Interferon Clinical Trials Begin Nationwide; Studies Also To Be Conducted At CC

National Cancer Institute-sponsored clinical trials with interferon began in mid-February at the Institute and at several other U.S. cancer centers. Each institution will enroll only 35 to 40 patients with advanced or untreatable cancers in phase I studies, which are expected to last 9 months to 1 year.

Phase I studies are designed to determine the maximum dose level at which a new compound can be given without causing toxic side effects, the dose at which the maximum biological effect occurs, and the best schedule of administration of the compound. Phase I studies do not seek to test the anticancer effect of the material under study and only a small number of patients participate in these preliminary tests.

In early February, the Food and Drug Administration approved the Institute's investigational new drug application for the use of human leukocyte interferon in phase I clinical trials.

The first shipment of 6.4 billion units of human leukocyte interferon has been delivered to NCI by Meloy Laboratories of Springfield, Va., a subsidiary of Revlon, Inc. Now that the IND application has been approved, accrual of small groups of patients can begin at participating institutions: Northern California Cancer Program (Stanford University), Palo Alto; the Sidney Farber Cancer Institute, Boston; and the Vincent T. Lombardi Cancer Research Center (Georgetown University), Washington, D.C.

All administrative details regarding the study design have been completed between Stanford, NCI and the FDA. Thus, on Feb. 4, the Institute shipped 20 vials (200 million units) of leukocyte interferon to Stanford. There, principal investigators Drs. Stephen Carter and Thomas Merigan will test interferon in advanced cancer patients with a broad range of tumors. They will conduct only phase I studies.

Dr. Emil Frei III, principal investigator at Sidney Farber, will conduct a phase I study on advanced cancer patients with a broad range of tumors. This study is scheduled to be followed with a phase II study limited to breast cancer. Phase II studies begin to assess a drug's anticancer effect.

The Georgetown University trial, under Dr. John Neefe, will include phase I studies of patients with a broad range of tumors, followed by phase II studies of breast cancer patients only.

Dose levels will vary from 1 million units up to the maximum tolerated dose. The average starting dose probably will be 3 million units.

In addition to human leukocyte interferon studies, NCI hopes to begin phase I studies of human lymphoblastoid interferon. The lymphoblastoid interferon is being purchased under contract from the Wellcome Foundation Ltd. of London. NCI soon will file with FDA for approval to conduct the

Drs. Goldstein, Bick Assume New Duties at NINCDS

Drs. Murray Goldstein and Katherine L. Bick have been named acting director and acting deputy director, respectively, of the National Institute of Neurological and Communicative Disorders and Stroke. Dr. Goldstein, deputy director of the Institute since 1978, will be acting director until the appointment of a permanent director to succeed Dr. Donald B. Tower. Dr. Bick, previously deputy director of the NINCDS Neurological Disorders Program, will temporarily assume Dr. Goldstein's former position.

An assistant surgeon general in the Public Health Service, Dr. Goldstein has served as director of the NINCDS Stroke and Trauma Program and director of Extramural Programs.

Before joining NINCDS in 1976 as a health science administrator, Dr. Bick was assistant professor in the department of biology at Georgetown University. Much of her scientific work has involved Alzheimer's disease and the dementias of aging.

NAACP president Dr. Hooks invites his audience to take a pledge with him to continue to support the goals of the civil rights movement. (See story on page 7)

CC Pheresis Unit Plans Second Annual Open House, Mar. 25

A noted sports figure and researchers will be present at the second annual Open House to be given by the Pheresis Unit of the Clinical Center Blood Bank, on Wednesday, Mar. 25, from 2 to 4 p.m.

Among the celebrities to be on hand will be Mike Nelms, defensive back for the Washington Redskins. A former player in the Canadian Football League, Mr. Nelms had an outstanding season returning kicks for the local professional team.

Also participating will be Dr. Carlos Monge, professor of medicine at the University of Lima. Since last summer, a strong tie has developed between NIH and the Peruvian people when NIH scientists led an expedition to the Peruvian Andes to study the effects of chronic mountain sickness.

Dr. Monge participated in this expedition, and made significant contributions to understanding Monge's disease, the high-altitude disease named after his father.

Dr. Harvey Klein, assistant chief of the Blood Bank and chief of the Pheresis Unit, was also one of the NIH representatives on this expedition. He supervised the use of
Health Insurance From FAES Available During March

A Foundation for Advanced Education in the Sciences health insurance “open season” will be held for certain full-time employees with a minimum appointment of 3 months working at or for NIH.

Those eligible for the Mar. 9 to Mar. 20 special enrollment are: visiting fellows; international postdoctoral fellows; national research service award postdoctoral fellows; visiting associates and scientists (12-month appointment or less); Fogarty scholars; commissioned officers; guest workers; and temporary civil service employees.

Present subscribers may elect to change from individual to family coverage at this time. Low option coverage is now available; enrollees may switch to low option only by applying at the FAES office during the open season. (Once the “high option” is elected, enrollees must retain it throughout their subscription.)

When enrolling, applicants must present a letter from their personnel office to FAES stating the employee’s starting date, and indicating full-time status and length of employment.

For additional information, contact the FAES office, 496-5275.

Drugs’ Effect on Impaired Elderly Symposium Scheduled for Mar. 12–13

The Bureau of Drugs will sponsor a symposium on the Development of Psychotropic Drugs for the Cognitively and Emotionally Impaired Elderly, on Mar. 12 and 13, from 9 a.m. to 5 p.m., in Conf. Rms. E and F, FDA Headquarters (Parklawn Bldg.), 5600 Fishers Lane, Rockville, Md.

Preregistration Not Required

The symposium, a special meeting of the Psychopharmacologic Drugs Advisory Committee, is open to the public. There is no provision for preregistration.

It is concerned with the development of measures to detect drug effect in the symptomatic, impaired elderly (i.e., those with dementia) and with practical, legal, and ethical issues involved in their participation in clinical drug trials.

For additional information, call Cynthia Rushing, (301) 443-3870.

