



CC Celebrates Its 25th Anniversary July 6 With Special Program, Exhibits

On July 6, the Clinical Center will celebrate a birthday—a Silver Anniversary—25 years of patient care. The Center's celebration this year comes during the celebration by the Department of Health, Education, and Welfare of its 25th Anniversary.

The 546-bed hospital and its 1,200 employees will celebrate the occasion with an afternoon program in the Masur Auditorium, along with a reception and exhibits about CC activities.

(See pages 5-8 for information on CC history and research.)

The afternoon program will highlight the Center's 25 years of service and medical research with an opening salutation by Clinical Center Director Dr. Mortimer B. Lipsett.

Nutrition Department chief, Edith Jones, a 25-year employee of the CC, will reflect on the events from the Center's opening in 1953 to the present.

Clinical Center deputy director Dr. Griff T. Ross will present awards and certificates to 60 employees who have served 25 years as part of the CC staff.

A reception for the honored employees and their guests will be held in the Medical Board Room following the program.

In the lobby, near the main elevators, exhibits will include photos illustrating 25 years of progress and change at the CC.

World Health Assembly Meets in Geneva; Goals Emphasize Primary Care for All

The World Health Assembly met recently in Geneva, Switzerland. NIH Deputy Director Dr. Thomas E. Malone and National Eye Institute Director Dr. Carl Kupfer were among the U.S. representatives.

The U.S. Delegation was headed by HEW Secretary Joseph A. Califano, Jr., until May 10, by HEW Assistant Secretary for Health Dr. Julius B. Richmond from May 11 through May 12, and by Dr. J. H. Bryant, Director-Designate of the Office of International Health, through May 24.

Alternate delegates included Dr. Lee Howard of AID, Robert Andrew of the State Department, and Ambassador William J. vanden Heuvel of the U.S. Mission in Geneva.

Advisors were: Professor Abel Wolman (Johns Hopkins University), Drs. Thomas Malone and Carl Kupfer (NIH), Dr. Don Hopkins (CDC), Dr. John Jennings (FDA), Dr. Robert DeCaires (OIH), Dr. Barbara Underwood (MIT), and Dr. Robert Fortune, International Health Attache (U.S. Mission, Geneva).

Comments provided by B/I/D's of NIH on various agenda items were used in statements Dr. Malone

presented on several specific topics connected with biomedical research.

The WHO Director-General, Dr. Halfdan Mahler, was elected for a second 5-year term by unanimous vote. Kamaluddin Mohammed, Minister of Health of Trinidad and Tobago, was elected President of the 31st World Health Assembly.

Delegates from the Congo, Switzerland, Saudi Arabia, Thailand, and Japan were elected Vice Presidents.

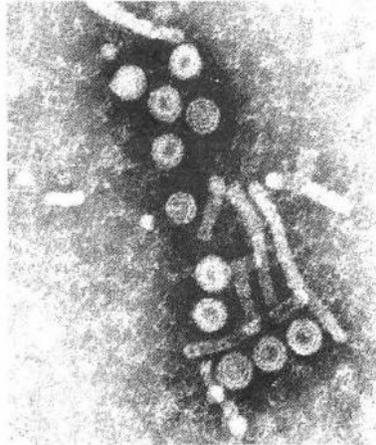
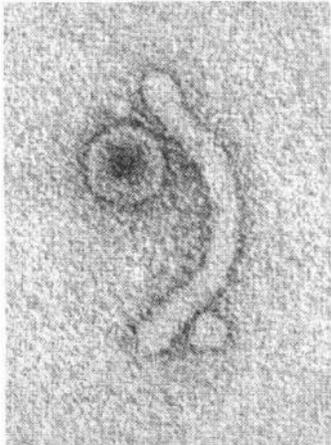
The U.S. was given representation on the General Committee of the Assembly and also on the Nominations Committee. Dr. Bryant served on the General Committee, which provided overall direction to the proceedings of the Assembly.

Dr. Bryant is also a member of the Executive Board which, among other functions, gives effect to the decisions and policies of the Health Assembly.

Early in the proceedings Dr.

(See WHA MEETS, Page 4)

NIAID Grantees Report Vidarabine Used To Treat Chronic Hepatitis B Patients



Left, the three morphologic components associated with hepatitis B surface antigen, 1) 42 nm Dane particle, 2) 20 nm particle, and 3) tubular component, 20 nm in diameter (2-% phosphotungstic acid stain, x 132,000). Right, the Dane particles and filamentous form of hepatitis B antigen are shown in this NIH photomicrograph (x150,000).

