

THE NIH RECORD

Still The Second Best Thing About Payday

50 Years After *Brown v. Board*

Black History Program Examines Historic Decision on Education

By Carla Garnett

A pipeline that actually functions more like a funnel. That's how one panelist at NIH's 2004 Black History Observance described the slow pace at which the U.S. education

system is filling the pool with African American scientific researchers, academicians and physicians.



Dr. Ronald Walters

Case Western Reserve University associate dean

of student affairs Dr. Robert Haynie asserted that instead of desegregation leading to a healthy, steady flow of black

SEE BLACK HISTORY, PAGE 12

Alcohol Screening Day Offers Free, Anonymous Assessment

By John Bowersox

Earlier this month, researchers at Harvard University reported that illness and injuries caused by alcohol abuse result in 7.6 million emergency room visits each year (*Arch Intern Med*, Mar. 8, 2004). And just 3 weeks ago, scientists at the Centers for Disease Control and Prevention reported that alcohol consumption caused 85,000 deaths in the U.S. in 2000—3.5 percent of all deaths that year (*JAMA*, Mar. 9, 2004).

At a time when studies of the potential health benefits of alcohol consumption are appearing with increasing frequency, such reports are timely reminders of some of the adverse consequences of alcohol abuse.

Timely, because Apr. 8 marks the sixth

SEE ALCOHOL SCREENING, PAGE 2

HIGHLIGHTS

1 NIH'er Gives Gift Of Life

Blue Ribbon Panel On Conflict Meets

3 Event for Children Needs Volunteers

8 4-Page Photo Tour Of Construction Projects



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

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'The Right Thing to Do'

Employee Donates Kidney to Fellow NIH'er, Both Doing Well

By Bonnie Flock Kinney

The ad ran in the *NIH Record* for months: *Employee Needs Organ Donation—An NIDDK 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...*

Wanda White, who works at the National Institute of Diabetes and Digestive and Kidney Diseases, began experiencing trouble with her kidneys about 3 years ago when complications of rheumatoid arthritis led to increased blood pressure and caused her to stop medication. As a result, she developed secondary amyloidosis, which attacked her kidneys.



NIDDK's Wanda White (l) got a kidney from NCI's Tammie Bell.

SEE KIDNEY DONATION, PAGE 4

Conflict Panel Promised Full Access, Urged Not To Stint on Advice

By Rich McManus

The first official meeting of the NIH blue ribbon panel on conflict of interest policies on Mar. 1-2 was remarkably unconflicted as the 10 members probed federal rules governing employees' outside activities with a combination of incisiveness and wit. Their mission is to provide NIH director Dr. Elias Zerhouni with a set of recommendations on how NIH might alter its current policies governing conflict. Zerhouni admonished the group to "leave no stone unturned" and to complete its work not in the original deadline of 90 days, but in 60 days—in time for the May 6 meeting of the advisory committee to the NIH director (ACD), of which the panel is a working group.

"Dr. Zerhouni has offered us total access to information," said panel cochair Norman Augustine, a genial corporate titan who chairs the executive committee at Lockheed Martin Corp. "He has offered us total freedom, with no boundary conditions imposed." He then thanked NIH staff for providing each panelist a set of initial documents measuring 18 inches thick. "You can't

SEE CONFLICT PANEL, PAGE 6



Dr. Gary L. Kreps has been selected to receive the 2004 Robert Lewis Donohew Outstanding Health Communication Scholar Award at the 2004 Kentucky Conference on Health Communication at the University of Kentucky in Lexington on Apr. 16. The award recognizes outstanding research contributions to the health communication field made during the biennium preceding the 2004 Kentucky conference. Kreps has been chief of the Health Communication and Informatics Research Branch at the National Cancer Institute since 1999. Prior to coming to NCI, he was founding dean of the School of Communication at Hofstra University in New York.

ALCOHOL SCREENING, CONTINUED FROM PAGE 1

annual observance of National Alcohol Screening Day (NASD), a program designed to raise public awareness about alcohol's effects on general health, educate people about risky drinking and identify those who may be at particular risk for problems with alcohol.

"Alcohol abuse creates a wide range of problems for individuals, their families and communities, and for society as a whole," said Dr. Ting-Kai Li, director of the National Institute on Alcohol Abuse and Alcoholism. "Heavy drinking increases an individual's risk for alcohol abuse and dependence. Frequent heavy drinking increases this risk considerably. NASD is an opportunity for all American adults to discuss with a health professional how they use alcohol and whether their drinking habits are putting themselves and others at risk."

NASD is conducted by NIAAA, the Substance Abuse and Mental Health Services Administration and Screening for Mental Health, Inc. This year, nearly 40 other organizations will serve as NASD sponsors, including the National Highway Traffic Safety Administration, the American Medical Association and the National Collegiate Athletic Association.

The upcoming event will offer free, anonymous screenings at nearly 5,000 sites nationwide. NASD events will take place at colleges, hospitals, businesses, military bases and government agencies, where participants fill out a written screening questionnaire and have the opportunity to meet with a health professional. Those who are 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. An educational video has been developed for people attending NASD, and health practitioners at the NASD sites will be able to refer to an NIAAA publication, *Helping Patients with Alcohol Problems—A Health Practitioner's Guide*.

Last year, 62,015 people were screened at 3,727 sites. Between 20 to 25 percent of those screened scored above 8 on the Alcohol Use Disorders Identification Test—an indication that they needed either advice to cut back or referral for further assessment and/or treatment.

Two NASD sites will be available on the NIH campus:

- Bldg. 10—First Floor Atrium, C Wing lobby, between the Red Cross desk and the Cyber Café, 6:30 a.m. - 1 p.m. and 4 - 6 p.m. (A language translator fluent in Spanish, French and Creole will be available from noon to 1 p.m. and 4 - 5 p.m.)

- Bldg. 45—Main Lobby, 11 a.m. - 2 p.m.

For more information prior to Apr. 8, call Linda at (301) 496-1992, or email her at lindad@mail.niaaa.nih.gov. For more information and directions on Thursday, Apr. 8, call (301) 435-4007. Information about other NASD sites is available via its National Site Locator, 1-877-311-6273, and at www.nationalalcoholcreeningday.org. ■

Dr. Marianne Culkin Mann has been named chief of the NIAID Respiratory Diseases Branch in the Division of Microbiology and Infectious Diseases. She will oversee research in respiratory infectious



diseases including influenza, SARS, tuberculosis, respiratory syncytial virus, as well as a variety of bacterial and other respiratory pathogens. She and her colleagues monitor research necessary to push clinical science in respiratory conditions forward. Mann is also a volunteer staff pulmonologist

at the National Naval Medical Center. Before coming to NIAID last year, she worked in the Center for Drug Evaluation and Research at FDA as deputy director of the division of pulmonary and allergy drug products. Mann received her M.D. from the Medical College of Pennsylvania. She is a fellow of the American College of Chest Physicians and is board-certified in internal medicine and critical care medicine.

