than the total program, and thinking in terms of changes as well as results.

Breakout sessions in the afternoon included looks at ongoing campaigns such as NIDDK's National Diabetes Education Program and NEI's Eye Health Education Program, as well as ways of assessing the effectiveness of mass media campaigns, media relations and web sites; partnerships with both private and public groups; and tools to measure outcomes of health communications efforts.

Workshop speaker Leslie Hsu of the Office of Disease Prevention and Health Promotion, DHHS, stressed the need for web site evaluation in discussing her experiences with DHHS's healthfinder.gov. "People initiate web sites so quickly that they may not think of the need to evaluate them." However, Hsu added, the web is "such an important communication tool that evaluation is essential." NCI's Janice Nall shared her institute's recently developed guidelines for web site design and usability based on

lessons learned from redesigning the CancerNet web site.

Resources and evaluation materials provided a variety of take-home messages for participants. John Burklow, deputy director of NIH's Office of Communications and Public Liaison, called the forum a "very practical guide...for people at the front lines who are trying to do a lot with limited resources."

A videocast of the forum is available at <http://videocast.nih.gov/PastEvents.asp?1>.—Mimi Lising ■

APAO Seeks Award Nominations by Apr. 10

The NIH Asian/Pacific American Organization (APAO) seeks nominations from NIH employees for its 2000 Outstanding Achievements and Merit Scholarship Awards. Recipients will be honored in the evening program of the NIH annual Asian/Pacific Americans Heritage Program in May. The award categories are as follows:

- I. For significant accomplishments in advancing NIH/IC EEO goals;
- II. For significant accomplishments in scientific research or administrative work;
- III. A scholarship of \$1,000 to an outstanding college-bound student.

Nominations for categories I and II should be in the form of letters of recommendation citing the nominee's records and accomplishments. Nominations are open to all NIH employees; one nomination for each letter of recommendation. Nominations can be made by anyone in the NIH community. Nominations for category III can be made by either the parent(s) of a student or by the student. The scholarship award is for a student of AP origin or for children of APAO members.

For instructions on how to apply, visit the APAO homepage (<http://www.recgov.org/r&w/apao/>) or contact Dr. Aftab A. Ansari, Bldg. 45, Rm. 5AS-25S. Nominations for the awards should be sent to him as well; closing date is Apr. 10. Recipients will be notified in mid-May. ■

Lecture on Patents, Intellectual Property

The Bethesda chapter of AWIS (Association for Women in Science) is holding a series of talks cosponsored by NIH's Office of Research on Women's Health and Office of Community Liaison. The next lecture, to be held at 5 p.m. Tuesday, Mar. 14 at the Cloister (Bldg. 60) chapel, is on "Patents and Intellectual Property." Speakers are Dr. Susan Cullen, a consultant who will discuss technology and patents, and Dr. Prema Mertz, primary examiner, U.S. Patent and Trademarks Office.

NIDDK Workshop Examines Hepatitis C in African-Americans

By Leslie Curtis

Although there has been a four-fold decline in new cases of hepatitis C (HCV) in the U.S. population since 1989, identified cases of chronic HCV are rising, particularly in African-Americans. The highest observed rate of HCV infection among all racial and ethnic groups is among Black males ages 40-49. They have a 9 percent rate of hepatitis C, according to researchers attending a recent NIH workshop on HCV in African-Americans. Researchers also report that the onset of infection occurs at earlier ages in Blacks and, as a result, Blacks are infected longer.

"These general findings help crystallize some of our suspicions about racial differences of this disease," said meeting cosponsor Dr. Jay H. Hoofnagle, director, Division of Digestive Diseases and Nutrition, NIDDK. "But prospective studies that focus on complications, natural history, therapy and prevention involving African-Americans and hepatitis C are still needed to confirm or disprove our suspicions."

According to the Centers for Disease Control and Prevention, 3.9 million Americans have been exposed to hepatitis C. Of these, 2.7 million are chronically infected with the virus. Hepatitis C is primarily spread by exposure to contaminated blood and blood products, with injection drug use now being the most common route of disease transmission.

CDC epidemiologist Dr. Miriam Alter said that even though sexual encounters account for 10 percent to 20 percent of HCV cases, they are an inefficient route of transmission that is difficult to assess because a health care provider does not know the number of infected sex partners a person has had.

Workshop participants also discussed how different races respond to interferon treatment. Although most studies reviewed included a limited number of African-Americans, data from such diverse sites as the Miami Veterans Medical Center and the NIH Clinical Center indicate that African-Americans respond to interferon at lower rates than Caucasians. The factors responsible for the different response rates between racial groups are unknown.