Dr. Luft, Fogarty Scholar, To Deliver Lecture on Nobel Prize

Dr. Rolf Luft, Fogarty scholar-in-residence, professor of endocrinology, Karolinska Institute, Stockholm, Sweden, will give a lecture entitled The Nobel Prize and the Nobel Laureates on Wednesday, Mar. 11, Bldg. 1, Wilson Hall at 8 p.m.
Mental Health Scientists Interview Hostages; Say Coping Strengths Were Immediately Evident

When the 52 freed American hostages arrived at the U.S. Air Force hospital in Wiesbaden, W. Germany, early in the morning on Jan. 21, three National Institute of Mental Health staffers were among the enthusiastic crowd that greeted them. The NIMH'ers would be with them for the next 4 days during their “decompression” from captivity to freedom.

For the former hostages, Wiesbaden marked the denouement of their 444-day ordeal. For the 24 members of the U.S. State Department Interagency Medical Team—composed of physicians, psychiatrists, psychologists, and social workers—it marked the climax of a therapeutic intervention that began when the hostages were first seized at the American Embassy in Tehran.

The team’s task was also to learn if any differences existed in the way these hostages were treated as compared with American prisoners of war, and assess initially what effect this captivity might have had on them.

Dr. Cohen

Dr. Robert A. Cohen, director, Division of Clinical and Behavioral Research, Ms. Blynn Garland, research assistant, Biological Psychiatry Branch, and Dr. Julius Segal, director, Division of Scientific and Public Information, were part of the team.

In an interview, Drs. Cohen and Segal recounted their experience in meeting with the men and women they had come to know over the last year through meetings with family members and studying their personal histories.

Dr. Cohen is a noted authority in manic-depressive behavior, and Dr. Segal has done extensive work with interviewing American prisoners of war from the Korean War, and more recently Vietnam veterans who were held captive.

Immediate Emotional Bonding

“The most amazing aspect of the experience was the bonding that took place among the 52 returnees and the team members,” Dr. Cohen said, noting the intensity of the emotional relationships that developed so rapidly among the freed hostages, the medical team, and others who worked at the military hospital.

“Before they arrived, someone had the wonderful idea to decorate the hospital rooms with children’s drawings—houses, trees, and flowers—with words of welcome,” said Dr. Cohen.

He said that it was a teary-eyed experience for everyone when the former hostages got off the buses at the hospital. “The returnees reached out, embraced everyone.”

Over the last year strategies had been developed by the Interagency Medical Team to anticipate the period of “decompression” that the diplomatic personnel would go through.

Telephone Calls Home

The former hostages were first able to make long distance telephone calls back to their families through a bank of telephones that had been installed on the third floor of the hospital where they stayed while undergoing physical and medical tests.

The U.S. State Department began assembling a team from experts at State, Defense, and HHS almost immediately after the American Embassy takeover.

“None of us knew, of course, how long the hostages would be held, but we knew that an opportunity to readjust to decompress is useful for most persons who have been held captive or hostage,” said Dr. Segal.

By August, the team’s psychiatrists were assigned to work with specific hostages and began meeting with their families. “So even in their absence, we had an opportunity to get to know the hostages,” noted Dr. Cohen.

Through these meetings he became familiar with the details of the lives of the three hostages he had been assigned to interview upon their release.

Over the unanticipated effect of dealing with the hostages’ families was the strong emotional identification and involvement that resulted, commented Dr. Cohen.

“As a psychiatrist, I strive to maintain a balance between empathy and detachment,” he said. “Over those long months prior to the release, experiencing the hopes and disappointments with the families, I lost some of that detachment.”

Novel Approach Developed

A novel approach of therapeutic or crisis intervention was developed by the Interagency Medical Team to deal immediately with any emotional problems the hostages might have.

“Very little in the way of therapeutic interventions were offered to Korean War POW’s—the country didn’t think that way then,” Dr. Segal said. “More extensive preparations and followups were conducted for Vietnam POW’s.”

Besides therapeutic intervention, the team’s efforts were unique because of the amount of planning that went into it, and the doctor/patient ratio.

Two hours a day were set aside for any returnees who wished to speak with their assigned team psychiatrist. “These meetings were voluntary, but I’m not aware that anyone refused,” Dr. Cohen observed. “All team members were available to the group, day and night.”

The common characteristic shared by the former hostages upon their release was “extraordinary euphoria, the disbelief that it had finally happened, and the need to catch up with a society that had raced on ahead while they were in captivity,” Dr. Segal added.

Much of the public’s knowledge and concern for the American hostages during their captivity was presented through the medium of television, and it was television, or more particularly, the video cassette that aided the returnees in learning about what had happened in the world during their confinement.

The news broadcasts over the last 14 months were recorded on video cassettes for them to view. “It was a marvelous intervention,” Dr. Segal said. “Returnees could play them ad lib, and if some material was painful, they could walk away. They could use it as a cathartic experience, as a means to evoke aggression toward the captor, to get it out.”

All the hostages experienced the stresses associated with the boredom of captivity and the feelings of helplessness. “Having to ask permission to have or do anything; this type of stress can be as severe as that associated with physical abuse,” Dr. Cohen explained.

No Predictions About the Future

Despite the common threads that exist in the hostages’ experience in Iran, Dr. Segal said, “we cannot make predictions about individuals. Each captivity experience is unique—in setting, the circumstances of capture, the severity of treatment,” adding: “We should not fall prey to the assumption that the returnees are like blank tablets being written on for the first time; that captivity has no context; that their lives previously were neuter; and that whatever happens is a consequence of captivity.”

Almost immediately both specialists observed tremendous coping abilities and strengths exhibited by the former hostages.

“We know that how individuals deal with stress has much to do with their coping strengths and with the support they get from their families and loved ones,” said Dr. Cohen, adding that “help will be available, if it is needed.”

An example of their capability to adjust was the returnees readiness to share things with others.

From the time of arrival, their living quarters were deluged with all sorts of gifts—thousands of flowers, china cups specially made in Germany, messages of love from around the world.

“It was not long before the hostages—‘the victims’—began to share these gifts with other patients in the hospital, delivering them with smiles and kisses,” Dr. Segal noted.

(See HOSTAGES, Page 6)
Special Events Mark NIH Nutrition Month

With March come many special activities to commemorate National Nutrition Month at NIH.