Stanford scientists—supported by the Antiviral Substances Program of the National Institute of Allergy and Infectious Diseases—have reported the first successful use of a synthetic antiviral drug to treat patients with chronic hepatitis B infection.

Vidarabine—the drug used—significantly reduced the markers of infection in two patients treated with the antiviral substance.

Hepatitis B causes inflammation of the liver and leads to chronic in-

fection in approximately 10 percent of its victims.

It has been estimated that 175 million persons in the world today have chronic hepatitis B and are therefore potential transmitters of the infection. Currently, no treatment (See VIDARABINE, Page 11)

HEW Secretary Califano Addresses WHA, Cites U.S. Commitment to Internat'l Health

Addressing the 31st World Health Assembly in Geneva, Switzerland, on May 9, HEW Secretary Joseph A. Califano, Jr., chief delegate of the U.S., said, in part:

It is my honor to speak today as the first Cabinet officer ever to head the United States delegation to the World Health Assembly. I come as President Carter's personal emissary, to underscore the commitment of the government and people of the United States to the World Health Organization.

President Carter holds to a simple belief that is also a central tenet of the World Health Organization: that a decent standard of health is a fundamental human right, for the world's poor no less than for the rich. . . .

In a world noisy with the clamor of political dispute, the World Health Organization quietly pursues work that transcends politics. . . . While governments and peoples talk of peace and dream of peace—this organization is steadily building peace.

Consider the achievements of the past 30 years:

- *Despite its own limited resources, the World Health Organization has magnified the usefulness of the world's resources by bringing nations together to identify common problems and take concerted action, thereby rising above narrow political and national interests;*

- *The World Health Organization, recognizing the widespread lack of access to health care among poor people, has successfully led the community of nations to accept primary health care as a major international priority;*

(Continued on Page 12)

the NIH Record

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2 Familiar Faces Frequent Plateletpheresis Center



Capt. Carter (l) usually donates platelets in the morning after working his 24-hour shift, but Brother Jerry's schedule is a bit more flexible. Since he is a potter he can donate around his work schedule.

Ken Carter and Jerry Hovanec are familiar faces around the NIH Plateletpheresis Center.

Capt. Carter has donated over 200 times, and Brother Jerry, over 100 times. A friar in the Franciscan order, he saw a platelet poster in the Municipal Building in Rockville, and called for an appointment.

Donates Once a Week

That was in the spring of 1975, and he has been coming every week since.

A captain with the NIH Fire Department, Capt. Carter started donating in 1972, and he also continues to donate once a week.

His blood type is common so his platelets are used for many patients with acute leukemia or aplastic anemia. Brother Jerry's platelets help an 11-year-old Oklahoma child with leukemia.

Two Safety Films Offered By OMS Beginning July 10

The Occupational Medical Service will show two films, "You and Office Safety" and "The Split Second."

This 25-minute program points out the ways accidents occur every day in offices and the need for observing safety codes and practices.

The films will be shown at 11:30 a.m. and 12:15 p.m. on:
Monday, July 10, in Bldg. 1, Wilson Hall
Tuesday, July 11, in Bldg. 10, Masur Auditorium
Wednesday, July 12, in Westwood Bldg., Conference Room D
Thursday, July 13, in Federal Bldg., Room B-119

NIH Phone Directory Still a 'Bestseller,' Takes 'Number One' on Non-Fiction List

Would you like to order a conditioned cat? Locate a hair stylist? Find someone to adjust the room temperature? Or talk to one of two James Carters? No problem.

To find the needed information and other facts, look in the *National Institutes of Health Telephone and Service Directory*.

The directory, which is issued twice a year, is possibly the most widely read publication on the NIH campus. It seems most everyone wants a copy or two of the directory when distribution time rolls around. The Telecommunications Branch has ordered 15,000 copies printed, one copy per employee.

More than just telephone numbers, the NIH directory offers a variety of information, such as: the translation of abbreviations, Government agency numbers, pneumatic tube station locations, emergency instructions, shuttle bus schedules, a classified index, personnel alphabetical listings, and a unique section entitled "The Yellow Pages."