"The fact that African-Americans are more likely to be infected with genotype 1b may also account for their poor response to treatment," said Dr. K. Rajender Reddy, professor, University of Miami. Future clinical trials using interferon and ribavirin may help determine whether combination therapy is more effective in African-Americans.

Another topic of interest was increasing African-American participation in clinical research, particularly hepatitis studies. The researchers acknowl-

edged that the lack of African-American participation in clinical research greatly limits researchers' understanding of the disease and how to treat it in this population. Numerous issues such as patient distrust of the medical community, rigid treatment schedules and lack of community outreach training for health professionals contribute to the low representation.

To begin to address these issues, researchers need to get to know the designated community and work with its local leaders such as ministers, said Dr. Claudia Baquet, associate dean, University of Maryland, Baltimore. "African-Americans are interested in participating, but you need to build relationships with them before they are needed for a clinical trial."

As a result of the workshop, NIH plans to support several research initiatives in hepatitis C focused on genetic and virological markers that determine natural history and treatment outcomes. Organizers plan to publish a summary in coming months. **R**

NLM's 'Breath of Life' Exhibit Extended

Asthma affects an estimated 17 million people in United States. "Breath of Life," a large interactive exhibition at the National Library of Medicine, examines the medical and human history of asthma. The library has extended "Breath of Life" through March 2001, and now offers two weekly guided tours: a 1-hour tour at 11 a.m. on Wednesdays, starting at the entrance of the National Library of Medicine (Bldg. 38); and a 15 to 30-minute tour of "Breath of Life" upon request, following the regularly scheduled (1:30 p.m.) library tour, at the same location, on Wednesdays.

"Breath of Life" is a collaborative effort of NLM, NHLBI, NIAID and NIEHS. It presents stories about people with asthma from all ages and walks of life—poets, politicians, doctors, singers and sports heroes. The exhibition also provides resources for learning to cope with the disease, and a glimpse of what future scientific research might bring.

All are welcome to visit "Breath of Life" between 8:30 a.m. and 5 p.m. Monday through Friday, and from 8:30 a.m. to 12:30 p.m. on Saturdays, and to take advantage of the guided tours on Wednesdays. Special arrangements for larger groups can be accommodated. For more information or to schedule special group tours, contact Jiwon Kim, 496-5963; or email jiwon_kim@nlm.nih.gov. **R**



This early nebulizer is a forerunner of today's asthma inhalers. (Courtesy Mütter Museum, College of Physicians of Philadelphia)

Before becoming head of NHGRI in 1993, Collins led efforts to identify the genes for cystic fibrosis, neurofibromatosis and Huntington disease. During the brown bag seminar, he explained that NHGRI differs significantly from other NIH institutes. Rather than promoting scientific inquiry for a particular disease entity as most institutes do, NHGRI has a series of set goals. The institute is responsible for directing the Human Genome Project, an ambitious effort to find the location of the 100,000 or so human genes and to read the



Dr. Francis Collins

entire human DNA "script"—all 3 billion nucleotide bases that make up the human genome—by the year 2005. Collins added that he expects that this goal, as most others for the genome project, will be met ahead of schedule.

To help achieve these goals, NHGRI operates under a

series of 5-year plans. "Our model wouldn't work for other institutes," Collins said. "It's at odds with the system of investigator-initiated ideas that drive the majority of other institutes' operations."

The first such plan was implemented in 1990. Already outdated in 1993, it was supplanted by a new plan. Its goals, too, were accomplished ahead of schedule, Collins said, and yet another plan was put into effect in 1998.

Collins said much of his duties involve coordinating efforts of the various groups attempting to sequence the genome—the Department of Energy, more than a dozen U.S.-funded research centers, and several research centers in foreign countries. For the most part, this involves getting the various research teams taking part to put aside the scientific tradition of competition, and work toward a common objective.

"The genome is a bounded set of information," he said. "You wouldn't want the various centers to work without coordinating with each other."

To ensure continued cooperation, Collins said he spends about half his time talking with researchers at the various centers. On Fridays, staff members from the centers discuss the previous week's activities during a group conference call. Every 2 months, all project staff get together for a full-day meeting.

Collins added that it has been crucial to obtain expert advice from the scientific community in planning the genome project's goals and timelines. It has also been helpful to obtain advice from other

institutes on organization and management, as was done in 1997 when a thorough review of NHGRI's management structure was carried out, simultaneously with the elevation of the center to institute status.

According to Collins, NHGRI is well on its way to accomplishing its goal of sequencing the genome. More than 50 percent of the genome has been sequenced, and 90 percent will be sequenced by mid-May.