Special events planned and sponsored by the Nutrition Coordinating Committee include the NIH Recipe Contest, Fun Runs for Nutrition, the Eat Well, Be Well videotapes, and a film on Obesity from the Layman series.

The theme for NIH National Nutrition Month is Your Nutrition and Your Health . . . Dietary Guidelines for Americans in an attempt to emphasize the nutrition principles behind the jointly issued "Dietary Guidelines" of HHS and USDA. The booklet on the dietary guidelines will be distributed to all NIH employees as a desk and will be available at the R&W stores and NIH Credit Union.

Look over the booklet and bring it home to share with family and friends. Children might also like to take it to school "to show and tell." The seven guidelines explain how nutrition plays a role in maintaining and perhaps improving health.

The NIH Recipe Contest will be judged according to the principles established by the booklet's guidelines. Criteria for entering are: 1) a recipe must be entered as a "main dish," "dessert," or "miscellaneous"; 2) a brief (50 words or less) description must accompany the recipe explaining how at least two dietary guidelines are put into practice; and 3) recipes will be judged on creativity and relation to the dietary guidelines. (See sample recipe.)

All recipes should be complete, clear, and consist of two major parts: the ingredients and the method for preparation. Submit recipes typed on 3x5 cards to the NCC of Bldg. 31, Rm. 4B-59 with name and extension by Mar. 17. The final "Taste Test" is Mar. 30. Prizes will be awarded.

The following 10 videotapes from the Eat Well, Be Well series will be shown in two groups of five during lunchtime hours in the NIH cafeterias as well as in the Landow, Federal, and Westwood Bldgs.—

**The Fun Runs for Nutrition**, with the support of NIH Jogging Club, begin Friday, Mar. 6, at noon in front of Bldg. 1. A member of the President's Council on Physical Fitness and Sports will give a short informal presentation outdoors on the importance of exercise before the start of this first run at approximately 11:30 a.m. In case of inclement weather, the presentation will be given in Rm. 114, Bldg. 1.

The first fun run will be for ½ mile around the NIH campus. The Mar. 13 fun run will be for 1 mile; Mar. 20 for ½ miles; and the Mar. 27 grand finale will be for 3 miles. The course will be marked and prizes will be awarded. All members of the NIH community are urged to participate.

A demonstration on various forms of exercise for nonrunners is scheduled for Masur Auditorium on Mar. 13 beginning at noon.

A videotape from the Medicine for the Layman lecture by Dr. Lester Salans on Obesity will be shown at noon according to the following schedule:

- March 18, Masur Auditorium, Bldg. 10
- March 18, Wilson Hall, Bldg. 1
- March 19, 14th Floor Conf. Rm., Bldg. 10

National Nutrition Month has begun! Join in the recipes, runs, films, and fun! Learn how easy it is to put sound nutrition principles into practice.

**Exercise Demonstration To Be Held Mar. 13**

R&W wants you, during NIH Nutrition Month, to join fellow NIH'ers on Friday, Mar. 13, to watch various demonstrations of exercise programs available in the area. Some exercises will be aimed for those who want to slim down and firm up; others, for those who want to keep in shape.

Whatever your reason for interest, exercise is a positive energy force which can be channeled to develop the individual in every possible aspect. The program will begin at noon in the CC Masur Auditorium.

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**Joe's Lasagna (with a touch of Irish)**

**Ingredients**

- 1 pound lean ground veal or beef
- ¼ cup minced onion
- 3 cups tomato sauce
- 1 tsp. basil
- ½ tsp. oregano
- 1 tsp. parsley
- ¼ tsp. garlic powder or 1 garlic clove, minced
- Fresh black pepper
- 1 1/4 ounce can chopped mushrooms
- or ¼ cup thin sliced fresh mushrooms
- 1 10 ounce package frozen spinach, chopped, thawed and well drained
- 8 ounces low fat cottage cheese
- 4 ounces skimmed milk mozzarella grated
- ½ pound lasagna noodles (wheat or soy)

In a medium size nonstick skillet, saute ground meat and onion until onion is tender, and the meat is browned. Do not add fat or oil to the skillet. Add tomato sauce, basil, parsley, oregano, garlic, pepper, and mushrooms to the ground meat mixture. Combine well-drained spinach with cottage cheese. Combine layers ending with the cheese on top. Bake in 375° oven for 15-20 minutes, or until hot and bubbly.

Yield: six servings approximately. There are 405 calories per serving.

**Application to the Dietary Guidelines**

A variety of foods from the major food groups—meat, dairy, vegetables, and grain—are included. Saturated fat and cholesterol are cut down by using lean meat and cooking it in its own fat; 1 pound of meat is stretched to six servings. Low fat cheeses are used. Whole grain noodles and spinach provide fiber. To cut down on salt, tomato sauce is used instead of tomato paste and various seasonings are used to replace salt. By cutting back on fats in the ingredients, calories are kept down.
Surgeon General's Report Proposes Dietary Standards

Individual nutritional requirement variations make exact dietary standards impossible to establish. Variations also occur in the same person at different times—during pregnancy, with aging, during acute or chronic illness, or with changes in physical activity.

But given what is already known or strongly suspected about the relationship between diet and disease, Americans would probably be healthier, as a whole, according to Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention, if they consumed:

- only sufficient calories to meet body needs and maintain desirable weight (fewer calories if overweight);
- less saturated fat and cholesterol;
- less salt;
- less sugar;
- relatively more complex carbohydrates such as whole grains, cereals, fruits and vegetables; and
- relatively more fish, poultry, legumes (e.g., beans, peas, peanuts), and less red meat.

Adequate, balanced nutrition can be obtained by eating—in quantities sufficient to maintain desirable weight—a wide variety of foods each day, including meat or meat alternates, fruits and vegetables, cereal and bread-type products, and dairy products.