N I H R E C O R D

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

Condon Named NIDA Deputy Director

Dr. Timothy Condon has been named deputy director of the National Institute on Drug Abuse. In addition, he will continue to serve as director of the institute's Office of Science Policy and Communications (OSPC).

Condon has held a variety of science policy positions at NIDA since he arrived in 1992. He served as chief of the Science Policy Branch and as acting deputy director of OSPC until 1996, when he was named NIDA's first associate director for science policy, as well as director of OSPC.

One of the hallmarks of his efforts has been his commitment to change the public's perception of drug abuse and addiction using science as the



Dr. Timothy Condon

vehicle. Condon oversaw a series of town meetings conducted across the country to share new science findings with communities and to provide NIDA with the opportunity to learn what research needed to be supported to help local leaders and clinicians better deal with community drug problems.

This outreach campaign, which continues today, consists of a targeted message—drug abuse is a preventable behavior, and drug addiction is a treatable brain disease that needs to be addressed like any other health problem.

Prior to joining NIDA, Condon coordinated research and service programs at the former Alcohol, Drug Abuse, and Mental Health Administration for 4 years. In 1986-1989 he served as science policy analyst and project director at the Office of Technology Assessment, where he directed an assessment of emerging technologies in the neurosciences.

Condon received his B.S. in biology and psychology from Boston College and pursued his graduate education in neuroscience at the department of physiology, College of Medicine, Ohio State University. He undertook postdoctoral training in neuroendocrinology and neurophysiology at the Brain Research Institute, UCLA, and the Oregon Health Sciences University, Portland. He has authored numerous research papers in his specialty areas of neuroendocrinology and neurophysiology. He has also served on a variety of federal task forces/committees and is the recipient of a multitude of awards for his government service.

Condon takes over the position held by Richard A. Millstein, who is on detail serving as acting deputy director of the Fogarty International Center. ■

Be Part of 'Take Our Daughters and Sons to Work' Day, Thursday, Apr. 22

This year, NIH celebrates the 10th annual "Take Our Daughters and Sons to Work Day." The event begins at 8:30 a.m. on Thursday, Apr. 22. From 9 a.m. to 4 p.m., the institutes and centers will host educational and fun activities designed to let your child experience the world of biomedical research.

Volunteers are still needed to sponsor activities for the children. If you work in a laboratory or administrative office and would like to be a presenter, contact Sandra King at (301) 435-2524 voice, (301) 435-2899 TTY, or Sandra.king@nih.gov; or Gary Morin at (301) 496-4628 voice, (301) 496-9755 TTY, or moring@od.nih.gov. If you'd like to volunteer to help during the event or want more information, visit <http://www.cc.nih.gov/ccc/nihkids/>. The national web site also includes more information about the day—<http://www.daughtersandsonstowork.org/>.

The committee organizing "Take Our Daughters and Sons to Work" is asking the NIH community for activities and handouts (pens, cups, brochures, pencils, water bottles, etc.) for inclusion in registration ("goody") bags. The committee invites participation by institutes, centers, labs, departments, offices and support services; it needs help to make the event a success by designing interesting on-the-job activities.

Approximately 1,000 children are expected to participate in the day. Activities will be hosted at several locations throughout campus. You can help by identifying activities that will offer children a learning experience in the occupations at NIH. These activities should introduce children to the vital roles that their parents play in the NIH workforce and expose them to careers they might not have envisioned. For more information, contact King or Morin.

NIEHS Journal Moves to Open Access

NIEHS's scientific journal, *Environmental Health Perspectives*, has switched to open access, providing published material online free of charge. The change took place Jan. 1, the same time the journal launched its revised web site at <http://ehp.niehs.nih.gov/>. Visitors to the revised site will be able to access 30 years of EHP research (www.ehponline.org). EHP officials are finalizing arrangements to add another essential feature of the open-access model by depositing EHP research content into a public digital library archive where the material can be searched and retrieved using PubMed Central. The print version of the journal, meanwhile, continues to be delivered to subscribers and is available in nearly every country. ■



Dr. William Elwood is the new scientific review administrator of the community level health promotion study section at the Center for Scientific Review. He comes from Monroe County, Fla., where he was director of research and development for the Guidance Clinic of the Florida Keys. He procured funding from government and private sources and also developed program evaluation and service improvement plans for the county's mental health and substance abuse agency. Previously, he conducted community-based research on drug epidemiology, welfare reform issues and STD/HIV-intervention efficacy studies throughout the United States and Mexico. His publications have concentrated on the attitudes and beliefs of hard-to-reach populations and the result of those values on mental health, health-related behaviors and participation in civic life.

KIDNEY DONATION, CONTINUED FROM PAGE 1

Since the goal in treating secondary amyloidosis is to control the underlying disease, which in White's case was rheumatoid arthritis, she enrolled in a clinical study at NIAMS. Though her NIH treatment was critical in getting White in a more stable condition, she ultimately needed a kidney transplant. After ruling out potential family members and friends, she sought the kindness of strangers. Her life depended on it.

"People kept asking me, 'Do you really think that somebody who doesn't know you will give you a kidney?'" explained White. "But, my grandmother always told me that if you need something, ask, otherwise how will anyone ever know that you need help." So, she did.

Encouraged by a guest on the *Today Show*, who also needed a kidney and placed an advertisement in a newspaper, White approached *Record* staff and asked to place an announcement in the newsletter to help make her need known to the NIH community.

After receiving several responses to the ad and the successful completion of extensive compatibility testing, White thought she had found her match. A donor was identified and surgery was scheduled.

White was ready to have her life back. Since early last year, she had been undergoing peritoneal dialysis. Already enduring a long commute and a full-time job, the addition of daily dialysis to her schedule left time for little else. "There really wasn't time for much else," said White. "I would literally get home, shower, hook up to the dialysis machines, and then it would be time to get up and come to work again."

With only 2 weeks until surgery, White was full of optimism and ready for the future when everything changed. She received a devastating call—her donor had opted out of surgery. White had no such option. Crushed, she took immediate action.

Both White and her nurse, Nancy Englar, contacted Tammie Bell, one of the first to respond to White's announcement. Though White and Bell had talked a year earlier, White had already secured a donor at that time, or so she thought. White hoped that Bell would still be interested and able to serve as her donor.

"About a year after that initial conversation with Wanda, I got another call," said Bell, who works at the National Cancer Institute. "I remember that we really had a connection when we first talked."