"Being ahead of schedule is due in large part to the technology," he said. "It's also helped to parcel out the sequencing tasks appropriately to the various centers involved."

Advances in robotics, he explained, make it possible to sequence genes with lightning rapidity. For the most part, the sequencing facilities contain large numbers of high-speed sequencing machines attended by relatively few human beings.

Collins said he sees NHGRI's role as supportive of the other institutes, providing both the locations and sequence of all the human genes, as well as sequences of model organisms like yeast and the roundworm, and developing the technology to use all of this information efficiently. With this trove, the other institutes can gain insight into the various hereditary disorders that fall within the purview of their individual missions.

"We see ourselves as providing the genomic power tools for all the other institutes to go out and do what they need to," he said.

In recent years, NHGRI's mission has gained a new urgency. Private groups are also sequencing the genome, but with an objective different than NHGRI's. These groups are patenting the genes they sequence, in hopes of granting access to the genes for a fee. One company, Celera, has filed an estimated 20,000 patents in the last 6 months.

"I'm deeply worried about this trend," Collins noted. "We've taken a strong position that the basic sequence of the human genome belongs to the public and should be made available immediately."

For this reason, NHGRI researchers must often bypass the conventional scientific practice of publishing their work in peer-reviewed journals in favor of immediately posting their findings on the web.

"Our data goes up on the web every 24 hours," Collins said. "We need to get as much information as possible into the public domain, as quickly as possible."

Compared to most institutes' intramural programs, NHGRI's program is a newcomer—only about 6 years old. The framework for it was put in place in 1993, when various experts were convened to plan the overall structure and organization of the institute. To staff the new program, research scientists were recruited from within NIH and from academia.

Healthy Moms Needed

The Pediatrics and Developmental Neuropsychiatry Branch, NIMH, seeks right-handed mothers age 20-40 with nonadopted, first-born children age 5-12 to participate in an fMRI study on the visual processing of faces. Volunteers should have no history of medical or psychiatric disorders, and should not be taking prescription medication (including birth control pills). The first-born children of volunteers should have no history of psychiatric illness or chronic medical problems. Volunteers must have normal vision or wear contacts. Participation requires a 2-hour screening interview, a followup visit, and a 3-hour visit for fMRI scan. Participants will be reimbursed. For more information, call Lisa Kalik or Neil Santiago at 496-8381.

"At first, we feared that we wouldn't get good people, because of lower salaries and doubts about working in a bureaucracy," he said. To Collins' surprise, however, some of the best researchers in the world came to work for the program, to pursue the scientific freedoms of a research environment. "Our intramural program has arguably become the premiere institution in human genetics in the country," he said.

What's next for NHGRI, after sequencing the genome is complete?

"We still have lots to do," Collins said. "We will need to sequence other large genomes as well, especially that of the laboratory mouse. The comparison of the human and mouse sequences will speak volumes about the function of the various human genes."

Similarly, NHGRI will continue to develop new technologies to understand how human gene sequences work. Another step will be to encourage new centers of excellence in genomic science, to study variation in the sequences of genes and the role those variations play in disease. As it has in its sequencing efforts, NHGRI will again rely on automation, this time to develop new methods of understanding how genes function on a large scale.

"Completing the sequence of the human genome is the end of the beginning," he said. "Now the real excitement begins!" ■



Dr. Harvey Klein, chief of the Clinical Center's department of transfusion medicine, was recently voted president-elect of the American Association of Blood Banks. His 1-year term begins in November. He has been on the AABB's board of directors for the past 6 years and

chaired the association's research-funding entity, the National Blood Foundation, when it was created a decade ago. Established in 1947, the AABB sets standards for blood collection and transfusion, provides education and certification for physicians and medical personnel, and assesses institutions involved in the collection and processing of blood products. Klein's primary responsibilities as president will be strategic planning and leadership on blood transfusion issues, both national and international.

Symposium on NIH, University Relations

The STEP committee will present a symposium titled "NIH and Universities: Commonalities, Cooperation and Constraints," on Tuesday, Mar. 21 from 8:30 a.m. to 4 p.m. in Bldg. 38A, Lister Hill auditorium. Registration begins at 8 a.m.

NIH is the largest supporter of biomedical research and awards more than 70 percent of its extramural budget to universities. As a consequence, NIH and universities form a special partnership. Our common interests dictate that we cooperate to address fundamental questions affecting the research enterprise. However, we operate in different worlds, each with unique needs and constraints.

The symposium will explore a number of current policy issues including: FOIA and Data Sharing: Who needs to know? Support of trainees in biomedical and behavioral research: Is there a method to this madness? Monitoring and oversight of public money: Who's minding the store? NIH Streamlining Activities: Are they making it any easier?