Diet Movie Presented by OMS

“For Tomorrow We Shall Diet,” a 24-minute film on how to lose weight through proper nutrition and exercise, will be presented by the Occupational Medical Service as part of NIH National Nutrition Month activities on the following dates:

- Monday, March 9, 11:30 a.m. and 12:15 p.m., Bldg. 1, Wilson Hall.
- Tuesday, March 10, 11:30 a.m. and 12:15 p.m., Federal Bldg., Rm. B1-19.
- Wednesday, March 11, 11:30 a.m. and 12:15 p.m., Westwood Bldg., Conf. Rm. D.
- Thursday, March 12, 11:30 a.m. and 12:15 p.m., Masur Auditorium.
- Friday, March 13, 11:30 a.m. and 12:15 p.m., Blair Bldg., Rm. 110; and 7 and 9 p.m., OMS Evening Clinic, Bldg. 10, East Wing.

Walking and Hiking Club Now Being Formed at NIH

Anyone interested in forming a walking and hiking club at NIH should call Paul Luckenbaugh, 496-6248. The club plans to have noon and weekend walks in nearby parks and more strenuous weekend hike/backpack trips.

John C. Daly, best-known as the former TV host of “What’s My Line?”, was recently at NIH taping audio cassettes about liver disease. Mr. Daly originally became interested in the disorder after his wife, Virginia, was given a blood transfusion through which she contracted serum hepatitis. Even though he is retired, he works as a consultant for several business firms. “What’s My Line?” eventually ended in 1967 after 17½ years on the air, when Mr. Daly accepted a position to head the Voice of America offered to him by then-President Lyndon B. Johnson.

He is a graduate of the University of Michigan and received his M.A. and Ph.D. degrees from Syracuse University. He started his career as a research analyst in the Office of Strategic Services and the U.S. State Department. Later he took the post of clinical psychologist at the University of Buffalo.

Before coming to the Office of the Director, Dr. Schneyer served as a scientist administrator in the National Institute of Mental Health and later as assistant chief, Program Analysis Branch, National Institute of General Medical Sciences.

Dr. Charles E. Cornelius, dean of the College of Veterinary Medicine at the University of Florida, has been named director of the California Primate Research Center, one of the seven major primate research centers supported by the Division of Research Resources. Dr. Cornelius is a doctor of veterinary medicine and also has a doctorate in comparative pathology, both from the University of California at Davis. His main research interests are in liver physiology and pathology, and metabolic diseases. He is well known in the veterinary medicine field, and has received several awards for his outstanding contributions.
HOSTAGES

(Continued from Page 3)

The effort carried out by the U.S. State Department's Interagency Medical Team was unparalleled in the annals of captivity, an effort designed to provide a brief period of customized treatment for an entire captive population immediately upon their release.

"I came away feeling that what we did, we did very well. Most of the returnees agreed that the time in Wiesbaden was important and helpful," said Dr. Cohen.

Sailing Association Offers Course on Seamanship

The NIH Sailing Association will conduct an intermediate level course, Seamanship II, on Thursdays, 5:30 to 7:30 p.m., from Mar. 5 to Apr. 16, in Bldg. 31, Conf. Rm. 4. The course is designed to increase skills for managing cruising boats and dinghies.

Topics will include weather, advanced sail trim, heavy weather strategy, piloting, coastal navigation, managing a cruise, and hands-on experience with marine engines.

Speakers are Ron Hall; Jim Angell, offshore coach, U.S. Naval Academy; Alison Skeel; Erich Karlsson; and Claire Fewtrell, British Olympic sailor.

$20 Registration Fee

To enroll, please send the $20 registration fee—check payable to NIHSA—to Dr. W. Ferris, Bldg. 10, Rm. 7D-19.

Additionally the NIHSA will sponsor a special lecture for NIH'ers by Commander Karl Faesecke, M.D., of the German Navy, who has directed many sea rescues and conducts research on hyperthermia.

He will discuss the management of hyperthermia in rescue as well as clinical settings. The lecture should interest canoers, mountaineers, skiers, rescuers, as well as sailors. The location is Bldg. 10, Rm. 7N-232 at noon, Wednesday, Mar. 25.

Barbara W. Harris, former legislative assistant to U.S. Senators Edward Brooke and Birch Bayh, has been recently appointed legislative analyst in the NCI Office of Program Planning and Analysis.

Ms. Harris will serve as a liaison for Congressional and legislative affairs. She will assist the NCI Director and other staff in interpreting upcoming legislation and its impact on NCI.

7 Years on Capitol Hill

Prior to coming to NIH, Ms. Harris spent 7 years working on Capitol Hill, handling health and appropriations issues. Between 1979 and 1980, as legislative assistant to Senator Bayh, she was responsible for drafting bills and coordinating support for health, education, and welfare. From 1973 to 1979, she held a similar position with Senator Brooke.

An alumna of Radcliffe College, Ms. Harris studied history and government at Columbia University through a postgraduate Woodrow Wilson Fellowship.

One-Day Adolescent Hospitalization Symposium To Be Held on March 17

A day-long conference on Interdisciplinary Caring for the Hospitalized Adolescent will be held in Masur Auditorium on Tuesday, Mar. 17, at 8:30 a.m.

The purpose of the symposium is to discuss the need for services designed especially for adolescents. The symposium, sponsored by the Clinical Center, is also endorsed by the metropolitan Washington affiliate of the Association for Care of Children's Health.

The morning session will be opened by Dr. Mortimer P. Lipsett, CC Director. Afterwards, Evelyn McElroy, R.N., Ph.D., a nurse and professor of pediatric psychiatry at the University of Maryland, will speak on the Impact of Today's Society upon Adolescent Development. Dr. John E. Schowalter will then discuss the Effect of Chronic Medical Illness upon Adolescent Development. He is a professor of psychiatry and clinical pediatrics at the Yale Child Development Center.

During the afternoon session, Lita Talbott and Catherine A. Green, both members of the Academy of Certified Social Workers, will speak about strategies to cope with caring for adolescents. A panel discussion moderated by Joann Ostby, Rehabilitation Medicine Department, will be followed by a problem-solving session directed by Janice Feldman, R.N., chief of the Child Health Nursing Service.

The conference was planned by an interdisciplinary committee on adolescents staffed by the following CC departments: nursing, social work, nutrition, rehabilitation medicine, patient activities, clinical psychology, and children's school program.

This committee is chaired by June McCall, R.N., and was formed as a result of a questionnaire issued to staff who provided care to teenage patients.