Bell immediately contacted White's nurse to discuss the situation and soon began the donor-screening process and compatibility testing. During this time, White knew that Bell was taking these steps, but they did not have direct contact. Aware of what happened with the last potential donor, Bell did not want to get White's hopes up only to have her disappointed again. She committed to each step of the screening and testing process while she discussed the decision with her family and extensively researched kidney donation.

Since the first time White and Bell talked, both women had endured great personal struggle and sadness. While White was fighting to save her life, Bell lost a life that was precious to her. "My 21-year-old daughter passed away a little over a year ago," said Bell. "Jessie was a profoundly wise and kind young woman. She touched many lives in her too-few years here on Earth.

"I wasn't quite sure about everything when I first called [about the ad]," said Bell "but when Wanda called me again, I knew it was the right thing to do for her and that it also had a special purpose for me. I wanted to do something to honor Jessie's life and I felt the best way to honor her was by honoring our living."

Bell met all the donor requirements and discussed

A Few Words from Wanda White

I would like to thank the employees and senior level management of NIDDK for their support in my time of need. Everyone from my supervisor, the budget officer, director's office, executive officer and staff members have been incredibly supportive in this situation.

I would also like the NIH community to know that I am not the only one who needs a kidney here at the NIH. I know of others who work here or who have some connection to the NIH who are in need. I hope that other people will step up and help out like Tammie did.

Charlie Zellers, my budget officer, suggested that I contact the arthritis institute about my arthritis condition and that actually started the ball rolling.

I had planned to have my transplant at Georgetown University Medical Center. However, when I decided to put the ad in the *NIH Record*, I thought it might be to my advantage to have my surgery here at the NIH. I figured that if I did get a donor at NIH, it would be easier for everyone concerned if we could do everything here. Nancy [Englar], my nurse, arranged to have my information transferred from Georgetown to NIH. NIH is without a doubt the best place to have a transplant, because the transplant team takes its time and gets everything right before they send you home. Because NIH isn't concerned with making a profit, they can afford to keep you here until everything is the way it should be.

potential surgery dates with her supervisor, Jim Dickens, who she said "was supportive of me leaving frequently to go to the Clinical Center for various tests week after week.

"When I found out I was a match and had decided to donate my kidney, I approached him asking when the most convenient time would be for me to take off for the surgery and recovery," explained Bell. His response was, "Doesn't she need the kidney now?"

Bell then scheduled the surgery date with White's nurse and White was notified of the good news. They finally met face-to-face a week before the operation. "I felt like she was my best friend when I hugged her," said White of the emotional meeting. "Of all the lives she could have saved, it was incredible that she was donating to me."

After experiencing her previous disappointment, White was particularly nervous the day of surgery. "I was just worried that she wouldn't be there," said White. "But, when I arrived at the Clinical Center and walked through the doors, she was right there."

Bell also remembers that December morning. "When Wanda and her husband first arrived, he said to me, 'Thank you for giving me my wife back' and hugged me," she said.

Both White and Bell were bravely positive about the outcome of the surgery. "Neither of us entertained the idea that it wouldn't work," said Bell. "It didn't even enter our minds," they agreed.

The surgical procedure took place in adjacent operating suites at the Clinical Center, and lasted several hours. Prime members of the operating team were three physicians from NIDDK's Transplant Branch—Dr. Allan D. Kirk, branch chief; Dr. Douglas A. Hale, transplant surgeon; and Dr. Roslyn B. Mannon, medical director of transplantation. Also on the team was Dr. S. John Swanson, chief of the organ transplant service and chief of the Renal-Pancreas Transplantation Program at Walter Reed Army Medical Center's surgery department.

Despite difficult recoveries, the operations proved successful and White and Bell are now both back at work, where, after all this time, they work in the same building (Bldg. 31), just a few floors apart. "I feel great and I am very glad to be back at work," said White. "I was very lucky to have had Tammie step up for me like she did. I'm glad we're in the same building. I think about her every day."

"Tammie's goodness has given Wanda and I a new life with a bright future," said White's husband, James. "I care for Tammie as if she was my very own sister. She will forever be a part of our family."

Bell is happy with her decision and glad she was able to serve as White's donor. "I donated my kidney because it was the right thing to do and because I could," she said. "It's a small price to pay

to save a life. It's hard to do, but it's the right thing to do."

"Tammie is an amazing person," said her sister Shannon Bell, who also works at NCI. "She did a ton of research so she and us, her family, knew her donation was a safe decision, in addition to being the most beautiful gift one human being can give another—a new life!"

Both White and Bell commended the professional and supportive nature of the doctors, nurses and other Clinical Center staff members who helped them through this process. "I felt very supported here at NIH," said Bell. "Overall, it has been a really positive process and experience.

"We all should have such admiration for people who are struggling with cancer, heart disease and other illnesses," said Bell. "We take things for granted, simple things like just being able to get up in the morning. I just experienced a rough month [in recovery], but it's not short-term for many of these patients fighting life-threatening illnesses. Those are the people we should be inspired by." ■

NICHD director Dr. Duane Alexander was recently honored by the American Medical Association for his work in greatly expanding knowledge of childhood diseases and human development. He received the AMA's Dr. Nathan Davis Award for Outstanding Government Service.

Named for the AMA's founder, the award recognizes federal, state and municipal officials whose contributions promote the art and science of medicine and the betterment of the public health. In particular, the AMA commended Alexander for NICHD's leadership in research on sudden infant death syndrome (SIDS). For many years, placing infants to sleep on the back was thought to increase an infant's risk of serious lung infection, brought on by inhaling vomit. NICHD-sponsored research verified that placing infants to sleep on their backs not only reduces the risk of SIDS, but also does not carry with it any other risks to infant health.

Based on this evidence, in 1994, NICHD formed a coalition of national organizations to launch Back to Sleep, a national public awareness campaign. Since the campaign began, the overall rate of SIDS in the U.S. has declined by more than 50 percent.



Dr. Richard Bartlett, formerly of the NIAMS Review Branch, recently joined the Center for Scientific Review as scientific review administrator for the skeletal muscle and exercise physiology study section. He is also responsible for orthopedics-related small business innovative research grant applications. He had postdoctoral training in pediatric endocrinology at the University of North Carolina. After further training at Duke University, he joined the faculty of its medical school. From there, he moved to the University of Miami, where he focused on preclinical canine models for development of therapies for Duchenne muscular dystrophies (DMD) and diabetes. His most recent research detailed the successful use of in vivo gene repair technology in muscle of the canine DMD model.