The directory is the source of some interesting pieces of trivia. For example, the most common name on the NIH campus is (not surprisingly) Smith, which had 157 entries. The second runner-up with 96 is Brown. Williams and Davis tied for third place with 56 names each.

Names such as Sunshine, Sweet, Wine, and Zissis are sure to catch a few eyes. Another interesting name, "Love" belongs to six people working at NIH. One of them, Mary L. is "Loving" and alas, poor Fredrick J. is "Loveless."

If you happen to notice the name "Jane Showacre" you might wonder if she has any connections in real estate. "June Moon" conjures up star gazing on clear summer evenings. "Frank Triplet" causes the imagination to picture him as a triplet with two identical siblings.

Flipping the pages, and spotting such famous names as James Carter, John Carson, and Joe Frazier makes you sit up and take notice. Could these people be anything like their famous names?

For all the amusement and utility the *Telephone and Service Directory* contains, it has not been without problems. In the fall of 1977 NIH switched to a Centrex telephone system. When this system was installed it required the full seven digit number to be dialed to put a call through. This mandated that the directory add longer numbers to the listings.

Also at this time offices added new push tone phones with new telephone numbers. The outcome of all these changes is that the directory is now published twice a year; before the new Centrex system it was published three times a year.

The Communications Section reports that the directory has been distributed. Enjoy the reading!

Employee Assistance Prog. Changes Location, Phones

The Employee Assistance Program is now situated in its permanent quarters—Bldg. 31, B2B47. Counselors are in Rooms 4 and 5.

The new telephone numbers are 496-3164 and 3165. (Number 496-2738 is no longer in operation.)

Join R&W Shenandoah Canoe Trip in August

Shenandoah River Outfitters and R&W are providing an opportunity to discover the beauty and serenity of the Shenandoah River—by canoe. The south fork of the Shenandoah, flowing between the Blue Ridge and Massanutten Mountains, is a showcase of nature's wonders with lush green landscape, an abundance of wildlife, and intricate rock formations.

The rapids are navigable for the novice but interesting enough for the advanced canoeist with class III rapids at Compton.

Carpools will leave Bldg. 31C at 6 p.m. on Friday, Aug. 11, and set up camp in the George Washington National Forest. Tent rental is available at a nominal fee.

The outing starts in the morning on the river. The pace, miles, and times are individually decided. Equipment, maps, and transportation are provided. A riverside lunch—prepared and served by Outfitters staff—will quell mid-day hunger.

The finale is a complete steak dinner—all you can eat—cooked over open fires and complemented by the panoramic scene of the Blue Ridge Mountains. Then back to the tents for a much needed sleep.

Sunday morning, leaving the area, an optional tour of the Luray Caverns is available at cost. Sign up now at the R&W Activities Desk for a weekend of fun at \$17.50 per person.

TRAINING TIPS

The Executive and Management Development Branch is sponsoring the following Supervisory Courses at NIH in the next 2 months:

Time Management for Supervisors—July 11 and 12
Concepts of Classification and F.E.S.—July 18 and 19
Management of Conflict and Agreement—July 26-28

Communication Issues—Aug. 7-9
For more information call Saccelia Damuth, 496-6371.

Carter, Califano Commend Seven Employees For Their Money-Saving Suggestions



NIH Director Dr. Donald S. Fredrickson congratulates the seven employees whose suggestions have saved the Government over \$79,000. L to r are: Mr. Nagy, Mr. Day, Mr. Forrest, Dr. Fredrickson, Ms. Strailman, Mr. Parch, Mr. Wright, and Mr. Berrill.

For their significant contributions to the improvement of Government operations, seven NIH employees recently received personal congratulations from President Carter and HEW Secretary Joseph A. Califano, Jr., in the form of a signed letter of commendation.

These seven suggestors who saved the Government over \$79,000 and received cash awards totaling more than \$3,000 are:

Kenneth E. Berrill, utility system repair operator leader, Division of Engineering Services, was honored for suggesting the installation of return air dampers in the air handling systems of Bldgs. 29A, 36, and 37. His proposal resulted in tangible savings of \$13,000.

James L. Day and Floyd L. Forrest, carpenters, DES, shared an award for suggesting the use of unistrut type hangers for V.M. Products removable metal partitions in lieu of VMP design which saved the Government \$5,000.

