

THE NIH RECORD

Still The Second Best Thing About Payday

'Red Dress Project' Fights Heart Disease in Women

By Ann Taubenheim

HHS Secretary Tommy Thompson recently announced the launch of the Red Dress Project, a national partnership with Mercedes-Benz Fashion USA and top fashion designers to introduce the Red Dress as the new symbol for women and heart disease.

The Red Dress Project is the centerpiece of The Heart Truth, a national awareness campaign on women's heart health sponsored by the National Heart, Lung, and Blood Institute. The red dress, which proved in focus-group testing to be a positive image to convey heart disease awareness messages to women, is the heart of the project. NHLBI's partnership with Mercedes-Benz USA and 7th on Sixth

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Director's Town Meeting, Apr. 23

On Wednesday, Apr. 23, NIH director Dr. Elias Zerhouni will host his second NIH Town Hall Meeting in the Natcher Bldg.'s main auditorium from 11 a.m. to noon. It will be an opportunity for him to address issues of concern to the broad NIH community. The session will be followed by a question and answer period. To help guide topics of discussion, visit <http://townhallmeeting.nih.gov/> and submit your ideas by noon on Wednesday, Apr. 9. All NIH employees are invited to attend. Seating will be available on a first-come, first-served basis. Sign language interpretation will be available and accommodations can be made for persons needing special assistance. The event will also be videocast and can be viewed from your office computer at <http://videocast.nih.gov>. For more information contact Carol Jabir at jabirc@od.nih.gov or 496-1776.

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New NIH Deputy Director Kington Rooted in Science

By Carla Garnett

Stands to reason if your father is a physician, there's one question you'll be asked a lot when you're growing up: "So, are you going to be a doctor like your dad?" Newly appointed NIH deputy director Dr. Raynard S. Kington remembers hearing the query quite a bit in his youth, and given the relatively small number of black doctors at the time, perhaps he heard it more often than most. He also admits to nurturing a healthy curiosity about science as a boy. In fact, he says mischievously, he was probably only about 7 or 8 years old when he first discovered an affection for medical journals.

"Well, my father used to keep stacks of the bound copies of *Medical Clinics of North America*—they were the best because they were a smaller size, perfect for a child's hands—and piles of old

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Dr. Raynard S. Kington

Transition Center Offers Services

Employee Protections Outlined in A-76 Meeting

By Rich McManus

With the spotlight of A-76, or competitive outsourcing, now focusing on functions within the fields of grants and real property management, NIH managers of the HHS- and administration-mandated review held their second Town Meeting on the subject Mar. 5 at Natcher Auditorium; their presentation assured federal workers that the process is not adversarial, gives incumbents sufficient means to win the "price-cost shootout" with competitors from private industry (or other government agencies, which can also bid on NIH work) and outlined a proposal for a new NIH Transition Center for workers whose jobs are being abolished, whether through A-76, consolidation or reorganization.

"We realize that A-76 review is a technical, legal, emotional issue," said Tom Fitzpatrick, head of the



Employee asks question during Q's and A's.

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Dr. Robert Lees has joined the Center for Scientific Review as scientific review administrator of its medicinal chemistry study section. He holds a Ph.D. in organic chemistry from Stanford University, and conducted postdoctoral studies at MIT, where he worked with Nobel laureate H.G. Khorana in constructing DNA segments via chemical synthesis. Lees briefly served as an assistant professor of chemistry at Fordham University before moving to the American Cyanamid Co., which is now Cytec Industries. Early in his career there, he invented and patented the commercial process for Combat insecticide. He eventually became director of global technology for the company's coating and performance chemicals business unit. In this role, he led efforts that resulted in the commercialization of 11 products with annual sales of \$30 million.

Bidding Prices Down

Office Pioneers Reverse Auctions at NIH

A branch of the Office of Administration has successfully conducted several "reverse auctions" in the last 2 years. A reverse auction is a live, online bidding process used to lower the price of goods and services required by the government. But it is only a pricing tool. The acquisition requirements and processes are otherwise unchanged—all regulations and procedures must still be followed. While a regular auction drives the price up until the highest bidder "wins," a reverse auction drives the price down so that the government is able to capture the best price the market can bear at auction time.

Prior to participating in a reverse auction, a vendor must either attest to submitting a brand-name product or provide samples of the product it intends to supply if awarded a contract. Once samples are approved, these vendors, along with those submitting a brand-name product, are invited to participate in the reverse auction. The reverse auction takes place over the Internet. Qualified vendors are allowed to bid as often as they wish during the auction period, which ranges from 30 minutes to an hour, with overtime periods. The savings are generally in the range of 10-24 percent of the independent government cost estimate prices. The OA's Acquisition Planning and Specifications Branch is the first and only HHS operating unit to use reverse auctions.

The branch conducted its first two reverse auctions—for utility wipes and pipette tips for the NIH Self Service Stores—on May 10, 2001, resulting in savings of \$395,400, which was 20 percent less than the cost estimate. On Dec. 14, 2001, APSB conducted its third reverse auction, in partnership with the Clinical Center. This was a 5-year consolidated buy of restroom hygiene products. The overall savings was \$505,099, or 25 percent less than the estimate.

As a result of the savings, knowledge and experience gained from the previous five auctions, HHS asked APSB to take the lead on an HHS-wide reverse auction. This led to a partnership with HHS and all of its operating divisions. Secretary Tommy Thompson was familiar with reverse auctions from his tenure as governor of Wisconsin, and was very encouraging of this effort. He was aware of the savings that could result through consolidating requirements, and was eager to see the technique used as part of his "one department" initiative.

Last September, APSB conducted the first HHS-wide reverse auction for a commodity used by all agencies: copy paper. There was full participation by all OPDIVs. The total savings for a 1-year contract, with one option year, was \$1,300,088, or 34 percent less than the estimate.

On Jan. 9, 2003, ASPB, again in partnership with the Clinical Center, conducted its fifth reverse auction. The commodity was trashcan liners. The overall savings was \$114,820, or 35 percent less than the estimate.

APSB has identified shipping boxes (HHS-wide), surgical gloves (NIH) and surgical masks (NIH) as targeted commodities for the next three auctions. The branch will continue its efforts to conduct auctions on equipment and supplies that are a good fit for the reverse auction process. "Good fit" items are those that are bought in a significant quantity or at a significant price, and that have some pricing flexibility in the market. With savings of \$2,315,407 from the five auctions conducted to date, it's worth the time to see which procurements would be appropriate for reverse auctions. So far, APSB has only done reverse auctions for supply/equipment requirements, but it is open to doing them for services, too.