Speakers include Dr. Susan Braunhut, University of Massachusetts, Lowell; Dr. Marvin Cassman, director, NIGMS; Geoffrey Grant, associate vice president for research administration, Stanford University; Dr. Freeman Hrabowski, president, University of Maryland Baltimore Campus, and others.

NIH employees are invited to attend. Seating is on a first-come, first-served basis. No advance registration is necessary. Inform the STEP office about any need for sign language interpretation or reasonable accommodation by Mar. 13. For more information call 435-2769.

Renewal of NIH Parking Permits

NIH General Parking Permits for campus employees whose last names begin with E, F and G will expire on the last day of March 2000. In order to obtain a new General Parking Permit, an employee must visit the NIH Parking Office in Bldg. 31, Rm. B3B04. Hours are 7:30 a.m. to 4 p.m., Monday through Friday. Off-campus employees will be issued the "Off Campus Employee Parking Permit." These permits allow you to park at the NIH Bethesda campus or leased facilities that require an NIH parking permit in the general employee parking lots. Remember, when applying for new/renewal permits, you must bring a valid NIH identification card, valid driver's license and a valid vehicle registration certificate. ■

Overweight Teen?

Parents, consider enrolling your teen in an NICHD study of a promising weight loss medication.

The FDA has approved the study drug Orlistat for use with adults. Study takes place at the Clinical Center. NICHD provides all study tests, medication and weight-control education at no charge. Overweight teens age 12-17 who can attend weekly weight-control meetings may be eligible. Call for more information: 1-800-411-1222.

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research that offer particularly outstanding scientific opportunities to yield benefits in the future in the form of new knowledge and treatment and prevention strategies:

Genetic Medicine. Isolation and identification of genes that may, if mutated or absent, direct the production of abnormal proteins in human disease provide a critical step in developing new strategies for treating disease. Determining the genome sequence of a variety of organisms is essential to furthering the improvement of human health and the alleviation of disease.

Clinical Research: Bridging Basic Discoveries to Tomorrow's New Treatments. Today's bench research on molecules and genes is providing the foundation for future medical breakthroughs at the bedside. Clinical research is the cornerstone for the translation of basic science to better human health. NIH is setting in place a series of programs that will rebuild the clinical research base.

For example, NIH will expand research training programs to increase the number and quality of clinical investigators. A medical student research program will target third- and fourth-year medical students for didactic and "hands-on" patient-oriented research through programs coordinated by the General Clinical Research Centers.

In addition, public awareness of, and patient participation in, clinical research activities are critical to progress in this area. The newly created national clinical trials database will provide enhanced access to new information about such trials.

Fostering Interdisciplinary Research. New skills in the medical research workforce are needed to fully realize the potential of increased understanding of biological processes and behavior. NIH needs to assemble new teams of diverse and highly skilled researchers that can overcome technological hurdles and solve complex scientific problems. These challenging endeavors require expertise from many disciplines beyond the traditional ones of biology and medicine. These include computational sciences, mathematics, material sciences, physics, engineering and chemistry.

Eliminating Health Disparities. There are persistent, and often increasing, disparities in health among populations in the United States. The agency plans to expand its efforts to eliminate domestic health disparities in FY 2001. Coordination of the effort is being accomplished through the trans-NIH working group on domestic health disparities, which will develop a strategic plan. The plan is intended to enhance the support of biomedical, behavioral, and social science research on health disparities and the communication of research results to health professionals, communities and others. It will also address the need for expansion of the size and diversity of the scientific workforce committed to reducing

disparities.

Within the Office of Research on Minority Health, a Coordinating Center for Health Disparities will provide leadership in the development of a trans-NIH strategic plan, as well as provide research grants and contracts in areas of science importance to fill the gaps not otherwise supported, related to health disparities and education and training for minorities and other disadvantaged socioeconomic groups.

Growth of Grants, Grant Sizes

Although funding medical research through investigator-initiated grants continues to be a priority of NIH, the agency needs to restrain the growth of awards and award sizes so as to control the growth of the commitment base and to avoid impeding its ability to undertake new initiatives.

NIH will restrain the growth of award sizes to a rate below the Biomedical Research and Develop-

"[We] need to deliver to the public the two things it most wants from the NIH—research advances, year after year, that improve the health of all members of society and assurance that we spend the public's money wisely."

ment Price Index of 3.6 percent inflation. The FY 2001 request provides average cost increases of 2 percent over FY 2000 for competing RPGs. Non-competing RPGs will be increased by 2 percent on average for recurring costs.