Mike Nagy, mechanical engineering technician, Division of Research Services, received an award for modifying freeze drying apparatus by installation of a sodasorb acid trap. Tangible savings amounted to \$10,000.

Royston Parch, supervisory mail clerk, National Library of Medicine, developed a new method for wrapping books for mailing. His suggestion saved the Government \$11,000 in the first year.

Mary P. Strailman, administrative assistant, Division of Financial Management, was honored for her suggestion concerning the contracting out of document reproduction, thereby cutting copying costs. Tangible savings to the Government amounted to \$15,000.

James W. Wright, boiler plant operator leader, DES, received an award for his suggestion to install a heat exchanger to conserve heat from exhaust steam. He saved \$22,000.

Under the Presidential Recognition Program each idea or other achievement beyond job requirements which saves the Government \$5,000 or more, or represents a major contribution to the Nation's energy conservation effort, receives

Dr. 'Bill' Dec, Former Summer Employee, Gets Record Straight A Avg.

Dr. George W. Dec, Jr.—formerly a summer employee with the Section on Psychogenetics of the Biological Psychiatry Branch, National Institute of Mental Health, at the Clinical Center—became the first medical student in 41 years to graduate from Johns Hopkins University Medical School with a straight A average.

After a vacation in Europe, "Bill" will leave for Massachusetts General Hospital, where he will begin his residency in internal medicine.

While working at NIMH during the summers of 1975-77, Dr. Dec studied catechol-O-methyltransferase in brain and blood of different mouse strains.

Last summer he worked in both the Section on Psychogenetics and the Section on Biochemistry and studied receptor binding activity in plasma of patients with bipolar manic depressive illness.

He was considered by Dr. Elliot Gershon, chief of the Section on Psychogenetics, to be the most talented medical student he had ever seen at NIMH.

a personal letter of thanks from the President.

Exceptional contributions in the areas of Government reorganization, zero base budgeting, paperwork reduction, and regulation reform are recognized.

To submit an employee suggestion fill out a Suggestion Blank, Form HEW-170, for each idea. These forms may be obtained and returned to your suggestion coordinator, Item #44 in the Yellow Pages of the *NIH Telephone and Service Directory*.

In mid-August, a recorded message, 496-4608, will give further information about the employee suggestion program.

Joffrey Ballet at Wolf Trap Aug. 2—R&W Discount Tickets

The Joffrey Ballet is returning to Wolf Trap for its eighth season, presenting many Joffrey favorites and a new repertoire selected from ballets by Frederick Ashton, Gerald Arpino, and John Cranko.

A limited supply of discounted tickets for a performance Wednesday, Aug. 2, at 8:30 p.m. will be available at the R&W Activities Desk, Bldg. 31, at a cost of \$6.80 per person.

Dinner reservations will be made upon request for an additional \$6.95 per person. Even if not purchasing a dinner, enjoy Wolf Trap's spacious grounds for picnicking before the program.

Note: OMS Moves Again!

Effective June 26, the Occupational Medical Services have been relocated from Bldg. 10 to the north side of the B2 level of Bldg. 31, B Wing. The telephone number, 496-4411, remains the same.

Evening hours, from 5 p.m. to 12:30 a.m., will be conducted in the North Wing Clinic of the Clinical Center.

During Its Awareness Week NIEHS Considers Inequities in Hiring, Promotion of Women

Awareness by top management and all other employees of possible inequities in hiring and promoting women was the subject of workshops, lectures, and films during a special week, May 12-19, at the National Institute of Environmental Health Sciences.

Dr. Carol Schiller, coordinator of the Federal Women's Program at the Institute's Research Triangle Park, N.C., campus, played a key role in planning Awareness Week.

Bias is Subconscious

"Workshops the first 3 days of the week were for upper-level management people," Dr. Schiller said. "I think the kind of bias we identified is really subconscious."

Success of Personnel's Telephone Tapes Leads To Series With Theme

Have you dialed 496-4608?

Since Jan. 16, an average of 272 employees a week called to hear the telephone tape series developed by the Division of Personnel Management.

The series began as a 3-month experimental program in which employees could obtain personnel or personnel-related information on such topics as Preparing for a Desk Audit, the Special Placement Program, and the Privacy Act.

What began as an experiment for NIH has become a model for several other agencies. Due to its success, the tape series will continue with one modification.