There is an acquisition cost associated with this process. However, the track record of savings from all previous auctions far exceeds any cost. For more information on reverse auctions, contact William Brown, Jr., chief, APSB, 435-3916, or email brownw@od.nih.gov. ■

Parkinson's Disease, Memory Problems

People with Parkinson's disease and memory problems may be able to participate in a study at NIH. The study is evaluating the drug donepezil. For more information call 1-800-411-1222 (TTY 1-866-411-1010). ■

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Lopez To Give FIC Global Health Lecture, Apr. 8

Dr. Alan Lopez, professor of medical statistics and population health and head of the School of Population Health at the University of Queensland, Australia, will deliver a lecture entitled "Global Health Priorities: Diseases, Injuries, Risk Factors," on Tuesday, Apr. 8 at 3 p.m. in Masur Auditorium, Bldg. 10. This lecture is the third in a year-long series on global health issues sponsored by the Fogarty International Center to commemorate its 35th anniversary.

Priority-setting in health requires comparable, timely and relevant information on the major causes of disease and injury, and how these are changing. Much is known, for some populations, about the



Dr. Alan Lopez

levels, trends and causes of mortality, and on the effects of population exposure to certain risk factors, but there have been few attempts to integrate health statistics in a manner that yields comparable, summary measures of the disease burden caused by fatal and non-fatal conditions and the major risk factors

associated with them.

Lopez, together with Dr. Christopher J.L. Murray, is the author of *The Global Burden of Disease Study* (1990 and 2000), a critical and systematic review of all available data and information on the incidence, prevalence and mortality from over 130 diseases and injuries worldwide summarized in a time-based metric (disability adjusted life years, or DALYs). This work is the first to identify clearly the growing burden of chronic, non-communicable diseases in developing countries.

Until this study, it was widely assumed that communicable diseases were, and would remain, the major source of illness and death in developing countries. Lopez and Murray modeled different scenarios, including an optimistic one predicated on the decline in communicable disease DALY's. Whether or not this is realistic, as drug and insecticide resistance continue to spread, DALY's due to non-communicable diseases will continue to increase. Hence the world is faced with the unfinished agenda of infectious diseases and a new and urgent agenda of increased morbidity and mortality due to cardiovascular disease, diabetes, cancer and mental illness.

Worldwide, two causes of disease appear to be increasing at a rapid pace, tobacco and HIV/AIDS. While there is some uncertainty about projected HIV deaths, depending on the deployment of anti-retroviral therapy, tobacco will, on current trends,

kill about 10 million people a year by 2030, double the current annual toll, unless efforts to reduce consumption, particularly among men in poor countries, are accelerated. The DALY is now used to assess disease trends, to evaluate the cost-effectiveness of different therapies, and to prioritize research needs across a broad spectrum of conditions and guide research resource allocation.

A graduate of the University of Western Australia, Lopez received an M.S. in statistics from Purdue University and a Ph.D. in medical demography from the Australian National University in Canberra. He was associated with the World Health Organization from 1979 to 2002, first in the division of health statistics, then in the global epidemiological surveillance unit, the tobacco or health programme, the programme on substance abuse, the epidemiology and burden of disease unit, and finally as senior science advisor to the director-general on scientific standards for WHO data and publications and the development of evidence-based guidelines. He was editor-in-chief of the *World Health Report 2002*.

Lopez returned to his native Australia this year to take up his current positions at the University of Queensland. All who are interested are welcome to attend the lecture and to meet Lopez at an informal reception following the talk.—Irene Edwards

NIH Record To Establish Advisory Group

Would you like to play a role in determining what stories get published in this newsletter? The *NIH Record* invites any interested employee to consider volunteering for an editorial advisory group that would suggest story ideas to the editors, so that the publication could be more broadly useful to all readers.

We are looking for a cadre of NIH'ers—particularly some folks who have been around awhile and read the newsletter regularly—who can point us in the direction of good story leads. While not every suggestion might result in a story, the number of new ideas generated should make the effort worthwhile.

Stories must somehow relate to NIH and its mission, but can involve extracurricular pursuits as well as job-related ones. The main criteria for making a suggestion should be, "Would this story be interesting to a wide variety of my fellow NIH'ers?"

The advisors wouldn't meet formally in person; most business would be conducted by email and phone. We hope to recruit people from a wide variety of jobs including administrative officers, budget folks, extramural programs, the trades, off-campus populations and intramural science.

If you would like to suggest good *Record* stories occasionally, or know someone who would, contact either Editor Rich McManus (rm26q@nih.gov) or Assistant Editor Carla Garnett (cg9s@nih.gov) or call the *Record* office at 496-2125.

Also, all employees should feel free to contact the *Record* with an idea or comment; we are not limiting ourselves only to the advice of a special group. The *Record* also has a Letters to the Editor column, which welcomes input from NIH'ers. Let us know how we can make the newsletter more enjoyable and useful to you.



Susan Huntley, quality of work/life officer in the Office of Diversity and Employment Programs, NCI, was recently recognized as one of the first 10 graduates of the Work/Life Certificate Program sponsored by Boston College Center for Work & Family and the Alliance for Work/Life Progress (AWLP). She was presented with a certificate for her professional achievement at the AWLP annual conference in Orlando. The four courses in the Work/Life Certificate Program provide the expertise needed to create and implement an organization-wide work/life strategy that delivers measurable results. Huntley worked with Boston College and the AWLP to bring the certification courses to the Washington, D.C., area, and coordinated the logistics for three courses to be offered in the Natcher Center. As a result, five of the 10 first-time graduates were representatives of federal agencies.

NEW DEPUTY DIRECTOR, CONTINUED FROM PAGE 1

issues of *New England Journal of Medicine* and *Science* in a closet in our attic," he explains, smiling broadly. "Long before I knew they had any other significance, my younger brother and I loved to go up there and use them to build houses, forts and mountains, and climb them. We loved them."