Dr. Dan Gerendasy recently joined the Center for Scientific Review as a scientific review administrator for the international and cooperative projects study section 2. He received an M.S. in biochemistry from Northwestern University and a Ph.D. in molecular biology from the University of Arizona, where he studied bacteriophage replication. He then pursued postdoctoral training in molecular neurobiology at Scripps Research Institute in La Jolla, Calif., and was subsequently appointed to the faculty in its department of molecular biology. There, he used biophysical and genetic methods to study neuroplasticity in the mouse. His work was funded by NINDS and involved collaborations with groups in Spain and The Netherlands.

CONFLICT PANEL, CONTINUED FROM PAGE 1

quite imagine the excitement of reading through these government regulations," quipped Augustine.

Dr. Bruce Alberts, Augustine's cochair and head of the National Academy of Science, emphasized that the panel is looking not just into conflicts of financial interest, but also into time spent on outside activities, which he termed "conflict of commitment. Our panel is going to suggest what should be, then let Congress and others figure out how it should happen... We're conducting a sort of zero-based accounting of how NIH should behave." He emphasized that the appearance of conflict will be as important to the panel as the reality.

Zerhouni—who welcomed the panel, took questions then left it to complete its work—said public trust in NIH is paramount and that the issue of conflict must be addressed "immediately and completely." There are several dimensions, he said, to protecting the public's interest through conducting science of the highest integrity. "The public has the right to see its resources not misdirected for private gain," he said. "There must be a tangible public benefit to the work we do, and it is important for us to be able to attract and retain the best scientists. These three issues are at stake here."

Zerhouni said, "The fact that our scientists are sought after is testimony to the fact that we have the best people. If they weren't the best, no one would be interested in them... That is why we have an issue. NIH scientists are renowned for their excellence and integrity, and we need to minimize barriers to their creativity."

The director acknowledged the need for "full and explicit disclosure" of NIH scientists' outside activities and added "we need a system that will continuously monitor these relationships." But he also noted that there are more than 5,000 scientists in the intramural research programs, and many of them are not involved in allocation of resources. "There is no one-size-fits-all solution to the problem" of conflict management. "The level of scrutiny has to be flexible."

Zerhouni said that many NIH investigators are doing pure research and serving "fundamental roles that no other institution can fulfill." NIH is also doing research with human subjects, which introduces a new level of complication. "A blanket policy of prohibition or undifferentiated response won't capture the complex needs of the public," Zerhouni said, allowing that the public might find such a blanket prohibition "easier to understand." (A temporary moratorium on outside activities at NIH is not a legal option during this period of review, noted NIH deputy director Dr. Raynard Kington.)

Zerhouni emphasized that "conflict of commitment" is a major concern for him, and that a "qualitative approach" must be taken in measuring

its impact. "We want public servants to be fully committed to their duty to the public."

Zerhouni concluded by noting that eliminating the appearance of conflict "will be the most difficult part of [the panel's] mission." He also thanked NIH staff for "umpteenth hours that you have spent on this issue—I am blessed with a staff that really wants to do the right thing. I have encountered no resistance from them."

The panel then dug into the meat of the day, hearing from a slew of federal ethics attorneys who parsed regulations dating back to the establishment of a federal Office of Government Ethics in 1978. OGE periodically reviews the ethics programs at all federal agencies, and happens to be reviewing four NIH components (NCI, NIAID, CC, OD) at the moment, said Stuart Rick, deputy general counsel at OGE. According to Kington, NIH conflict policies are also under review by: the HHS Inspector General's Office, which held its first meeting Feb. 11; the General Accounting Office, acting at the request of Reps. Henry Waxman (D-CA), John Dingell (D-MI) and Sherrod Brown (D-OH); and perhaps most publicly by the House energy and commerce committee's subcommittee on oversight and investigations.

Already in 2004, NIH has: required that incumbents of 93 senior positions at NIH complete public financial disclosures; centralized ethics reviews for all senior officials; established an NIH ethics

"There is no one-size-fits-all solution to the problem" of conflict management. "The level of scrutiny has to be flexible."—Dr. Zerhouni

advisory committee (the NEAC, which has met weekly since Jan. 20 and has a current caseload of 500-1,000 activities); and begun reviews of all biotech/pharmaceutical outside activities since 1999, as well as a review of all ongoing outside activities, Kington reported. Further, OGE has approved NIH's request that, from now on, employees be required to report amount and type of income, compensation, fees, remuneration, expenses or reimbursement to be received for any proposed activity, and to report any past benefits for activities that are ongoing. "In the past, we could not ask for this information," noted Kington.

Attorney Edgar Swindell of the HHS Office of General Counsel gave the panel a detailed statement offering a number of challenging questions for it to consider: Would the panel want to amend the 520 form that evaluates applications for outside activities? Should NIH employees be barred from any biotech holdings or earnings? Would such a ban be partial or total? Should there be a cap on recompense? "An absolute rule," he warned, "might preclude anyone at NIH from accepting a Nobel

Prize." Swindell also conceded, "Ethics law can be unintelligible to the uninitiated."

In her historical overview of NIH's ethics program since 1985, attorney Holli Beckerman Jaffe, who is NIH ethics officer (and a former member of Swindell's staff), noted that rules governing outside activities at NIH were quite harsh 20 years ago—high level officials here were not allowed to consult at all. She touched on rule changes in 1988, a 1991 honorarium ban (highly controversial at the time, noted panelist Dr. Phil Pizzo, who is now dean of Stanford University's School of Medicine but for many years served as chief of NCI's Pediatric Branch) that was later overturned in 1995, and in 1993, when uniform Standards of Conduct were issued government-wide. Jaffe said an OGE audit conducted at NIH in 1995 found the agency "out of compliance in five major areas," including consulting restrictions that were too broad, and compensation limits that were too restrictive. Given the choice of getting in compliance with the rest of government or seeking "supplemental regulations" for NIH, then director Dr. Harold Varmus elected to stay with the government-wide rules, effectively loosening many restrictions on scientists' outside activities, said Jaffe.

Jaffe emphasized that supervisors at NIH have an essential role in minimizing the possibilities for conflict. "They are really the first line of review with respect to conflict of time commitment," she said. She said there needs to be more dialogue between employees and supervisors before issues of conflict reach a body such as the NEAC. ■

Grantees Honored by Royal Swedish Academy

The Royal Swedish Academy of Sciences—the same group that awards the Nobel Prizes in chemistry, physics and economics—has awarded two NIH grantees the Crafoord Prize in Polyarthritis (arthritis in two or more joints). This prize is only awarded when a special committee recognizes exceptional scientific progress in this arena. Arthritis and related joint symptoms affect an estimated 43 million Americans and many more millions of people around the world.