Extramural research activities such as research project grants, centers and other research increase by approximately 5 percent to 6 percent. Research and development contracts increase by 9 percent.

New Neuroscience Center on Campus

Funds are requested for first-year construction costs of a National Neuroscience Research Center, to house outstanding intramural neuroscience research programs including those of the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health. The FY 2001 request is for \$47.3 million. An advance appropriation of \$26 million is requested for the second year of funding for the first phase of the center, estimated to cost a total of \$73.3 million.

Bldg. 35, a 1-story structure adjacent to Bldg. 36, the current neuroscience facility, would be demolished and replaced with a 200,000-square-foot modern laboratory. The new laboratory space will allow interactions between investigators using similar techniques and equipment, as well as between investigators working at different levels of analysis. ■



Dr. Mark P. Mattson is NIA's new chief of the Laboratory of Neurosciences at the Gerontology Research Center in Baltimore. His laboratory will conduct studies to elucidate the molecular and cellular mechanisms responsible for nerve cell dysfunction and degeneration in age-related disorders. Mattson is widely known in the scientific community for his innovative research to understand changes in the brain that occur during aging and in age-related diseases. These studies show that certain signaling mechanisms in the brain are active at both ends of the lifespan, and that their alterations can result in neuronal degeneration in age-related brain disorders including Alzheimer's disease, Parkinson's disease and stroke.

OBSSR's Anderson Departs NIH for Harvard

By Susan M. Persons

Dr. Norman Anderson, concluding 5 years at NIH as the first director of the Office of Behavioral and Social Sciences Research, has accepted a position as professor of health and social behavior at Harvard's School of Public Health. He came to NIH from Duke University where he was associate professor in the departments of psychiatry and psychology. He also directed Duke's Program on Health, Behavior, and Aging in Black Americans and the NIH-funded Exploratory Center for Research on Health Promotion in Older Minorities.

Dr. Wendy Baldwin, NIH deputy director for extramural research, chaired the search committee that selected Anderson. "Although it has been nearly 5 years ago now, I remember how pleased I was to see Norman Anderson as an applicant...he clearly had the background and vision that made him ideal for the challenges that office presented. It is very difficult to start up an office like that."

Anderson met those challenges well. Under his leadership the budget for OBSSR increased nearly eight-fold; a strategic plan was developed to guide the office's activities; the first comprehensive definition of behavioral and social sciences research was created and applied across all the institutes and centers; and a number of collaborative funding initiatives were developed that involved virtually every institute. The total amount of funding for behavioral and social science research at NIH is now estimated to exceed \$1.5 billion.

Arguably one of Anderson's most significant accomplishments has been his role as educator and diplomat for the behavioral and social sciences at NIH. Although the agency has a long history of funding this kind of research, Congress felt that more research was needed in this area—hence, the creation of OBSSR. But this is no easy task given that OBSSR was not given grantmaking authority. Thus, persuading NIH leadership of the importance of this field was key to accomplishing the goals of the office.

One strategy Anderson employed for increasing support at NIH was to provide NIH director Dr. Harold Varmus with private briefings by renowned social scientists. This was well received by Varmus, whose comments prior to his own departure from NIH illustrate: "One of my distinct pleasures at the NIH has been working with Norman Anderson. He took on a new office, helped to bring a constituency that often felt neglected by NIH into the mainstream, and defined important goals for behavioral and social sciences in the NIH portfolio. He personally guided my deepening appreciation of behavioral research, brought outstanding investigators to our campus, and enhanced the standards of the field. He deserves his Harvard professorship, but I am very

sorry to see him go."

Anderson was also successful in establishing cooperative relationships with institute directors. Dr. Alan Leshner, director of the National Institute on Drug Abuse, said, "Norman has raised both the visibility and the valence of behavioral research at NIH...and he has done it with style and substance. He has a unique way of showing people the opportunities for them in supporting more behavioral research without forcing it upon them." Other institutes including the National Institute of Diabetes and Digestive and Kidney Diseases have also responded to Anderson's gentle persuasion by creating new research agendas for the behavioral and social sciences.

Other selected accomplishments of OBSSR under his leadership include the funding of five mind/body centers across the nation; the establishment of a special web site that will link underrepresented minority students with potential research mentors; and organizing and cofunding with the institutes six Requests for Applications.

While at NIH, Anderson also served as president of the Society of Behavioral Medicine; gave multiple keynote speeches across the nation at academic meetings; and testified before both houses of Congress. Dr. Richard Hodes, director of the National Institute on Aging, recognized Anderson's role outside of NIH as well as his success throughout the NIH community. "Norm has made an enormous contribution to NIH through the leadership that he has provided to the behavioral and social science community. Of equal importance and impact, he has been highly effective in educating and informing the broader NIH research community about behavioral and social sciences and has set a high standard as a respected scientist, colleague and good friend to many of us."