In his first full week in his new post, Kington appears relaxed and well-rested, despite the long days he assumed on Feb. 10, when NIH director Dr. Elias Zerhouni appointed him as deputy. Two years ago, when Kington first joined NIH as associate director for behavioral and social science research, the prospect that he could hold the Number Two spot at the nation's premier biomedical research enterprise was not on his radar screen. Still—similar to early predictions by neighborhood friends that he'd naturally pursue a medical career—there may have been a prescience about the extraordinary upward turn he would take when he was appointed acting head of NIAAA from January to September 2002 by then-NIH acting director Dr. Ruth Kirschstein.

"As recently as 6 months ago," he says, "it never crossed my mind that this job was a possibility. I was very happy with my other job (head of the Office of Behavioral and Social Sciences Research). In addition, the experience as acting director of NIAAA made last year a busy, but also an incredibly interesting and great year. I had an opportunity to be exposed to a large cross-section of NIH. I bring to the job a range of experiences and backgrounds, from managing fairly large units to dealing with a wide range of scientific issues. All of that prepared me for this position. I still had no idea about this. There certainly was no grand plan."

Kington recalls a childhood not unlike many other kids of his generation, growing up in a working-class neighborhood of Baltimore. His dad, now approaching his 80th birthday, had a solo general internal medical practice in one of the poorest neighborhoods in the city for more than 40 years. His mom served as a school teacher and later a community worker. Kington is one of five children—four sons and a daughter. Mathematics and other scientific and academic pursuits were a natural part of life around the house. He easily recalls how excited his dad was when Raynard came home with a 7th-grade assignment to prepare a report on venereal diseases.

"My father really got into it," Kington says. "He got out all of these medical texts and journals and spread everything out on the table. Of course I had no understanding of most of it, but I remember at least scanning *Science* and *New England Journal of Medicine* when I was 12 years old."

Kington's three brothers all worked at one time as engineers, but he was the only sibling to follow in his father's footsteps as a physician. The path to

medicine was not necessarily direct, he remembers. During his adolescent days, when he and his father butted heads regularly, Kington says he swore he would never become a doctor.

"I got over that, though for many years my sister never failed to remind me of it," he says. "I thought about medicine, but I also knew there were many other things as well. My parents allowed me great room to imagine careers that in many ways would have been inconceivable for even a well-educated black person in their generation."

Kington finished high school at age 15 and medical school at 21. He spent a couple of summers in college doing internships on Capitol Hill. That's when he began to get interested in health policy. After earning his undergraduate and medical degrees at the University of Michigan, he did his residency training in internal medicine at Michael Reese Medical Center in Chicago.

Later, he completed a fellowship at the University of Pennsylvania as a Robert Wood Johnson clinical scholar, which allowed him to earn a master's degree in business administration and his doctorate in health policy and economics from the Wharton School.

"I must give my parents great credit for somehow conveying the message that I could have a different career," he says, describing the valuable detours that offered him the chance to explore many jobs. "They made it clear that I didn't have to do what they did, or what other people expected me to do. I know there were also times when they probably regretted that I was so independent, but that enabled me to have a very unusual career thus far. I've been incredibly lucky. I've had great mentors and great opportunities, many of them the result of the opportunities my parents gave me. I don't ever forget that."

Kington's new post seems ideally suited to him in a lot of ways, he says. Though all are fully packed, no 2 days are exactly alike, and he tackles myriad tasks—reading financial statements and budgets, sitting in on meetings about scientific issues and how to advance specific initiatives, brainstorming about communication strategies such as how NIH interacts with the world at large and with the department—from about 7 a.m., when his office day begins, to 6 or 7 p.m., when he usually leaves campus, many times only to stay in touch via email from his Takoma Park home.

In many senses, Kington explains, he serves as the "director" of the Office of the Director, which is a large enterprise in itself. He also is involved in a range of activities from practical operational concerns to scientific strategic planning. As deputy, he works closely with all of the senior staff—for instance, the offices that handle legislative matters and science policy issues—as well as the intramural

and extramural deputy directors.

"I function in a broad role across all of those," Kington points out, "helping Dr. Zerhouni to implement his vision for what NIH can be. I've always liked jobs that use really different skills and this one allows me to use very different skills in a short period of time. You run the gamut from very practical operational issues, to complex management and financial issues, to dealing with scientific policy to frank scientific issues. Over the course of a day, I see the full range. I must admit that although I respected [former NIH deputy director] Dr. Kirschstein before, I really respect her now, seeing how hard a job it is."

Before coming to NIH, Kington got his first experience as a federal employee at the Centers for Disease Control and Prevention where he became director of the Division of Health Examination Statistics at the National Center for Health Statistics. Before the CDC, he worked for several years as a senior scientist at the RAND Corp., a non-profit think tank that seeks to improve policymaking through research analysis. Kington says he had already developed a keen appreciation for the work of NIH, having won grants from NIA and other HHS and private organizations for his studies on the use of health services by the elderly and the health status of poor people and racial minorities in the late 1980s and mid-1990s.

"NIH is an extraordinary place full of really bright people who work really hard," he says. "That goes for everyone from the administrative and support staff to legislative and policy people to communications people to bench and public health scientists doing research. It makes a big difference to work in a place like that. I've always had tremendous respect for the institution, especially when I was a grantee."

Kington, who is even now completing edits on a paper he cowrote that has been accepted into a leading journal, hopes to continue with his own investigations involving medicine, health and social factors such as age, income and race. Since his research usually involves work with large epidemiologic and social science data sets and not direct lab work, he hopes that he will be able to continue to pursue some opportunities to collaborate with other scientists, just to keep his hand in. Probably his only limitations will be time and scheduling; the main goal, though, is clear.

"I think it is important to keep active the parts of your brain that are about addressing scientific problems—asking questions and answering them in a rigorous way," he explains. "The scientist's life of the mind is an extraordinary thing. Usually, in answering one question, you will raise five more questions. At its best, it's just an incredible life and I will certainly miss that on some level."