Dr. Eugene C. Butcher

but they can also attack tissues, as happens in arthritic joints.

Butcher identified a group of proteins called selectins that are located in the membrane of white blood cells. Selectins bind to carbohydrate chains on the surface of blood vessels. They regulate the movement of white blood cells as the cells roll along the blood vessel wall toward their target tissue. Springer characterized the integrins, a separate group of adhesion molecules in cell membranes, and demonstrated the crucial role of these molecules in cellular immunity. Selectins and integrins interact in a process, described by Butcher, that ultimately causes the white blood cells to abruptly come to a halt after nearing the site of injured tissue.

Both Butcher and Springer have produced models to reconcile structure-function relationships of these proteins, and both scientists are applying their findings to the treatment of conditions including arthritis, multiple sclerosis and asthma.

Butcher, a long-time NIGMS grantee whose lab is in the Veterans Administration Palo Alto health care system, also receives support from NIAID and NHLBI. Springer is funded by NCI and NHLBI. ■

Dr. Eugene C. Butcher, a pathology professor at Stanford University, and Dr. Timothy A. Springer, a pathology professor at Harvard Medical School, will share the \$500,000 prize. The award recognizes their work on the molecular mechanisms involved in the migration of white blood cells out of blood vessels and into damaged tissue. Such migrating blood cells can help heal injured tissue,



Dr. Timothy A. Springer



Dr. M. Chris Langub recently joined CSR as scientific review administrator for the urologic and kidney development and genitourinary diseases study section, which reviews grant applications related to systemic or local diseases affecting the kidney, urinary tract and genital systems. His postdoctoral work targeted the central natriuretic peptide systems. He has worked in the University of Kentucky's division of nephrology, bone and mineral metabolism. He was also director of the core lab in the university's General Clinical Research Center. He and colleagues there developed the methodology for bone molecular histomorphometry and were involved in the establishment of the core lab's web site.

Dr. Neelakanta Ravindranath recently joined the Center for Scientific Review as scientific review administrator for the development-2 study section. He came from NICHD, where he was an intramural researcher in the Laboratory of Clinical Genomics. Ravindranath holds a Ph.D. in biochemistry from the Indian Institute of Science, Bangalore, India, as well as a



doctoral degree in veterinary medicine and an M.S. in virology. He obtained his postdoctoral training at the University of Pittsburgh and the Clinical Research Institute of Montreal. He served as assistant/associate professor of cell biology at Georgetown University. His research interests have centered on the cell and molecular biology of male germ cell differentiation. He also taught embryology, histology and gross anatomy to medical students. He served as a regular member of reproductive endocrinology study section. He was also a member of review committees at Andrew Mellon/CONRAD and the Phillip Morris Research Foundations. His publications include 55 journal articles, 16 book chapters and meeting proceedings, and 7 review articles.

Campus Construction Projects Advance as Spring



That's the C wing of Bldg. 31 at left, and the new Multilevel Parking Garage-10 associated with Bldg. 33 at center, while in the foreground is the foundation work for Bldg. 33 itself. The rocky subsurface of the Bldg. 33 site had to be loosened with explosives earlier in the project. Cranes at the crater's north and south ends announce future progress upwards. Bldg. 33 is projected to be complete by December 2005, according to the Office of Research Facilities Development and Operations (ORFDO).

At right is the Multilevel Parking Garage-10 near Bldg. 33, as seen from the vicinity of Cedar Lane. Although the project has a finished look from the outside, much interior work remains to be done before the facility opens in August 2004 with space for some 1,230 vehicles.



PHOTOS: ERNIE
BRANSON



At left is the new pull-out along Cedar Lane near Rockville Pike where employees can be dropped off in the "kiss and ride" lane. Pedestrian access through the fence is also available here. MLP-10 is in the background.

Blooms

This is the year the broad and capacious new Mark O. Hatfield Clinical Research Center opens. This spring, landscapers are at work on the front of the facility, planting trees, bushes and shrubs that will adorn its main entrance. A series of staircases ascend from Center Dr. to the main entry. Construction work can still be seen on the overhang at the front door, that will shelter vehicles as they approach the new hospital.



The Edmond Safra Family Lodge, at left, is due to open at the end of July 2004. An architectural cousin to the Cloister Bldg., on whose front lawn it sits, the lodge will be home to adults being treated at the Clinical Research Center (visible at right rear) and their relatives.

The John Edward Porter Neuroscience Research Center at right is a two-phase project. Phase 1 is due to be complete around June 15, 2004. The facility will house neuroscientists from multiple NIH institutes. And yes, window washing will be a significant part of building maintenance for years to come.





Attractive stone terraces will be a feature of the new main entrance to NIH near the Medical Center Metro, along Rockville Pike at Center Drive. This project, which will also incorporate a Visitor's Center, won't be finished until December 2005, according to ORFDO.

The new NIH fire house at right, Bldg. 51, was recently completed, allowing the NIH Fire Department to relocate to spacious new quarters after many years of inhabiting Bldg. 12. The large bays seen here accommodate the department's vehicles, and the wing at rear provides sleeping and dining space for the fire fighters.



PHOTOS: ERNIE
BRANSON



A new wing added to the Children's Inn at NIH has recently been finished and employees were moving in during late March, said Laura King, director of volunteers at the facility. Families and patients are expected to start staying there in early May, King said. The addition brings inn capacity to 55 families from a former total of 36.

This hole in the ground is the foundation for the new Multilevel Parking Garage-9. Seen from one of the upper windows of Bldg. 49, this site lies adjacent to the Clinical Center's old surgery wing and Blood Bank. That's Convent Drive along the photo's left margin. The garage, which will hold 978 vehicles, is expected to be finished by mid-February 2005.



At left is another view of MLP-9, this time seen from the CC Blood Bank vicinity, with Bldg. 49 in the background, as well as Bldg. 40, the Vaccine Research Center (behind the crane at right). The site used to be a paved parking lot.

The bucolic stream that traverses the valley between Bldgs. 1 and 21 was the site of major bank restoration this past fall and winter. Although lab buildings can be seen in the background in this photo, the site will soon be filled in by foliage, returning it to a more natural look. This will be a good place to witness the emergence of brood X cicadas (sometimes called 17-year locusts) when the weather warms up in spring.



BLACK HISTORY, CONTINUED FROM PAGE 1

students moving from high school through college to grad school, pursuing careers in the sciences and constantly replenishing the supply of medical professionals, what the nation has is a large number of African Americans entering the educational system, but only a trickle navigating each level successfully to increase or even maintain the pool consistently.