An important finding of this questionnaire was that CC staff needed to learn how to deal with the effects of illness and what it means to young people to live in a research setting while growing up.

This conference is approved for continuing education credits for physicians, psychologists, social workers, dieticians, and nurses.

Lillian Golovin Retires; Began Career With GAO

Lillian Golovin Retires; Began Career With GAO

The NIH Record

March 3, 1981
Black History Month Activities End With a Renewed Pledge—
To Continue the Struggle for Civil Rights

"The role model for your black youth and any other youth on this planet is you!" advised social satirist Dick Gregory in a Feb. 9 speech which launched the NIH Ninth Annual Black History Month Observance with the theme, Role Model for Youth.

Martin Luther King III, son of the slain civil rights leader, and Dr. Benjamin Hooks, Jr., executive director of the National Association for the Advancement of Colored People, were keynote speakers at two other programs sponsored by the NIH Black Cultural Committee, which is chaired by Levon O. Parker, NINCDS EEO coordinator. Each program was well-attended and most people agreed that each was stimulating and informative.

In his welcome at the first program, Dr. William F. Raub, NIH Associate Director for Extramural Research and Training, said the Black History Month programs "have always been spiritually rewarding" and are "getting better all the time."

Labeling role modeling as "a big job," Mr. Gregory, a vegetarian and health enthusiast, challenged adults to be ideal role models. He exhorted those who smoke cigarettes despite the studies that point to them as the major cause of lung cancer. He also cautioned the capacity crowd against consuming alcoholic beverages, calling them a "violation of your body."

In the course of his remarks, Mr. Gregory alerted the audience of the grave consequences of allowing the inequities in our society to remain. In his inimitable and provocative style, he spoke of the big job ahead to bring justice and freedom to our society.

The Dunbar High School Choir from the District of Columbia sang several spirituals. On Feb. 11, in a style reminiscent of black Southern Baptist ministers such as his famous father and grandfather, 23-year-old Martin Luther King III traced the civil rights movement and the important role youth had played in its success.

"We hope to see Daddy's dream of freedom, justice, and equality become a reality," he said to a hushed audience. "Black History Month is the time to recommit ourselves to building a stronger society by learning to live together peacefully or as Daddy used to say 'learn to live together as brothers or perish together as fools.'"

Talented vocalist Yvette Cason sang a spirited medley of black music that included "If I Can Help Somebody."

Dr. Thomas E. Malone, NIH Deputy Director, said that Mr. King and Ms. Cason epitomized the hope of the future.

"Get your priorities in order: get knowledge, read books, read newspapers. Remember your history so you can determine your own destiny," said Mr. King.

"We hope to see Daddy's dream of freedom, justice, and equality become a reality," he said to a hushed audience. "Black History Month is the time to recommit ourselves to building a stronger society by learning to live together peaceably or as Daddy used to say 'learn to live together as brothers or perish together as fools.'"

He urged the audience to set priorities, saying that Americans seem preoccupied with acquiring wealth and resources.

"Affirmative action is designed to open the doors of America," he explained. "Unfit people? Affirmative action at NIH has never meant that a man or woman who couldn't chop a tree down should be a brain surgeon. To diversify the workforce by choosing among equally qualified candidates is hardly 'reverse discrimination.'"

The Shaw Junior High School Choir from the District sang rousing renditions of a variety of traditional songs.

Marthelia Wilkins of the Fabric Care Department was honored by the NIH Black Cultural Committee for her "attitude, cooperation, and devotion that exemplified the true meaning of love and caring for others." Mrs. Wilkins had raised money for an employee who required surgery. — Photos by Lou Bass.
Environmental Quality Projections Examined in Global 2000 Report


Ms. Gillman, Department of State senior staff member on international affairs, helped coordinate the report for the Council on Environmental Quality. The projections involved 12 other agencies and were presented to former President Jimmy Carter last summer.

Projections were based on assumptions that the United States will continue the same rate of technological advance experienced since World War II, that the world will continue its present policies in solving its problems, and that there will be no major disruptions in the world.

She stressed that the projections best serve as warning indicators of what could happen, and can be useful to identify present problems and to aid in solving them.

The world population will continue to grow at a staggering rate, and environmental degradation "can be expected to be calamitous if conditions are not changed," said Ms. Gillman. The combined problems of population growth and its added pressure on global resources should receive more serious attention. In the future, the impact of these two conditions will probably be greater in less developed countries.

Fertility rates are projected to drop, especially among developed nations like the United States, Japan, Western and Eastern Europe, and the USSR. The population growth rate will still continue to climb, however, in lesser developed countries even though their fertility rates will fall by 30 percent by the 21st century.

This trend is projected to occur because the current population of the lesser developed countries is very young and because infant mortality rates are dropping.

By 2000, the world population will be 6.35 billion, which translates to 100 million new births per year, most coming from poorer countries.

Food production, as measured by expected grain yield, should more than double in a 30-year period, 1970-2000. Most of the increase will take place in Japan, the U.S., and Western Europe.

Latin America is expected to increase its food production by 20 percent, but sub-Saharan countries in Africa will drop 20 percent below the 1969-1970 designated nutritional sublevels established by the United Nations' Food and Agriculture Organization.

Should drought or political disruption occur in Africa, there would be no margin of food to sustain the population, therefore leaving them vulnerable to famine. One source of survival would be food transfers from other parts of the world.

Available water is expected to decrease by 50 percent mainly because of increased population and deforestation and their devastating effects. Deforestation will occur more rapidly because people will be using wood as a cheap source of fuel. However, stripping the forests poses a great threat to water supplies because watershed protection will be lost and soil erosion could increase.

Energy production estimates reflect an increase in price and demand, with demand outstripping usable resources. However, projections indicate that developed nations will be able to handle the increasing price and need of energy, but lesser developed countries will have a difficult time.

It is projected that the cost of fuel wood will go up because of a 25 percent decrease in supply coupled with a greater demand for it in poorer countries.

The gap will widen between rich and poor countries—and between the rich and poor people of the countries themselves—due to deterioration of available resources. Currently, Haiti is an example of used up national resources. "There, deforestation and soil erosion are complete; they are ecological refugees," said Ms. Gillman. "Attempts by people to make a living triggers worse degradation," she continued.