"However," he concluded, "NIH is facing unique challenges right now. We're coming to the end of a period of rather rapid and substantial growth. We're facing a very different economic position for the country as a whole, and for the institution as well. My goal is to assist Dr. Zerhouni in managing the organization. I'm really looking forward to learning a lot about the institution. I plan to work very hard. I do take the term 'civil servant' very seriously. It is all about serving." ■



The Public Health Service deployed Dr. Alan Zametkin, a clinical investigator in NIMH's Mood and Anxiety Disorders Program, to Rhode Island Hospital in Providence to provide psychiatric care to burn victims of the Station nightclub fire, which killed 99 and injured dozens

more on Feb. 20. Hannah Klein, a senior at Brown University and a recipient of the NIH Undergraduate Scholarship Program (UGSP), assisted Zametkin. Zametkin mentored Klein during her UGSP internship at NIH last summer. During her internship, Klein studied brain imaging of children treated with Prozac and helped develop a new protocol to study the neurobiology and psychology of childhood obesity. Klein took time out of her undergraduate studies to learn about disaster deployment and the psychiatric care of burn victims.

Students 'Shadow' CIT Staff

Woodrow Wilson High School students Elissa Yorgey, Uthman Adamoh-Faniyah and Cedric Brady took time out of their busy academic lives on Feb. 4 to participate in Groundhog Job Shadow Day 2003. Yorgey worked with Danielle Kaczensky, director of the Center for Information Technology's Administrative Management Office; Brady and Adamoh-Faniyah teamed up with Kay Coupe and staff from CIT's Division of Customer Support.

First instituted in 1998, the popular program usually takes place on Groundhog Day, and encourages qualified students to spend the day "shadowing" selected CIT administrative and technical staff to experience a real workday.

Several institutes and centers, including the National Institute of Dental and Craniofacial Research and the National Library of Medicine, also participate in the program, helping high school students gain a new perspective on how their course work relates to possible careers in business administration, information technology and the sciences. ■

Healthy Adults Needed

Healthy adults ages 18-30 who have never been immunized against smallpox are sought to participate in a phase I/II trial at the Vaccine Research Center. The trial will evaluate an experimental smallpox vaccine for safety, dosing schedule and immune responses. All participants will also receive the standard smallpox vaccine. To volunteer or for more information, call toll free 1-866-833-LIFE or TTY: 1-866-411-1010.

RED DRESS, CONTINUED FROM PAGE 1

(the producers of Mercedes-Benz Fashion Week) resulted in creation of the Red Dress Collection made possible by 19 of America's most prestigious fashion designers, each of whom contributed a red dress from a current or vintage collection. Among the participating designers are Donna Karan, Bill Blass, Ralph Lauren, Tommy Hilfiger, Vera Wang, Diane von Furstenberg, Calvin Klein, Nicole Miller and Carolina Herrera.

"Only about one-third of American women know that heart disease is the leading cause of death among women," said NHLBI director Dr. Claude Lenfant. "It is vitally important for women to take heart disease seriously, know their risk and act to protect their heart health. This important partner-



HHS Secretary Tommy Thompson announces launch of the Red Dress Project, a national partnership with Mercedes-Benz Fashion USA and top fashion designers to introduce the Red Dress as the new symbol for women and heart disease.

ship with Mercedes-Benz USA and Mercedes Benz Fashion Week allows us to reach millions of women with information that can help them live longer, healthier lives."

The Red Dress Collection debuted during the February 2003 Mercedes-Benz Fashion Week, at an event held at Bryant Park in New York City. Centered around a fountain in the main lobby of the Fashion Week tent were 14 red dresses from the collection. The other dresses were displayed along with a blow-up of supermodel Angela Lindvall photographed in the Donna Karan red dress and a magma red C320 Sports Coupe designed by Mercedes-Benz for the event.

Speakers at the event included Dr. Cristina Beato, principal deputy assistant secretary for health, HHS, who reinforced the message that "heart disease doesn't care what you wear—it is a women's issue." Other speakers included NHLBI deputy director Dr. Barbara Alving, Fern Malice, executive director of 7th on Sixth, and Lindvall, model and celebrity spokesperson for the project.

Also unveiled at the event was the Red Dress Pin created by internationally renowned designer Angela Cummings. Made of two-toned silver plate with an overlay of sparkling red enamel, the pin features a delicate heart accent to remind women of the heart

health message. A one-of-a-kind signature Red Dress Pin, made of 18-karat yellow gold and enamel with a diamond pavé heart accent was also on display at Mercedes-Benz Fashion Week.

On Valentine's Day, First Lady Laura Bush wore the Red Dress Pin while appearing on *Good Morning America*, the *Today Show* and the *Early Show* to announce the red dress as the national symbol of women and heart disease awareness. She said that women don't realize that heart disease is something they need to be worried about. She encouraged women to see their doctor, watch their weight, eat healthy foods and get some exercise.

After Fashion Week, the Red Dress Collection appeared on display in the Great Hall at HHS for a week. At a press event on Feb. 21, Secretary Thompson proclaimed the third Friday in February as Women's Heart Day and showcased the Red Dress Collection. "The good news is that heart disease is preventable," he said. "Women should talk to a health professional, find out about risk factors and take action to control them."

Plans are being developed to create a Red Dress Road Show—a year long, multi-city tour featuring the dress collection and women's heart health screenings and education events. The Heart Truth campaign also includes television, radio and print public service announcements, which use hard-hitting visuals and testimonials to deliver a wake-up call and help women focus on both their "outer" and "inner" selves.

Education materials are also available, including a campaign brochure; the *Healthy Heart Handbook for Women*, a comprehensive guide for women on



Collection includes work of 19 designers including Donna Karan, Bill Blass, Ralph Lauren, Tommy Hilfiger and Diane von Furstenberg.

detecting and controlling heart disease risk factors; three fact sheets, which summarize the essential information women need to know about heart health; and a speaker's kit to equip women to spread the word about heart disease at the local level. The Red Dress Pin will be available beginning in May. The Heart Truth materials are available at www.nhlbi.nih.gov/health/hearttruth. ■

NCI One of '10 Best Places' for Postdocs

The National Cancer Institute ranked among the top 10 institutions for postdoctoral fellows to work in a recent survey by *The Scientist*, a news magazine for life science researchers. The results of the magazine's "Best Places to Work for Postdocs" survey were published in its Feb. 10 issue.

Respondents "graded" their postdoc experiences by ranking institutions' mentors, lab environments, salaries and benefits. The article pointed out that, though not a scientific study, the survey's results, and the views expressed in it, provide a compelling portrait of postdocs' goals and expectations.