Anderson's leadership and friendship will be missed by many at NIH. Dr. Ruth Kirschstein, acting NIH director, has found Anderson to be "a galvanizer of research in behavioral and social sciences at NIH. As the first director of the new office, he has set a standard of which we are all very proud." Dr. Harold Slavkin, director of the National Institute of Dental and Craniofacial Research, agrees: "Norman has been and remains a superb advocate for the behavioral and social sciences and their profound relevance in promoting health and reducing the burden of disease and conditions for all Americans. He will be a very tough act to follow!" **R**



Dr. Norman Anderson concludes 5 years at NIH as the first director of the Office of Behavioral and Social Sciences Research.

Long, Short Sleepers Needed

To complete a sleep study, NIMH is looking for male and female volunteers ages 20-35 who routinely sleep 9 hours or more nightly, or who sleep 6 or fewer hours nightly. Volunteers must have no sleep disturbances or insomnia, plus no history of mental illness. Volunteers must be in good general health and not taking any medications or birth control pills. The study requires living on the research unit for 4 consecutive days. Compensation is available. For more information call 496-5831.

CSR's Poonian Retires

Dr. Mohindar Poonian, a health scientist administrator in the Center for Scientific Review, recently retired from government service. He had been scientific review administrator for two AIDS and related research study sections since their inception in 1988; he received the Public Health Service Merit Award for Distinguished Service for his work in establishing these study sections.

A Fulbright fellow from Punjab University, India, Poonian received his Ph.D. in organic chemistry from the University of Wisconsin in 1966. He then spent 2 years as a postdoctoral fellow at the Enzyme Research Institute, University of Wisconsin, with Nobel laureate Dr. H.G. Khorana, followed by an additional postdoctoral year in the department of chemistry, University of Pennsylvania. Following his postdoctoral training, he joined Hoffmann-LaRoche, Inc. There he held various research and supervisory positions until 1986, when he joined Igen Inc. as director of chemistry and nucleic acids probe development.

His research expertise encompasses the broad areas of organic chemistry, nucleic acids synthesis, molecular biology and diagnostic techniques. His research projects included nucleoside analog synthesis and modifications in antiviral and anticancer chemotherapy, nucleotide modification for diagnostic purposes, and chemical synthesis of a proprietary detection system for application in immunodiagnostics and DNA probe-based diagnostics. Poonian has published extensively in peer-reviewed journals, and has authored several patents that were assigned to Hoffmann-LaRoche and to Igen.

In retirement, Poonian's plans include consulting, spending more time with his family—particularly his two young grandchildren—gardening, more involvement with the stock market, and reading, especially histories, biographies and autobiographies. Dr. Dharam Dhindsa, a long-time colleague at CSR, expressed the views of many others when he praised Poonian's precision, organization and scientific credentials, but even more importantly his sincerity and compassion; Poonian has been both a highly respected colleague and a good friend. ■



Dr. Mohindar Poonian

CIT Computer Classes

All courses are on the NIH campus and are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Introduction to Networks	3/10
MEDx - Region of Interest Analysis	3/10
Windows 2000 for System Administrators	3/13
NIH Biowulf - a Supercluster for Scientific Applications	3/13
Data Warehouse <i>Query</i> : HR Workforce Demographics & Personnel Actions Mini	3/13
Introduction to Image Processing I	3/13-24
Account Sponsor Orientation	3/14
Data Warehouse <i>Query</i> : Budget & Finance Mini	3/14
The NIH Contractor Performance System Update	3/14
Creating Presentations with PowerPoint 2000	3/14
NIH Data Warehouse Budget Tracking	3/14
WIG - World Wide Web Interest Group	3/14
Introduction to the Macintosh Operating System	3/15
Windows NT Startup	3/15
Parachute for Windows 95/98	3/15
Data Warehouse <i>Query</i> : Property Management Mini	3/15
Data Warehouse <i>Query</i> : Travel Mini	3/15
Advanced Features of HTML	3/16
Expediting Your Request for Telephone Services at the NIH	3/16
Advanced SQL	3/16-17
The NIH Contractor Performance System for New Users	3/20
Designing Effective Scientific Slides	3/20
Linux Installation and Configuration Tips and Tricks	3/21
Flash Workshop	3/21
Relational Database Design	3/21
CRIMS - Recruitment System	3/21
Fundamentals of Unix	3/22-23
Genetics Computer Group (GCG) Sequence Analysis	3/22-24