A State Department task force reviewed the problems and prepared suggestions for the new administration, which has them under review. The task force report, Global Future: Time to Act, is a set of recommendations highlighting the efforts of 19 Federal interagency working groups.

These groups analyzed the Global 2000 Report and formulated recommendations suggesting that for poor, lesser developed countries, economic development and investment capital are essential, and assistance from developed countries is needed, especially in regard to resource management abilities.

In addition, birth control methods need to be further investigated and developed to find more suitable and acceptable methods for use by the population in the poorer countries.

The report found gaps and inconsistencies in the projections of the various contributing groups, but its conclusions are the most fully documented and detailed of all the recent efforts to project future global conditions and trends. They are also supported by findings of five other global studies carried out by United Nations' agencies and private organizations.

Pheresis

(Continued from Page 1)

therapeutic hemodilution on patients who had volunteered for the high-altitude study.

Automated hemodilution is a method by which a cell separator is used to remove red cells from donors and return plasma or plasma-like solutions.

Every day at the Pheresis Unit, cell separators are also used to collect white cells, platelets, and even young red cells. When plasma is collected on these machines, the procedure is called "plasmapheresis."

The Pheresis Unit is in constant need of donors. The Open House will begin this year's drive to recruit them.
studies under an IND previously granted the Wellcome Foundation.
Also, each lymphoblastoid study will enroll for 9 months to 1 year only 35 to 40 patients with a broad range of cancers. Studies will be conducted at the University of California at Los Angeles and at Duke University Medical Center, Durham, N.C. It is expected that the UCLA trial will be followed by phase II studies of breast cancer patients and the Duke Trial by phase II studies of patients with breast cancer or multiple myeloma.
In mid-March the Institute plans to initiate a phase I interferon study utilizing leukocyte interferon produced through recombinant DNA technology by Hoffman-La Roche, Inc. of Nutley, N.J. and Genentech, Inc., of San Francisco.
The study will be conducted by NCI intramural investigators at the Clinical Center, the National Naval Medical Center and at NCI facilities in Frederick and Baltimore. Approximately 50 patients with advanced cancers will be enrolled in the phase I trial, phase II studies will follow.
Dr. Robert K. Oldham, director of the Division of Cancer Treatment Biological Response Modifiers Program, is chairman of the study's coordinating group.
Phase I studies of the synthetic interferon from Hoffman-La Roche have been initiated recently at M.D. Anderson Hospital and Tumor Institute in Houston, and at Stanford. The NCI studies, according to Dr. Oldham, will employ doses and schedules different from the university studies.

Federal Employees Top 2.8 Million
Federal civilian employment stood at 2,875,866 at the end of September 1980 according to preliminary data released by the U.S. Office of Personnel Management.
At the end of fiscal year 1980, there were 39,710 employees in the Legislative Branch, 15,178 in the Judicial Branch, and 2,820,978 in the Executive Branch. OPM also reported that the total Federal civilian payroll for the same period was approximately $57 billion.
Within the Executive Departments, the Department of Defense ranked as the largest Federal agency, with 960,116 employees, followed by the Department of Health and Human Services with 496,538 employees.

Register for 1981 Golf Season; New Members Invited
Registration forms for the NIH Golf League are now being mailed to 1980 members. Others interested in joining may send their name, NIH address, extension and R&W membership card number to: Helen Krebs, Bldg. 10, Rm. 55-235, 496-5383, before Mar. 6.
For further information call Roberta Seward, 496-4567.

The National Library of Medicine welcomed six new NLM associates, all recent library school graduates who are beginning a year of training at NLM. The NLM Associates Program is designed as an intensive postgraduate educational experience, offering an opportunity for training to those interested in modern medical librarianship, automated handling of biomedical information, and advanced large-scale information storage and retrieval techniques. The new associates are: Top row (l to r) Ted Burch, Karen L. Duerringer. Bottom row (l to r) Peggy Beavers, June Slach, James Kopp, and Sarah Anne Goodman.

Visiting Scientist Program Participants
Sponsored by Fogarty Internat’l Center
1/23—Dr. Takeo Suda, Japan, Gerontology Research Center. Sponsor: Dr. Joseph Ritkind, NIA, Baltimore,
1/26—Dr. Mitsuru Watanabe, Japan, Endocrinology and Reproduction Research Branch. Sponsor: Dr. Ko-Cheng Huang, NICHD, Bg. 6, Rm. 128.
2/1—Dr. Akira Akatsuka, Japan, Laboratory of Biology of Viruses. Sponsor: Dr. Charles R. Manclark, NHLBI, Bg. 3, Rm. 222.
2/7—Dr. David Sugden, Israel, Division of Bacterial Products. Sponsor: Dr. Charles R. Manclark, BB, Bg. 29, Rm. 418A.
2/1—Dr. Venkatachala Natarajan, India, Laboratory of Developmental Neurobiology. Sponsor: Dr. Sankar Adhya, NICHD, Bg. 6, Rm. 4B04.
2/2—Dr. Laszlo Orosz, Hungary, Laboratory of Molecular Biology. Sponsor: Dr. Sankar Adhya, NCI, Bg. 37, Rm. 4B04.
2/9—Dr. Sue-May Wang, Taiwan, Laboratory of Nutrition and Endocrinology. Sponsor: Dr. Michael Lin, NIAMDD, Bg. 6, Rm. B1-22.
2/17—Dr. Pamela Potter, Canada, Laboratory of Preclinical Pharmacology. Sponsor: Dr. Erminio Costa, NIMH, St. Elizabeths Hospital.
2/18—Dr. Richard Horuk, U.K., Laboratory of Nutrition and Endocrinology. Sponsor: Dr. Martin Rodbell, NIAMDD, Bg. 6, Rm. B1-28.
Dr. C. Gardner Retires; Successor Selected

Clair L. Gardner, D.D.S., associate director for extramural programs, National Institute of Dental Research, retired Feb. 1 after 26 years of service as a Public Health Service commissioned officer.