"Because postdoctoral fellows thrive on one-on-one relationships with principal investigators and learn much from their peers, the top institutions all share a culture of collaboration and a commitment to teaching," said Alexander Grimwade, publisher of *The Scientist*. "This study provides a detailed window into the lives of postdoc scientists and brought out a lot of useful information about what they consider to be positive about their research experience."

NCI, which ranked seventh, was the only federal agency among the 10 institutions selected, which included, in descending order: Rutgers University, University of Miami, Princeton University, Dalhousie University, University of Nebraska, Medical College of Wisconsin, University of California-Davis, University of Iowa and University of Kentucky.

The two divisions of NCI that have the largest number of scientists conducting intramural research are the Center for Cancer Research (CCR), with 686 postdocs and 120 clinical fellows, and the Division of Cancer Epidemiology and Genetics (DCEG), with approximately 50 postdocs. According to Dr. Demetrius Albanes, chief of DCEG's Office of Education, "DCEG is a great place for postdoctoral training because of its long tradition of high-quality mentoring, a critical mass of outstanding cancer epidemiologists and extensive study resources and interdisciplinary collaborations."

CCR's associate director for training and education, Dr. Jonathan S. Wiest, places a particular emphasis on training and mentoring the next generation of investigators in basic, interdisciplinary and translational cancer research. "CCR is committed to supporting and training young scientists and clinicians as they launch their careers in basic and clinical research. The research resources available to our investigators and trainees are unmatched in this country and provide a rich environment to conduct basic and clinical research."

The Scientist focuses on the career concerns of professional researchers and has a circulation of 75,000 readers in the U.S. and Europe. More than 30,000 readers were invited to participate in the survey, with 2,800 usable responses.—Dorie Hightower ■

Symposium on Fifties Intramural Work

A symposium titled, "NIMH and NINDB Intramural Research in the 1950s," will be held on Friday, Apr. 11 from 8:30 a.m. to 5:30 p.m. in Bldg. 50's first-floor conference room, sponsored by the NIH History Office, NIMH, NINDS and the biomedical research history interest group. The symposium will highlight the historic work of the NIMH and NINDB (today NINDS) intramural programs during their first decade of research at NIH.

The symposium will consist of four panels (representing the basic and clinical investigations programs of each institute), each including three speakers, followed by 45-minute open discussions—moderated by historian Dr. Gerald Grob—with former and current NIMH and NINDB scientists. Speakers will provide personal recollections about broad scientific ideas and debates of the time, organizational structures at NIH that supported or hindered research, and what caused lines of research to shift from one direction to another.

The symposium will be webcast (<http://videocast.nih.gov>) and recorded, and a proceedings volume will be produced. Contact Dr. Ingrid Farreras at 496-3118 or farrerai@od.nih.gov to register. Registration is free of charge but required due to space limitations. For special accommodation, contact Marilyn Berman at 496-6610 or at bermanm@od.nih.gov (fax: 402-1434). ■

CIT Computer Classes

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

AFNI Hands-On: Region of Interest Drawing and Usage	4/4
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Data Warehouse Orientation	4/7
C Language	4/7-17
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Dr. Karin Helmers has moved to the Center for Scientific Review to become the new scientific review administrator of the nursing research 2 study section. She previously directed the Neuroscience and Sensory Conditions Program at the National Institute of Nursing Research. After receiving her nursing degree from George Mason University, Helmers worked at Suburban Hospital, Chicago Lakeshore Hospital, and Children's Hospital National Medical Center. She later received a Ph.D. in medical psychology from the Uniformed Services University of the Health Sciences, where she studied the psychosocial correlates to cardiovascular responses. She continued her research in postdoctoral studies at McGill University in Montreal, Canada.

A-76, CONTINUED FROM PAGE 1

commercial activities review team (CART), the entity charged with implementing the A-76 process at NIH that began 2 years ago. By FY 2004, NIH must review 25 percent of the 9,300+ jobs that are not "inherently governmental" and therefore could potentially be done by outside contractors. The Natcher crowd was intent on knowing whose job is up for review, why them, who's next, and is there any recourse?

Functions, not actual people or their individual performance, are the subject of A-76 review, assured Fitzpatrick. Functions are picked based on where NIH feels it can best improve its mission, said Tim Wheelles, director of the Division of Management Support. "Our steering committee looked at all functions and ranked those with the greatest oppor-

tunities for improvement," he said. "A lot of scores were very close, but it's the best tool we had. NIH is determined to get the most out of this process, resulting in a better NIH."

In FY 2003, a full generic competition is ongoing in grants (including program management, review and administrative support), real property (facilities) management, and "other opportunities," a catch-all category that enables the review teams to be flexible about their targets. In FY

2004, the targets are fire prevention, the balance of what didn't get done in FY 2003, and, again, "other opportunities." The undefined nature of the latter category was the cause of some concern among potentially affected employees. Said Ed Burns, an ORS electrician who is also secretary of the local union (American Federation of Government Employees), "Employees wonder, 'When's that other foot going to drop on me?'"

Offering assurance that the A-76 process is proceeding as beneficently as possible at NIH was John Czajkowski, acting director of the Office of Strategic Management Planning, who described the services being considered for the new NIH Transition Center.

He said the proposal to establish a center for those affected by A-76 or other consolidation or reorganization processes going on around NIH is still being reviewed by NIH management officials. "These are difficult processes for everybody, and we know that—it's a lot of upheaval for everyone," Czajkowski admitted. "But you have to remember that the number of employees affected is a very small percentage of the workforce."

"HHS expects us to take care of our own employees," he continued. His goal is to match skills with agency needs or help employees develop new skills,

as well as keep stress levels down. "There are a lot of tough decisions for employees and NIH to make. But I can assure you there are no plans to run a RIF (reduction in force, or layoff)—that's off the table. And the Secretary of HHS has said, 'Everyone will have a job.'"

He made additional points: "If you want to stay with federal



Tom Fitzpatrick, CART head, gives A-76 overview.

service, you can. No one is going to be forced out of federal service. You will maintain your grade and pay if you stay with the government." Workers may be placed in other assignments through "directed reassignments" or "priority placements," which means a worker whose job has been abolished gains a preferred status when applying for another federal opening at NIH.

Czajkowski said that a worker whose job is abolished might be able to find new work right away, via reassignment, to his or her institute or center. If that doesn't happen, the worker is referred

to the Transition Center, where he or she can get career and placement counseling, and can adopt a training plan designed to land the worker in a new job.