RFB&D Invites Potential Volunteers to Open House, Mar. 14, 16 in Bldg. 31

Recording for the Blind & Dyslexic has installed a recording booth in Bldg. 31, Rm. 2B31 (Broadcast Services Office) for the convenience of NIH employees who are interested in volunteering for this worthy cause. RFB&D records textbooks for students who have visual, learning or other disabilities, and there is high demand for volunteers who can help record scientific texts. On Mar. 14 and 16, from 11:30 a.m. to 1 p.m., RFB&D invites interested people to come to its facility in Bldg. 31 for refreshments and demonstrations of the recording process. Potential volunteers should RSVP by calling (202) 244-8990 or by sending email to ccsmith@rfgd.org.



HRDD Training Tips

The Human Resource Development Division, OHRM, will offer the courses below. Hands-on, self-study, personal computer training courses are available through the HRDD's User Resource Center at no cost to NIH employees. For details, visit HRDD online at <http://trainingcenter.od.nih.gov/> or call 496-6211.

<i>Administrative Systems</i>	
Basic Time and Attendance Using ITAS	4/10
<i>Communication Skills</i>	
Fundamentals of English	4/3
Plain Language in Government Writing	4/11
Speed Reading	4/12
<i>Computer Applications and Concepts</i>	
Programming Basics for MS Access 97 Office 97	4/3
Introduction to Corel WordPerfect 8.0	4/5
Intermediate Internet	4/6
Introduction to the Internet	4/6
Intermediate MS Excel 97 Office 97	4/10
Advanced Visual Basic 5.0	4/11
Introduction to FileMaker Pro 4.0	4/11
Intermediate MS Access 97 Office 97	4/12
<i>Financial & Procurement Management</i>	
Federal Supply Schedules - a.m. & p.m.	4/11
Consolidated Purchasing through Contracts - a.m. & p.m.	4/12
Buying from Businesses on the Open Market - a.m. & p.m.	4/13
<i>Management, Supervision & Professional Development</i>	
Direct Attention Thinking Tools	4/4
The Professional Office Manager II	4/4
Interacting with Difficult Employees	4/5
How to Coach Your Employees	4/10



James Marcetich is the new head of NLM's index section, which is responsible for the indexing, editing, keyboarding and input of the world's biomedical journal literature for the MEDLINE database, plus Index Medicus and other NLM publications. Indexing involves analyzing and assigning to each article descriptive headings selected from Medical Subject

Headings, the controlled vocabulary that contains over 18,000 terms. Over 10 million articles have been indexed for MEDLINE since the inception of MEDLARS in 1966, and more than 400,000 are added to the database each year. As a unit head in the section for the past 12 years, Marcetich has supervised the work of indexers and revisers. Before becoming a unit head, he was an indexer and reviser for 8 years. He came to NLM as a library associate in NLM's postgraduate training program in 1979.

Bruce Wetzel Retires from NIH

Dr. Bruce Keirn Wetzel, who devoted a large portion of his 38-year NIH career to cell biology research, retired in December after serving most recently as a scientific review administrator at the National Institute of General Medical Sciences.

Dr. Marvin Cassman, NIGMS director, said, "Bruce's departure is much regretted, particularly by the research communities whose issues and concerns became so much his own."

Wetzel is an Ohio native who trained at Harvard University in biology and microscopy. He began his NIH career in 1961 at the National Institute of Arthritis and Metabolic Diseases, where he worked as a research biologist in the Laboratory of Experimental Pathology. In 1971, he joined the National Cancer Institute as a research biologist in the Dermatology Branch. His research focused on the development, dynamics and functional significance of cellular fine structure. He consistently sought combinations of diverse cytochemical and microscopic procedures to probe the functional anatomy of individual cells, promoting the integrative value of this approach as a complement to other methodologies.

In 1983, Wetzel entered the health science administration field as an executive secretary in the special review section of the Division of Research Grants. The following year, he joined NIGMS as a scientific review administrator in the Office of Review Activities, where he managed reviews of large research and training grant applications in every area of science supported by the institute. Much of his work involved the review of grant applications in the areas of systems and integrative biology, trauma and burn injury, and anesthesiology.