"You can't separate health care from socioeconomic conditions—it doesn't work," he said, describing lessons learned over the years from conducting medical interventions in poor neighborhoods [see sidebar]. "You cannot impact quantity until you deal with quality. In other words, the quality of life for this community has to improve so that people want to live longer."

He said that he once asked health survey participants what they wanted from their local hospital. To his surprise, Haynie said, they asked not for more mammograms, blood tests or pressure screenings, but for several things outside the traditional realm of health care: "They said, 'Get the drug dealers off of our streets. Change our environment, both internal as well as external. Give us jobs that have meaningful levels of accomplishment. Give us a quality education that will lead to better jobs.'"

That was the bottom-line message of NIH's observance of Black History Month that gathered a

panel of seven speakers to address progress in education since the Supreme Court's historic *Brown vs. the Kansas Board of Education* decision in 1954 to allow black and white students to attend public schools together. Although the *Brown* case dealt primarily with K-12 education, panelists were asked specifically to discuss the ruling's effect on post-secondary education, on efforts to recruit more minorities to the field of science and careers in medical research, and on other endeavors to close gaps in health status. The program also included music by Kim Jordan, a jazz keyboardist and vocalist, who performed the traditional Negro spiritual, "O Freedom," and the civil rights movement anthem, "We Shall Overcome."

"The historic Supreme Court decision became a signal and a turning point in the history of this country on the question of race relations," acknowledged Dr. Ronald Walters, director of the African American Leadership Institute and professor of government and politics at the University of Maryland, who introduced the program's discussion.

The movement to desegregate schools actually began far earlier than *Brown*, he noted, when a group of black scholars and NAACP lawyers, led by Howard University Law School Dean Charles Hamilton Houston in the early 1930s, declared that "they were going to deal with the question of

'A Physician's Physician'**Mentor Haynie Backs Up Community Talk with Commitment**

It may take far more than offering a sound education to make a significant dent in health disparities and a lasting difference in minority communities, contended Dr. Robert Haynie, dean of student affairs at Case Western Reserve University and panelist at NIH's recent Black History Month program.

"We have to be brought down to Earth," he said, describing an encounter he had with a health fair participant whose blood pressure was dangerously high, but whose only interest in the fair seemed to be the free cups, keychains and other items provided at such events. The patient told Haynie that "the only high in his life was his blood pressure." The statement made a tremendous impact on the physician, whose commitment to improving health in poor neighborhoods is an inspiration to a host of others in the medical profession.

"He truly is a physician's physician," said Dr. Regina James, chief of NIMH's Attention Disorders Program and one of two Haynie protégés now working at NIH.

For example, she continued, for the last 20 years without interruption Haynie has visited inmates weekly at the local jail for frank discussions. "I

think it started out as just medical issues—prevention of sexually transmitted diseases, etc.," she said. "But now he talks about whatever they need to talk about. That's the kind of person he is. He finds out where you are, connects with you and tries to develop your individual strengths and talents."

A California native, James met Haynie through her husband, who was a Case Western medical school student at the time. Following a year-long internship with Haynie at MetroHealth Medical Center, a Case teaching affiliate in Cleveland, and residency training in child and adolescent psychiatry, she came to NIH about 5 years ago as a clinical associate in the NIMH intramural program. Haynie, she stressed, doesn't just talk about going beyond the basic physician-patient relationship, he commits to it.

"I wanted to do a fellowship in research training," concludes James, "and an NIMH physician, Dr. Xavier Castellanos, was doing work in attention deficit disorder. I had always been interested in clinical research, and presenting a case on childhood ADHD in clinical grand rounds kindled my interest more in child psychiatric research. It just expanded the horizon. Dr. Haynie really served as a well-rounded mentor. Medical issues, non-medical, it



Dr. Robert Haynie, dean of student affairs at Case Western Reserve University, puts his practice where his mouth is, according to two NIH protégés.

integrated education, because it was important [and] that if you opened up the graduate professional schools, colleges and universities, you could then begin to propagate the arrival of a black middle class."

So started the long struggle for equal education among the races that consisted of numerous legal cases and eventually ended the flawed "separate but equal" school system, Walters said. At the announcement of the Brown decision, he continued, many believed that racial integration in public schools would lead to beneficial results for black students and would promote economic as well as "social equality, and afford blacks a quality education. Underneath this, however, was a naive faith that since the Supreme Court had decided it, it would be accepted by society."

In reality, progress occurs at a far slower level, said another panelist. "Jim Crow segregation laws barring integration are a factor of our lifetime," pointed out Laura Murphy, director of the D.C. office of the American Civil Liberties Union. "This problem of race relations is ongoing, and is relatively recent in the law."



Laura Murphy

didn't matter. He was extremely helpful to me. I can't say enough about him."

Originally from Stockton, Calif., Jose Gurrola, a third-year Case Western medical school student working as a research fellow in the NIDCD/NIH Partnership Program and another Haynie associate, can also attest to the value of a superior mentor.

"[Haynie's] guidance has been invaluable over the course of the last 3 years as he has helped me navigate through medical school classes and clinical rotations," says Gurrola, who works in Dr. Matthew Kelley's lab in the section on developmental neuroscience. "In addition, he has been a great mentor, counselor and friend, in terms of his willingness to discuss family matters and life on a grand scale. As a role model, he is impeccable, demonstrating both strength and compassion. Dr. Haynie would go out of his way to help just about anyone...He gives a great deal, not only to his patients, students or family, but to the community as a whole. He speaks to rehab and ex-inmates in conjunction with a local bishop in the Cleveland area and asked me to accompany him to speak to the gentlemen during my second year, so I was able to see the impact he had on those outside of a medical environment."

Dr. William Harvey, director of the Center for Advancement of Racial and Ethnic Equity at the American Council on Education, agreed, offering statistics to document the long haul. "It's sobering for us to realize, according to the Civil Rights Project at Harvard University, that we've essentially moved back to the same point in terms of the integration of our public schools that we were at when Martin Luther King was assassinated," he said. "We have essentially the same level of segregation in our public schools now that we did some 30 years ago. There has been some progress, but we have in fact seen a significant amount of resegregation, particularly in our public schools."

The result, he explained, is that a large concentration of students of color are in schools where "they do not have the same educational opportunities as their white counterparts and therefore are not receiving the same kind of preparation, motivation and stimulation" to move out of high schools and into post-secondary education.

Despite the fact that the nation has the largest number of African Americans receiving baccalaureate degrees than at any other time in history, the ratio of white college graduates to black college graduates has either remained the same or worsened in the last generation.

Still, he said, there have been accomplishments: In 1980, just over 60,000 black students earned baccalaureate degrees; in 2000, more than 111,000 achieved the same milestone. In 1980, more than 17,000 African Americans earned master's degrees; in 2000, the number had doubled to over 38,000. Newly minted black doctoral degree graduates numbered just over 1,040 in 1980; more than 1,600 were counted in 2000.