The Transition Center will feature two levels of service,



John Czajkowski (l), acting director of the Office of Strategic Management Planning, answers questions with Fitzpatrick.

Czajkowski said: a basic level, offering resumé-writing seminars and other simple job-finding techniques, and more intensive services, such as retraining for new careers, tailored to an individual's skills and interests, when the option of placement is not imminent.

Employees referred to the center are still attached to their old positions, but are on what is known as "unclassified duties" detail; this status comes in renewable 120-day increments, and can last over a year, Czajkowski said. During this period, the employee keeps grade and pay level, and can take advantage of the center's services. Supervisors of detailees in this status are responsible only for tracking the worker's time and attendance.



Tim Wheelles, director of the Division of Management Support, answers a question at the meeting for employees on Mar. 5.

PHOTOS: BILL BRANSON

Czajkowski said two separation incentives are under consideration: early-outs, via VERA (voluntary early retirement authority) will be available for commercial or administrative positions; and buyouts for up to \$25,000 have been requested of the Office of Personnel Management. Because A-76 rules are currently being revised by the Office of Management and Budget (a draft revised circular was published last November and changes to the program are due in early April), Czajkowski counseled employees to “keep an ear out so you’re aware of changes to the program.”

Potential adverse impacts of A-76 on certain communities are under study by the Office of Equal Opportunity, Czajkowski said, but added, “NIH ran the transition plan by everyone who had a stake in the process, including NIH’s EEO office, the Diversity Council, and the Office of Human Resources.”

Czajkowski said that affected employees would be in a transition status until a placement opportunity was found. Although that could last indefinitely, depending on the individual case, employees can be



Czajkowski (l) makes a point while Ed Burns (above), an AFGE union officer, asks a question.

placed at any time and should not expect to be in transition for more than one year. He also assured that reassigned workers would remain in their current commuting area, as defined by the government.

“There are no guarantees that you won’t get studied again in your new position,” he cautioned. “A-76 is not a hold-your-breath kind of thing.” He advised employees to “stay positive, and avoid rumors and speculation. You might never need the Transition Center.” He said employees with further concerns should see their supervisor or executive officer. He encouraged NIH’ers that “the incumbent is always in a position of advantage, like in an election. Most people are pretty competitive in their positions. But we tend to act sometimes as if there’s been a death in the family...It’s in everyone’s interest to cooperate with the process. This is still a great place to work, and it always will be in my mind.”

During Q’s and A’s, Czajkowski emphasized that the goal of A-76 review is not to contract jobs out, but to conduct the required study. “It’s not about

anybody’s individual performance; it’s not a referendum on how well you do your job. But you might be asked to help out the agency’s mission in another place.”

Fitzpatrick noted that if employees choose to go to a private sector job with a contractor, whatever rules apply to that environment would be the rules that apply to those former employees.

“The right of first refusal doesn’t guarantee employees a job with a contractor, that they will keep the job if they get it, or that they will get a certain salary,” he explained. Wheelles assured a questioner that the health scientist administrator position is not scheduled to be competed.

Someone asked, “If no one is going to lose their job through this process, how can A-76 be cost-effective?” Answered Czajkowski, “It’s conceded that this process is more expensive in the short run, and cheaper in the long run—that’s the theory. The idea is that the initial cost will be worth it over time.” Fitzpatrick mentioned that it is the Bush administration’s goal to institutionalize A-76 review, which is one of five items on the President’s management agenda.

To keep up with new developments in the A-76 field, visit <http://a-76.nih.gov>. ■



Employee Bill Gandler asks panel a question.

FEW Brown Bag Meeting, Apr. 8

Federally Employed Women, Bethesda chapter, hosts resource specialist Susan Reider of the Division of Employee Relations and Training in NIH’s Office of Human Resources at its brown bag meeting on Tuesday, Apr. 8 from noon to 1 p.m. in Bldg. 31, Rm. 6C6.

Reider will discuss job-sharing and the benefits and challenges of the arrangement from employee and manager perspectives. Reider has successfully “job shared” at NIH and the Department of the Navy and will address these issues: finding a job-sharing partner, managing work effectively, the impact of job-sharing on employee benefits, and other topics. She has addressed work life issues within IBM and developed a telecommuting program for the Department of the Navy, where she also serves as a lecturer.

All are welcome to attend. Sign language interpretation will be provided. For other reasonable accommodation, contact Allyson Browne at abrowne@mail.nih.gov or 451-0002. ■

Is Lupus Disrupting Your Life?

Take part in a medical research study at the National Institutes of Health. For more information, call 1-800-411-1222 (TTY 1-866-411-1010).



Dr. Judith E. Fradkin, director of NIDDK's Division of Diabetes, Endocrinology, and Metabolic Diseases, has received the American Medical Association's Dr. Nathan Davis Award for outstanding public service in the advancement of public health. She was honored for her leadership in administering diabetes, endocrinology and metabolic disease research and in guiding the National Diabetes Education Program, a joint project of NIDDK and the CDC. In her 22-year career at NIDDK, Fradkin has created or directed an array of clinical and basic research programs including multi-centered clinical trials, diabetes and cystic fibrosis research centers, consortia to define the genetic and environmental triggers of diabetes, and a research program that defined the metabolic consequences of HIV and its therapy.

National Alcohol Screening Day Features Free, Anonymous Screening

"My father likes a beer or two in the evening, but was just diagnosed with high blood pressure—will drinking make his hypertension worse?" "I am taking over-the-counter medication for my back pain—does this mean I shouldn't drink?" "Some of my relatives have struggled with alcoholism in the past—are my children at risk of developing alcoholism because of our family history?"

Figuring out the risks associated with alcohol is not always easy, but National Alcohol Screening Day (NASD) on Thursday, Apr. 10 can help. The upcoming event offers free, anonymous screenings at more than 4,000 sites nationwide. NASD is a program of the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration, Screening for Mental Health and their partners.

At screening sites, participants are invited to complete a questionnaire about their alcohol use, and they can talk one-on-one with a health professional. Referrals to treatment facilities can be made when appropriate. Those concerned about the alcohol use of someone close to them can also ask questions about intervention, treatment and support options. Educational materials will be available on a variety of alcohol-related topics, including new NIAAA brochures with advice for people concerned about a family history of alcoholism and alcohol's harmful interactions with medications. A new educational video has also been developed for people attending NASD, and health practitioners at the NASD sites will be able to refer to a new NIAAA publication, *Helping Patients with Alcohol Problems—A Health Practitioner's Guide*.