Dr. Gardner joined the Dental Institute in 1962 as program planning officer and was appointed associate director for extramural programs in 1972. Before coming to NIDR, he was the area dental officer of the Indian Health Service, Aberdeen, S.D.

He was responsible for the Institute's extramural programs, encompassing craniofacial anomalies, restorative materials, periodontal diseases, soft tissue stomatology and nutrition, and pain control and behavioral studies. He helped establish a network of NIDR-supported dental centers in five universities throughout the Nation to further research on major oral health problems.

In 1972, Dr. Gardner was awarded the PHS Meritorious Service Medal, and in 1975 he received the Massachusetts Dental Society's International Award for the Advancement of Dental Research. Dr. Gardner was a member of the American Dental Association, the American Association for the Advancement of Science, the American Association of Dental Schools, and several other dental organizations.

Dr. Richard L. Christiansen has been named to succeed Dr. Gardner as the Institute's associate director for extramural programs.

In his new position, Dr. Christiansen will administer the Institute's extramural programs, which expend approximately 80 percent of the NIDR annual research budget. Funds are made available primarily through grants to support research and training in five categorical areas.

He joined the staff of the Dental Institute in 1964, as staff orthodontist in the Oral Medicine and Surgery Branch. Since his appointment as chief, Craniofacial Anomalies Program Branch in 1973, he has been responsible for administering, planning, programming, implementing, and evaluating its grants and contracts.

Dr. Jerry D. Niswander will succeed Dr. Christiansen as acting branch chief.

Dr. Christiansen is a commissioned officer in the Public Health Service. He received his D.D.S. degree from the College of Dentistry, University of Iowa; an M.S.D. degree from the School of Dentistry, Indiana University; and a Ph.D. degree in physiology from the University of Minnesota. He has received a number of awards, including the 1980 PHS Commendation Medal.

William Fisher Gives Up GRC Photography Career

Mr. Fisher chats with GRC co-workers Dr. Nancy Shinowara (l) and Judy Frix at his retirement party.

Surrounded by approximately 60 well-wishing friends and co-workers, William H. Fisher III, photographer at the National Institute on Aging's Gerontology Research Center for the past 12 years, said goodbye at his retirement party.

Mr. Fisher's Federal career spanned more than 16 years, including work with the U.S. Army from where he later transferred in 1968 to the research center. Always a key figure in the center's photographic successes, Mr. Fisher remained in his GRC position until his retirement.

Mr. Fisher says that retirement will give him the opportunity to accomplish "all those things I just didn't have time for previously." □

Middle East, African Scientists Review Viral Diseases Impact

Scientists from 53 countries recently attended the Second International Conference on the Impact of Viral Diseases on the Development of African and Middle East Countries held in Nairobi, Kenya.

Among those participating was Dr. William Jordan, chief of the Microbiology and Infectious Diseases Program, National Institute of Allergy and Infectious Diseases.

The conference was called to review problems of viral diseases of particular concern to Africa and the Middle East nations, such as Rift Valley fever, influenza, rotaviruses (a leading cause of infant diarrhea), rabies, sexually transmitted viral and chlamydial diseases, Lassa fever, and Marburg and Ebola virus infections.

The conference was organized by the Government of Kenya and the International Cooperative Virology Organization under the auspices of the World Health Organization.

The first conference, held in 1976, focused exclusively on Africa but the serious and widespread nature of these diseases led to the inclusion of the Middle East in its deliberations.

Participants agreed to scheduling a third conference in 1984 and the formation of a new virology association to be known as the Africa and Middle East Virology Association. □

Dr. Gardner received the PHS Meritorious Service Medal for his outstanding dental research administrative abilities.

R&W Plans Trip to Atlantic City

On Friday, Mar. 20

R&W is planning a trip to Atlantic City on Friday, Mar. 20. The price per person is $15.90 and includes round trip transportation and a Brighton buffet.

Buses will leave NIH from Bldg. 31C at 1 p.m. and depart Atlantic City at 11 p.m. for the return trip.

A $10 deposit is required with balance due no later than Mar. 13.

For further information and reservations call Ethel or Margaret, 496-4600. □

Nothing is so conducive to greatness of mind as the ability to examine systematically and honestly everything that meets us in life.—Marcus Aurelius (A.D. 121-180) □
International Workshop Meets To Discuss Covalent Modification of Protein Synthesis

A lively NIH-sponsored workshop recently drew biochemists from 10 countries to discuss their differing viewpoints on the role of covalent modification in the control of protein synthesis.

Covalent modification—a cellular regulatory mechanism involved in the control of protein synthesis components—can partially explain how interferon works, how gene expression is regulated and how cells respond rapidly to variations in nutritional or energy requirements.

Biochemists working in the area of protein synthesis are widely separated geographically. Their apparently different findings from similar experiments may partly be the result of difficulty in comparing experimental conditions. One workshop goal was to stimulate collaboration and interaction.

Over 400 persons attended the workshop sponsored by NIGMS, NHLBI, NCI, NIAMDD, and the International Union of Biochemistry.

Host for the meeting was the Uniformed Services University of the Health Sciences. Co-organizers were Drs. Barbara Williams, NIGMS; and Brian Safer, NHLBI. Drs. Earl Stadtman, chief of the Laboratory of Biochemistry, NHLBI; and Edwin Krebs, professor and chairman of the pharmacology department, University of Washington, Seattle, were discussion moderators.

Five years ago investigators in the area of protein synthesis discovered that the addition of phosphate—a covalent modification called phosphorylation—to a factor called eukaryotic initiation factor-2 (elF-2) was correlated with the inhibition of protein synthesis.

However, it has not been demonstrated to the satisfaction of most scientists that phosphorylation of elF-2 is both necessary and sufficient to turn off protein synthesis.

Several investigators now believe that inhibition of protein synthesis involves types of covalent modification other than elF-2 phosphorylation and that the mechanism is much more complex than previously thought.

Genes can now be cloned and introduced into cells; however, translation of the genetic message into the final active protein is not assured. Covalent modification may regulate the effects of certain proteins associated with the translation of genetic messages.

A complete understanding of the translation process that regulates the final expression of genetic information is of great importance, and may be necessary for full achievement of the potential benefits of genetic engineering.