"We often think that the corporate community is a more conservative atmosphere than the academic world, [however] there is in fact greater representation of

African Americans in the nation's top 100 corporations than there is at the top 100 universities," Harvey concluded, also relaying disparate statistics on the number of black faculty members at U.S. institutions of higher learning. Integration in the 21st century is not just about social justice, he emphasized, but more importantly it's about economic competitiveness. "The challenge is to make our universities look more like our population...It's in America's best economic interest." ■

Program participants include (from l) Kay Johnson Graham of NIDCD/NINR, planning committee chair; NIH deputy director Dr. Raynard Kington; Joseph Williams, director of multicultural affairs at Case Western Reserve University (CWRU); CWRU's Haynie; Dr. William Harvey of the American Council on Education; ACLU's Murphy; Dr. Frederick Humphries of the National Association of Equal Opportunity in Higher Education; and moderator Dr. Ronald Walters of the University of Maryland.



FEW Hosts Investment Talk, Apr. 13

Federally Employed Women, Bethesda chapter, welcomes Susan Ferris Wyderko, director of the Office of Investor Education and Assistance at the Securities and Exchange Commission, to its brown bag meeting on Tuesday, Apr. 13 from noon to 1 p.m. in Bldg. 31 Rm. 6C06. Wyderko will present "Invest Wisely and Avoid Fraud." Her presentation will include discussion of Internet tools to assist you in handling your investments and practical steps to become a more informed investor. She will also answer questions. All are welcome to attend. Sign language interpreters will be provided. Those who need other reasonable accommodation to participate should call Allyson Browne, (301) 451-0002, and/or the Federal Relay (1-800-877-8339) by Apr. 12.

NIDCD's Naunton Is Mourned

Dr. Ralph F. Naunton, former director of the Division of Communication Sciences and Disorders, National Institute on Deafness and Other Communication Disorders, died on Feb. 28 of heart failure at Suburban Hospital in Bethesda. Under his leadership, NIDCD began supporting research in the development of cochlear implants, the neural prosthesis used by some deaf people to hear.

"He was a great champion of our research discipline, and his leadership and support will be greatly missed by an adoring research community," said Dr. James F. Battey, NIDCD director.

Born in London, Naunton received graduate training at University College and University College Hospital, University of London. From 1945 to 1947 he earned graduate degrees from the Royal College of Surgeons, the Royal College of Physicians in London and the University of London. He was certified by the American Board of Otolaryngology in 1965 and the American Speech and Hearing Association in 1969.

Leaving England in 1954, Naunton began an illustrious career in the department of surgery (otolaryngology) at the University of Chicago. He served as chair of the section on otolaryngology from 1966 to 1978. He left as professor emeritus



Dr. Ralph F. Naunton

of surgery (otolaryngology) in 1979 to join NIH. It was during his 16 years at NIH, first with the National Institute of Neurological and Communicative Disorders and Stroke and then from 1988 to his retirement from NIDCD, that he supported research to improve the clinical utility of the cochlear implant. It remains the most successful neural prosthesis today. He also encouraged the early identification of hearing loss in infants and research to prevent noise-induced hearing loss.

Naunton received international recognition for his contributions to the science of hearing and balance. He served as president of the American Auditory Society. He was a fellow of many professional associations, including the American Academy of Ophthalmology and Otolaryngology-Head and Neck Surgery and the American College of Surgeons. He was on the boards of many organizations, including the Deafness Research Foundation, the American Otological Society, the Better Hearing Institute and the International Hearing Foundation. He was a member of the international Collegium Otorhinolaryngologicum Amicitiae Sacrum, as well as numerous other professional organizations.

Naunton is survived by his wife Natasha, two sons, Phillip and David Naunton, both of Chicago, and a daughter, Angelique Cofield of Chevy Chase.

A memorial service was held on Mar. 3. Tributes in Naunton's honor may be made to further the research and education that was his life's work and passion. Contributions may be sent to the Deafness Research Foundation, 1050 17th St., NW, Suite 701, Washington, D.C. 20036, www.dr.f.org. (202) 289-5850.



The NIH Evening Speakers Toastmasters Club, which is devoted to helping NIH'ers and others improve

their public speaking skills, sponsored a speech recently by Sam Horn, an internationally known speaker and author of the book, *Tongue Fu!* (martial arts for the mind and mouth). Her speech provided tips on how to deal with difficult people and handle hassles with humor. Club Vice President Jeff Cohen (l) is shown presenting an award to Horn. The club meets in Bldg. 10, Rm. 2C116 (Medical Board Rm.) on the second and fourth Tuesdays, 7:30 to 9 p.m. Visitors and new members are welcome.

CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

NCBI's MapViewer Quick Start	4/1
Creating Web Pages with HTML/XHTML	4/2
Web Application Testing Strategies	4/5-5/10
C Language	4/5-16
How To Get the Most Out of Outlook 2002	4/6
Advanced QVR Training	4/6
Bringing Data Files into SAS	4/7
Data Warehouse Orientation	4/7
Dealing with Worms, Viruses, and Defaced Web Pages	4/8
NIH Data Warehouse Query: Property Management	4/9
Write to the Point for IT Professionals	4/13-14
Public Key Infrastructure (PKI) 101	4/13
NIH Data Warehouse Query: Human Resources	4/14
Introduction to Remote Access @NIH	4/14

NCI Launches Web-based 'Greensheets'

The National Cancer Institute has developed a web-based module that will replace the paper grant checklists, or greensheets, that are used to document the review of a grant. This new application has transformed the traditional paper-based checklists into web-based forms that can be completed, submitted and reviewed by all participants electronically. The electronic checklists are due to be released April 2004.

Having a set of standard checklists helps NCI extramural staff carry out their jobs and ensures that grantees are treated consistently and are being held to the standards appropriate for the type of award/funding mechanism being reviewed.

The checklists display only those questions pertinent for a given type and mechanism of grant and are further tailored specifically for use by grant and program staff. The checklists will help NCI extramural staff review a complex portfolio of grants that encompasses over 50 different funding mechanisms and 12,000 grant actions.

The NCI Greensheets application development was initiated and funded through the institute information systems advisory group. It is a part of the NCI Extramural Enterprise suite of business applications and databases. ■

'Share the Health' Expo Set, Apr. 24

"Share the Health: NIH's Premier Health and Fitness Expo" will be held on Saturday, Apr. 24 from 10 a.m. to 3:30 p.m. at Montgomery Blair High School, 51 University Blvd. East, Silver Spring.