Screening sites are located at colleges, hospitals, senior centers, malls and other community locations. This year features nearly twice the number of outreach locations as before, including many programs that offer assistance in Spanish. The NIH campus will have several screening sites and times:

Bldg. 10—First Floor Atrium, C Wing lobby, beside the Cyber Café, 6:30 a.m.-1 p.m. and 4-6 p.m. (Spanish, French and Creole translation is available from noon-1 p.m. and 4-5 p.m.)

Bldg. 31A—Main Lobby (A Wing), 11 a.m.-2 p.m.

Bldg. 45—Main Lobby, 11 a.m.-2 p.m.

Sign language interpreters will be present at all campus sites, which are open to NIH employees, contractors, visitors, patients and the public.

To locate a free screening site anywhere in the country, call the national NASD locator line at 1-800-405-9200. For information about NIH campus sites, contact Linda Doty at 496-1992 (or via the OP1 Clinic, Bldg. 10, Rm. 1C-254 at 435-4007); or call the Federal Relay at 1-800-877-8339.

"This year's theme is 'Alcohol and your health—Where do you draw the line?'" said NIAAA director Dr. T.K. Li. "NASD helps draw attention to the

consequences of at-risk drinking and how alcohol can affect one's general health, especially in regard to specific medical conditions such as diabetes, heart disease and certain types of cancer."

This marks the fifth year of the NASD program, held annually in April as part of National Alcohol Awareness Month. In 2002, nearly 90,000 people participated in NASD events. For more details or to search online for sponsors and sites visit www.NationalAlcoholScreeningDay.org.—Greg Roa ■

Dr. Sergei Ruvinov has become the new scientific review administrator for the SSS-L study section at the Center for Scientific Review after participating in CSR's Review Internship Program. His study section reviews small business grant applications related to drug development and delivery. Ruvinov received his Ph.D. in chemical enzymology from the Moscow Lomonosov University in Russia. He came to NIH under a Fogarty International Center fellowship and conducted enzyme structure and function studies in NIDDK's Laboratory of Biochemistry and Pharmacology. He then studied protein folding, stability and design at the University of Maryland Biotechnology Institute. Ruvinov returned to NIH and continued his research in the protein chemistry section of NHLBI's Laboratory of Biochemistry. Before coming to CSR, he studied protein-protein interactions and signal transduction in NCI's Laboratory of Biochemistry.



New Name, Same Great Event

Volunteer for 'Take Your Daughters And Sons to Work Day,' Apr. 24

We've changed the name. This year NIH celebrates its 10th annual Take Your Daughters and Sons to Work Day on Thursday, Apr. 24, starting at 8:30 a.m. From 9 a.m. to 4 p.m., institutes and centers will host educational and fun activities designed to let children (ages 8-15) experience the world of medical research. Volunteers to sponsor activities are still needed. If you work in a laboratory or administrative office and would like to be a presenter, or want more information, contact Sandra King, 435-2524 voice, 435-2899 TTY, Sandra.king@nih.gov; or Gary Morin, 496-4628 voice, 496-9755 TTY, moring@od.nih.gov.

Information on activities and registration requirements can be found on the web site <http://www.cc.nih.gov/ccc/nihkids/>. Registration is expected to open during the third week of April. Watch for the email announcing a day of fun, learning and career ideas.

CSR's Liacouras Retires After 35 Years

By Don Luckett

"I enjoyed it!" Dr. Alec Liacouras said many times, reflecting on his 35 years at NIH. He recently retired from the Center for Scientific Review, where he was the scientific review administrator for its medical biochemistry study section. The spark for his enthusiasm came from his high school biology teacher, Miss Heaps. "She was an excellent, no-nonsense teacher," he recalls, laughing about how he "studied chapters ahead" and was sometimes so far ahead he couldn't focus on classroom discussions and thus appeared slow.



Dr. Alec Liacouras

The satisfaction he found in biology was particularly meaningful, given the hardships he faced. "My parents were immigrants from Greece," he explained. The difficulties often faced by newcomers were compounded by a family tragedy. Liacouras was only 14 when his father died of cancer.

His family was supportive, but did not have the funds to send Liacouras to college. Instead he became a draftsman/clerk for the Dupont Co. Engineers he met there encouraged him to go to night school, and in 1958 he enrolled in the University of Delaware. "It was tough," he explained. "You go to work. You come home. You eat. You go to class or you study...until 1 or 2 o'clock in the morning." He earned his B.S. degree in chemistry in 1962. Liacouras then went to Pennsylvania State University, where he earned a master's degree in biochemistry in 1965.

A national tragedy then weighed on him—the Vietnam War. Liacouras was obliged to enter the Army and train as an air defense artillery officer. Things looked particularly bleak until he was sent to the Army Biological Laboratories at Ft. Detrick. "I didn't expect it," he said. "But I certainly appreciated it." He worked as a research biochemist for a while until the Army surprised him again, giving him the job as post adjutant with administrative responsibilities for the installation. "I enjoyed it," he exclaimed. The deputy commander noticed, and when Liacouras' tour of duty ended in 1968 he was told, "You belong in science and you should go into administration. You're good at it." The words stuck with him, but he wasn't sure what to do next.

"Being out of science for 3 years made it rough," said Liacouras. "I had to restructure my life and jump back so I could go forward again." He became a research biochemist at International Flavors and Fragrances in Matawan, N.J., and

quickly realized he wanted to get back into health research. He feared it would take a long time, but a year later he was offered a position in the nucleic acids section in the NCI Laboratory of Chemistry. He was mentored there by Dr. Elizabeth Anderson, who led him to purify and characterize the uridine-cytidine kinase enzyme. At the same time, she encouraged him to enroll as a full-time student at George Washington University. Liacouras earned a Ph.D. in biochemistry in 1975. He also met and married Eleni Kallas, an opera singer; together they reared two children: Andrea, who earned an advance degree in deaf education, and Peter, who is pursuing a Ph.D. in biomedical engineering.