"Translational control is not a simple system," Dr. Williams said. "There is considerable controversy in the field. We hope the workshop opened new perspectives, new possibilities."

Participants were asked not just to present the latest findings in their laboratories but to consider different forms of covalent modification, to compare results, and to look at different systems.

Among major conclusions of the workshop:

- The regulation of gene activity was also shown to result from the association of a specific protein with messenger RNA. The rec A gene product of T4 bacteriophage regulates the translation of messenger RNA's by binding to a definite nucleotide sequence at the ribosomal binding site.

- Similar proteins that bind to eukaryotic messenger RNA's also regulate gene expression. It was speculated that covalent modification of these proteins may affect their binding to mRNA. These proteins are shown to be covalently modified but the role of such modification in translational regulation is not yet established.

- Participants considered the possibility that some of their findings that appeared to be in conflict may have resulted from differing assay systems, nonstandard commercial products, and factors that were previously thought to be actively involved in protein synthesis but that may actually be passive components of the process.

Pathologists to Hold March Meeting

The College of American Pathologists and the American Society of Clinical Pathologists will hold a joint meeting in San Diego, Mar. 14-19.

Further information may be obtained from Annette Lenzi, College of American Pathologists, 7400 N. Skokie Boulevard, Skokie, Ill. 60077; telephone (312) 677-3500.
FEGLI Enrollment Season Begins; Forms Due in Personnel Offices by Mar. 31

The Federal Employees Group Life Insurance Program Open Season began Mar. 1 and ends Mar. 31. Personnel offices will be distributing a packet containing information on the program to each eligible employee. The packet will contain BRI 41-376 entitled Open Enrollment Information; BRI 41-374, Highlights of the New FEGLI; Standard Form 2817, Life Insurance Election; and SF-2817 A, a booklet specifically detailing coverage, rates, and certification of enrollment.

During Open Season, employees may elect life insurance without submitting evidence of insurability, regardless of age. All eligible employees must complete SF-2817 and return it to their personnel office by Mar. 31.

Booklets Distributed

Employees who do not complete and return the form by the date will be automatically enrolled for basic life insurance and withholdings will be made from pay. All waivers and elections of optional insurance previously in force will be cancelled Apr. 1.

The 12-page booklet, SF-2817 A, briefly describes the main program provisions. Part I provides details of the four life insurance options. Part II describes the conditions for changing elections and payment of insurance benefits, and information regarding beneficiaries, filing claims, temporary protection, etc.

Life insurance at a glance:

Basic Life

- Basic Life insurance coverage is equal to annual basic pay (rounded to next $1,000) plus $2,000 (minimum $10,000).
- Cost is 24 cents biweekly for each $1,000.
- Employees must have enrolled for basic life during this FEGLI Open Season to be eligible for extra benefit to be effective Oct. 1.
- Starting Oct. 1, the extra benefit automatically doubles the amount of life insurance payable for employees age 35 or under and at no extra cost. Beginning at age 36, this extra benefit decreases 10 percent each year until age 45, the extra benefit ends.
- Accidental death and dismemberment benefits are payable under basic insurance.
- Basic life insurance may be continued when employees retire if they (a) retire on an immediate annuity, (b) have been insured for this basic or “regular insurance” coverage for entire period(s) during which coverage was available, or for the last 5 years immediately before retirement, and (c) does not convert to an individual policy.

Coverages Noted

- Cost of postretirement coverage depends upon level of protection elected to retain after reaching age 65 (or if retired, it later). Retiree may choose one of three levels; no reduction, 50 percent reduction or 75 percent reduction. The 75 percent reduction would continue at no cost to annuitant.

- Upon termination of employment, employee is eligible to convert the amount of basic life insurance to an individual direct-pay policy.

Option A—Standard

- To elect the $10,000 option, you must have basic insurance.
- You pay the full cost of this insurance and the cost depends on age. (See Feb. 18 NIH Record for rates.)
- Includes $10,000 accidental death and dismemberment coverage.

Option B—Additional

- To choose additional life insurance coverage equal to one, two, three, four, or five times annual basic pay (after rounding to next $1,000), basic insurance is required.
- The amount chosen should be based on individual needs.
- You pay the full cost of this insurance and the cost depends upon your age. (See Feb. 18 NIH Record for rates.)
- Insurance may be continued after retirement; the amount of additional insurance you may continue will be at the lowest multiple of insurance coverage in effect for the 5 years immediately preceding the date of retirement or the entire period(s) of service during which option B was available, if covered for at least 5 years.
- Effective at end of month following month in which you become 65 or retire (if later), option B insurance will reduce by 2 percent per month for 50 months at which time coverage will end.

Option C—Family

- If you have basic insurance, you may elect this option to cover eligible family members; $5,000 life insurance coverage for spouse and $2,500 life insurance coverage for each child.
- "Eligible family member" means spouse and unmarried children, including adopted children, a stepchild (but only if the stepchild lives with employee in a regular parent-child relationship) or a recognized natural child.

To be covered, a child must be under 22 years of age, or if 22 or over, unmarried and incapable of self-support because of a mental or physical disability which existed before the child became 22.
- If employee acquires another eligible family member while insured under option C, he or she will be covered automatically.
- You pay the full cost of this insurance. (See Feb. 18 NIH Record for rates.)
- Option C may be continued into retirement if you had coverage for the entire period(s) during which it was available to you, or for the last 5 years of service immediately before retirement.
- Effective at end of month following the month in which you become 65 or retire (if later), option C insurance will be reduced by 2 percent per month for 50 months at which time coverage will end.

- Withholdings from annuity will continue through the month you reach 65. No further withholdings are required after age 65 and retired.

Polish professor Witold Rudowski (I) meets with NLM staffers Dr. Jeanne L. Brand, chief of the International Programs Branch, Extramural Programs, and program officer Randall Worthington. Dr. Rudowski is director and head of the department of surgery, Research Institute of Hematology and Blood Transfusion in Warsaw. His visit to NLM initiated a series of meetings with U.S. biomedical scientists engaged in splenectomy, a subject on which he is preparing a critical review under NLM's collaborative research communications program in Poland.