In 1998, he was recognized by the Shock Society for his outstanding dedication and contributions to the trauma and burn injury research and training communities. Dr. Irshad Chaudry, past president of the Shock Society and professor of surgery at Rhode Island Hospital, describes Wetzel as "an exceptionally bright, talented, dynamic, and straightforward individual who truly cared for the grantees and went out of his way to do everything possible for the investigators." According to Chaudry, Wetzel consistently orchestrated site visits as deftly as a great conductor. In doing so, Chaudry added, "he was truly dedicated and committed to the applicants." ■



Dr. Bruce Wetzel (l) was recognized by the Shock Society for his contributions to the society and the trauma and burn injury, anesthesiology, and systems and integrative biology programs at NIGMS. Dr. Irshad Chaudry (r), past president of the society, presented the award to Wetzel at the Shock Society's 1998 annual meeting.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Gary E. Gibson on Mar. 15. He is professor of neurosciences, Weill Medical College of Cornell University. His topic is "Oxidative Processes and Signal Transduction in Alzheimer's Disease: Insights from Brains, Peripheral Cells and Animal Models."

On Mar. 22, Dr. Helen M. Blau, Baxter professor and chair, department of molecular pharmacology, and director, gene therapy technology, Stanford University School of Medicine, will discuss "Research Advances and Clinical and Public Health Implications of Genetic Therapy."

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

CIT's Spring Semester Offers New Courses

CIT's Computer Training Program begins its spring semester by offering a record number of classes. Among the 120 courses scheduled now through May are 18 entirely new classes.

In the area of personal computing, CIT presents *Windows 2000 Professional*, for users upgrading from NT Workstation or Windows 98, and *VMWARE*, which allows multiple operating systems to run on the same computer. For those concerned with security, *Keeping PC Data Secure* is a class that reviews options for protecting your computer and *Using Secure Email in the Exchange Messaging Environment* will do the same for email.

Linux Installation and Configuration Tips and Tricks covers basic information on configuring this operating system, which has generated much attention in the NIH community. Unix users who need to move towards basic administration might consider *Unix Systems Administration Concepts*, which covers some of the basic tasks involved.

Looking Ahead to the Standard System provides users of MVS with information about issues and changes involved in consolidating the North and South MVS systems while *Beyond WYLBUR* looks at tools and techniques for handling WYLBUR applications and data in the future under the MVS OS/390 Standard System.

Advanced Internet developers can look forward to two new classes: *XML Overview* looks at XML in its capacity as a current and future technology and

the *Flash Workshop* provides hands-on experience developing animations using FLASH4.

If you are involved in human resources, there are a number of new options. *NIH Data Warehouse Analyze: Human Resources* allows users to analyze data and gain insight into demographic and personnel actions activities and the *CRIMS—Recruitment System* class will assist those involved in the federal recruitment process. *NIH Contract Performance System Update* covers changes in that system.

For scientists looking for tools to make their work and presentations easier there are two classes available: *MEDx - Unix-Based Medical Image Data Analysis*, a series of 10 tutorials in a software package used to visualize and analyze 2-D and 3-D medical image data and *Color Control for Scientific Images*, which focuses on maintaining color consistency when printing scientific images.

CIT also offers the Training Self-Study Program, which provides a wide variety of computer-related textbooks for study outside of the classroom.

For details about the CIT Training Program, visit the web site at <http://training.cit.nih.gov>; call 594-6248 to order a copy of the brochure *NIH Computer Training*; or pick up a brochure at Bldg. 12A, Rm. 1011. Students may register online at the above web site, or submit the brochure's printed form via fax (402-7349) or mail to the address above. All classes are available at no cost to employees of NIH and other users of CIT systems. ■

NIDDK Council Gains Four

Four new members have joined the advisory council of the National Institute of Diabetes and Digestive and Kidney Diseases. They are:

Dr. Edward J. Benz, Jr., Sir William Osler professor and director, department of medicine, and professor of molecular biology and genetics, Johns Hopkins University School of Medicine. He is a member of the Institute of Medicine and an NIH-funded investigator studying the molecular genetics of inherited anemias.

The Hon. Levan Gordon, who recently retired as judge of the Court of Common Pleas of Philadelphia. Currently a member of the board of directors of the National Kidney Foundation, he is past chair of the National Association of Blacks in Criminal Justice.

Dr. Edward W. Holmes, dean, Duke University School of Medicine, Walter Kempner professor of medicine and vice-chancellor for academic affairs at Duke University Medical Center. He is currently an NIDDK Merit Award grantee studying the



NIDDK director Dr. Allen Spiegel (c) welcomes four new members to the institute's advisory council. They are (from l) Dr. Sandra Puczynski, Dr. Edward Benz, Dr. Edward Holmes and the Hon. Levan Gordon.

pathobiology of AMP deaminase deficiency.

Dr. Sandra Puczynski, assistant professor of family medicine and director, division of research and evaluation, Medical College of Ohio. She is chair of the research advisory board and a member of the board of directors of the Juvenile Diabetes Foundation International. ■