Sponsored by the NIH Office of Community Liaison, the event promotes community health through the prevention of disease. Share the Health allows people of all ages to learn, experience and discover new ways to lead a healthier life.

Local hospital staff will offer free health screenings to help community members discover if they are at risk for stroke, high blood pressure, skin problems, osteoporosis or obesity. NIH information officers will provide the latest in NIH health research through a variety of fun and interactive exhibits.

For more information or to register for this free event, call (301) 650-8660 or visit <http://sharethehealth.od.nih.gov>. ■

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

NBS Travel System for Organizational

Administrators	4/5-6
Professional Service Orders	4/14
Purchase Card Processing System	4/16

Chick Leasure Ends Long NIH Career

NIH Deputy Director for Management Charles E. "Chick" Leasure Jr., who had been in that post since October 2001, retired on Feb. 3 after 38 years in a variety of executive positions throughout NIH. He had nearly 42 years of total federal service.

The D.C. native had spent 14 years in North Carolina as executive officer at the National Institute of Environmental Health Sciences prior to returning to Bethesda, where he worked for 3 years as executive officer at the National Human Genome Research Institute before joining the Office of the Director.

Leasure earned a degree in political science from Georgetown University, then was drafted into the Navy. When his tour of duty ended, he took the Civil Service exam and got a job as an employee relations assistant for NIH's central personnel office in 1965.

After a year there, he became an administrative assistant in the National Cancer Institute, the precursor to an administrative officer position, to which he later rose in NCI's Division of Cancer Treatment.

In 1974, he was named executive officer at the National Institute of Allergy and Infectious Diseases, a job he held for 10 years. In 1984, he moved his family to North Carolina when he became executive officer at NIEHS.

In 1998, Leasure was tapped to become executive officer at NHGRI, a post that he held until the fall of 2001, when he took on three responsibilities: deputy director for management, NIH's chief financial officer, and acting OD executive officer (until a permanent incumbent was appointed).

"I've been very lucky [that my career] has worked out so well," Leasure once observed. "NIH has been a good place for me. It's been a privilege to work with people who are not only tops in their fields scientifically, but who are also great people."

In retirement, he intends to continue to cultivate old friendships that have endured since grade school days in Northwest Washington, and to indulge his interests in country and bluegrass music.

Colleen Barros now serves as acting NIH deputy director for management and chief financial officer. ■

Stopping Your HRT? Worried About Mood?

The Behavioral Endocrinology Branch, NIMH, is investigating whether mood, anxiety and irritability accompany hormone replacement therapy (HRT) withdrawal. Participants should be ages 45-60, with a past history of perimenopausal mood symptoms responsive to estrogen therapy (ET) or HRT, who are currently on ET or HRT and in good physical health. For information call Linda Simpson-St. Clair, 496-9576. ■



Charles "Chick" Leasure Jr. (l), who served in a number of senior-level NIH posts over his career, is congratulated on his retirement by NIH director Dr. Elias Zerhouni.

NIAID Council Gains Five

Five people were recently named to the National Advisory Allergy and Infectious Diseases Council, the principal advisory body of NIAID.

They are: Dr. Stanley W. Chapman, professor of medicine and microbiology and associate vice chancellor for research integrity at the University of Mississippi Medical Center; Dr. Ruth M. Ruprecht, professor of medicine in the department of cancer immunology and AIDS at the Dana-Farber Cancer Institute in Boston; Dr. Nathan M. Thielman, assistant professor of medicine at Duke University



NIAID director Dr. Anthony Fauci (second from l) welcomes advisory council members (from l) Dr. Gail Williams Wertz, Dr. Ruth M. Ruprecht, Dr. Stanley W. Chapman, and Dr. Nathan M. Thielman. Not pictured is Dr. J. Brooks Jackson.

Medical Center; and Dr. Gail Williams Wertz, professor of microbiology at the University of Alabama School of Medicine. Dr. J. Brooks Jackson, professor and chairman of pathology at

Johns Hopkins Medical Institutions, was reappointed to another 4-year term.

Chapman's research and clinical interests focus on the pathogenesis, diagnosis and treatment of fungal infections.

Jackson is also director of the clinical HIV laboratory at Johns Hopkins Hospital. His research includes involvement in clinical HIV therapeutic and prevention trials in the United States, Uganda and China.

Ruprecht's primary research interest is HIV/AIDS, including a program focused on both understanding the basic molecular mechanisms involved in HIV replication and developing novel therapeutic concepts.

Thielman is also senior research fellow in the Health Inequalities Program at Duke. His research interests include infectious diarrhea and HIV/AIDS clinical trials.

Wertz's research focuses on RNA viruses, including human respiratory syncytial virus, a major cause of illness in infants and children. ■

Weight and Insulin Study

The Uniformed Services University of the Health Sciences is conducting a study examining weight and stress responses to exercise in African American and Caucasian men and women between the ages of 18 and 45. Volunteers will be compensated for their participation. Call (301) 295-1371 or email humanperformancelab@usuhs.mil. ■



National Eye Institute scientist Dr. Robert Wurtz, one of the nation's leading researchers on how the eye and brain work together to process vision, has been selected as a recipient of the Dan David Prize, which recognizes innovative research that crosses traditional boundaries and paradigms. Wurtz will share the \$1 million award with

two others. His research has contributed greatly to our understanding of how parts of the brain communicate with each other and how the brain processes specific aspects of vision, such as motion. His work has helped to understand how the brain transforms the image it receives from the eye into actual sight. Wurtz and other prize recipients will receive their awards at Tel Aviv University on May 16.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Charles Weissman on Apr. 7; his topic is "Transmission of Prions." Weissman is professor, senior research scientist, MRC prion unit, University College, London.

On Apr. 14, Dr. Rolf M. Zinkernagel will give the NIH Director's R.E. Dyer Lecture on "Antiviral Immunity and Vaccines." He is 1996 Nobel laureate in medicine, and professor and director, Institute of Experimental Immunology, University of Zurich.

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5595. ■

Mary Ellen Colvin, a grants management specialist at NICHD, retired on Mar. 1 after 38 years with NIH. She joined NICHD in 1966 as a clerk stenographer. In the early to mid-seventies, she left the institute to work in OD and NHLBI. Returning to NICHD in 1978 as a secretary to Don Clark, then head of the Grants Management Office, Colvin became a STRIDE intern and later graduated from American University in 1982 with a bachelor of science in business administration.



With over 20 years of grants management experience, Colvin participated in a variety of internal and external committees. She has been a member of the Society of Research Administrators International since 1991, serving on meeting planning committees at both the section and international levels. Colvin's retirement plans include moving to Florida, where she and her husband are building a house.