Liacouras' interest in administration grew, and in 1981 he was led to the Division of Research Grants (now CSR). He started out coordinating the review of fellowship applications in clinical sciences. In 1983, he began a new study section devoted to the biochemistry of genetic diseases: the biochemistry 2 study section, which became the medical biochemistry study section. He found it exciting to work "with the greatest minds in the country" and help the field evolve. Dr. Zakir Bengali, chief of CSR's biological sciences integrated review group, credits Liacouras for nurturing new gene therapy applications. "When these applications first came in, they didn't have a home," he said. "Alec worked with the scientific community to make a place for them in his study section so they'd be reviewed competently and fairly."

Looking ahead, Liacouras hopes to spend more time painting, gardening and collecting stamps from Greece. But he also wants to do something new: teach cell biology and biochemistry at a community college. "If more people can be stimulated to pursue this area," he concludes, "we will have a better idea...of what can be done to treat and prevent disease." ■

Employee Needs Organ Donation

An employee with type A blood is in need of a kidney transplant. If there is anyone interested in being tested as a possible donor match that has either type A or O blood, call Wanda at 1-301-524-7432. Federal government donors can use up to 30 days of donor leave, which is not associated with your sick or vacation leave. ■

Trauma Survivors Needed

NIMH is seeking volunteers over 18 years old who suffer from post traumatic stress disorder (PTSD) to participate in research studies that include mental health assessment, brain imaging (compensation provided) and/or a medication trial. Call 1-866-627-6464 (TTY 1-866-411-1010). ■



Dr. Karen Sirocco is the new chief of the biobehavioral and biobehavioral processes integrated review group at the Center for Scientific Review. She also will coordinate reviews for the BBBP-6 study section, which assesses applications related to developmental, psychopathological and substance-use disorders in children and the effects of developmental disorders in adults. Sirocco previously coordinated reviews of small business grants for CSR's risk, prevention and health behavior IRG. After receiving an M.A. in experimental psychology from George Mason University in 1989, she joined NIAAA's Laboratory of Clinical Studies to help advance basic and clinical biobehavioral research on the causes, treatment and prevention of alcoholism.

NIH E-Cycles for Earth Day 2003

To celebrate Earth Day (Tuesday, Apr. 22) this year, NIH will be hosting a first-ever community electronics recycling (e-cycling) event from 9 a.m. to 4 p.m. on Saturday, Apr. 12 in the Bldg. 31F parking lot, rain or shine. Sponsored by the EPA and the Maryland department of the environment, the event is part of a regional pilot project to improve collection and recycling of electronic equipment.

Virtually all types of privately owned electronics will be accepted and in any condition, ranging from new to junk. Examples include cell phones, computers, laptops, monitors, printers, scanners, keyboards, modems, mice (inanimate varieties only), TVs, typewriters, fax and answering machines, phones, VCRs, radios and tape players. This event is for federal employees and the public; equipment owned by the government, businesses or organizations will not be accepted.

E-cycling programs such as this are being developed as collaborative efforts by government agencies, retailers and the electronics industry to address the growing global problem of electronics disposal. The "detritus of technology" is one of the fastest growing portions of America's trash. Vast quantities of computers and accessories, televisions and other electronic equipment are being discarded; the rate of generation of these wastes is accelerating as technology improves and equipment becomes obsolete more rapidly. For example, approximately 250 million

computers are destined to become obsolete by 2005. Many types of electronics contain toxic materials such as arsenic, cadmium, lead and mercury. In the U.S., it is estimated that approximately 70 percent of the toxic metals in landfills comes from discarded electronics. Pollution and the potential for adverse health affects from improper disposal of electronics are becoming serious concerns.

All of the items collected at NIH's e-cycling event will be refurbished or recycled. E-cycling keeps electronics out of landfills and municipal waste incinerators and assures that they will be reused or recycled in a manner that protects the environment. Almost all of the materials in electronics—ranging from plastics and glass to precious metals—can be extracted and reused. E-cycling also helps reduce the pollution and energy use tied to the production of new electronics. Finally, it can put a computer, TV or cell phone in the hands of someone who really needs one.

There will be no charge for this service. Owners should ensure that all sensitive data, files, etc., on computer equipment are removed before delivery to the collection center.

More information on NIH's e-cycling event and a map showing the location of the collection site are available on the Office of Research Service's Division of Safety web page: <http://www.nih.gov/od/ors/ds/ecycle/> or by calling the Environmental Protection Branch at 496-7775. ■

Children's Inn Needs Overnight Managers

The Children's Inn has two openings for paid weekend/holiday resident managers. The manager serves as a live-in backup to the volunteer weekend resident managers responsible for the operation of the inn during their one night or weekend/holiday stay. If there is no volunteer team available to cover the weekend or holiday, the paid weekend/holiday manager assumes all operational duties of the inn. The weekend managers must commit to about 1 weekend a month. This is an opportunity to find out just how special the children and their families are. If interested in submitting your resumé or for more information, call Laura King, director of volunteers, 496-5672. ■

Healthy Women Needed

NICHD is seeking healthy women of normal weight age 60 and older to participate in an ovarian function study involving three brief outpatient visits. Blood draws, ultrasound and an injection of a natural body hormone are involved. You may be eligible if you do not smoke or take any drugs including birth control. A past pregnancy is necessary. Call 1-800-892-3276 (TTY 1-866-411-1010). ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—normally held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—will not be held on Apr. 2, but resumes at the regular time and place on Apr. 9 when Dr. George M. Whitesides speaks on the topic, "Polyvalency: From Influenza to Anthrax." He is Mallinckrodt professor of chemistry and chemical biology, Harvard University.

On Apr. 16, Dr. Jeremiah Stamler, professor emeritus, department of preventive medicine, Feinberg School of Medicine, Northwestern University, will give the annual Robert S. Gordon Jr. Lecture on the topic, "Nutrition, Blood Pressure, Cholesterol—And Low Risk."

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



NIAMS director Dr. Stephen I. Katz (l) recently received an honorary Doctor of Medicine degree from Dean Klaus Peters of the Ludwig-Maximilian University in Munich, Germany. Many of the scientists Katz has mentored were present for the event, and for his talk, "On Becoming a Physician-Scientist."

Pulmonary Sarcoidosis?

Call NIH at 1-800-411-1222 (TTY: 1-866-411-1010) or email prpl@cc.nih.gov for a study comparing the drug pentoxifylline and a placebo (sugar pill). Must be on standard steroid treatment. ■