Beginning Monday, July 3, topics will be presented around a theme over a period of several consecutive weeks. The first theme, Employment Information and Career Development Opportunities, will include methods for locating a vacancy, tips on preparing an effective SF 171, and information on career development programs.

The Personnel Communications Branch, DPM, 496-4543, welcomes comments and suggestions.

The May 18 program featured speakers from the Institute including Dr. Schiller, who is an intramural scientist as well as FWP coordinator. T. J. Griffith, with Images Consultants, Inc., of Dallas, Tex., assisted with the sessions.

Other Assistants Named

Also assisting in the week's events were Arnetta Wicker, Laboratory of Environmental Toxicology, NIEHS, and Tamara Corsatea, an NCSU junior in zoology from Ohio, who is a stay-in-school (temporary) Institute employee.

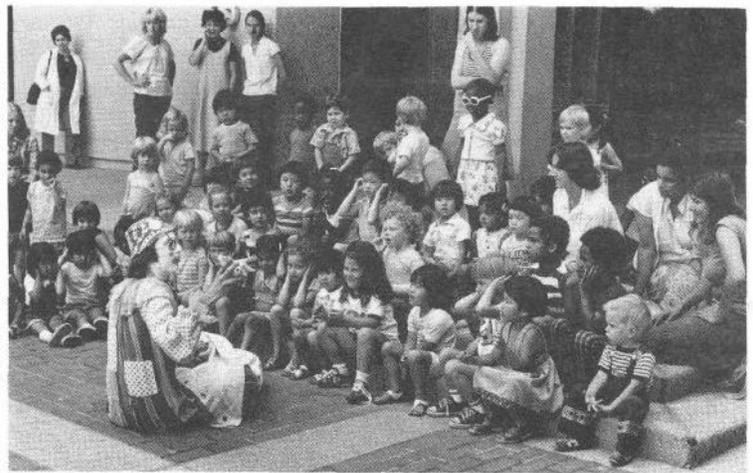
The Federal Women's Program is one facet of the NIEHS's Equal Employment Opportunity Program.



Participating in the opening session of Awareness Week are (l to r) Dr. Terri Damstra, Office of Health Hazard Assessment; Dr. Hans L. Falk, associate director, Office of Health Hazard Assessment; Dr. Marty J. Ortner, Laboratory of Environmental Biophysics; Paul C. Waugaman, executive officer; Dr. David P. Rall, NIEHS Director; and Ms. Griffith.



NIH DAY CARE CENTER CELEBRATION OF CHILD CARE WEEK, June 5-9, included films portraying preschool activities, a panel discussion on *Child Care and the Working Parent*, and concluded with an open house where visitors enjoyed a display of the children's work. Panel members were, from left: Peggy Pizzo, special assistant to the National Director of the Administration for Children, Youth, and Family, HEW; Jackie Cook, executive director of the Day Care and Child Development Council, Council of America, Inc.; Ed Greene, director of the Intern Program for the Coalition of Children and Youth; and Marian Green, director of the NIH Preschool Program. Parents as well as children were fascinated by the antics of Jelly Bean, the clown.



WHA MEETS

(Continued from Page 1)

Mahler's report, "World Health Is Indivisible," outlined the progress of WHO. Dr. Mahler appealed to political leaders of the world to use health as a neutral ground for promoting a global development dialogue and as a lever for social and economic development.

He urged the Assembly to make the goal of health for all by the year 2,000 the social target of WHO.

Dr. Mahler emphasized primary health care including: research to generate new knowledge and to apply existing knowledge, development and use of health technologies, production of the right number and types of health workers, proper nutrition, safe drinking water, a healthy environment, and immunization of all children against common infectious diseases.

110 Delegates Speak

Approximately 110 of the chief delegates addressed the plenary on their health activities, and responded to the reports of the Director General and the Executive Board.

Secretary Califano, the third speaker to the Assembly, elicited clear expectations of a renewed commitment of the U.S. to international health. He reiterated the five principles of President Carter's recent message on international health policy:

- 1) efforts will be focused on the world's poor;
- 2) developing countries will be helped to strengthen their own capabilities;
- 3) the U.S. will work in close cooperation with international agencies and in partnership with individual nations;
- 4) prevention of ill health and immunization of children will be emphasized; and,
- 5) our own national resources will be fully mobilized. Secretary Califano then described briefly five areas in which the U.S., guided by

the above principles, will rededicate itself or make additional contributions:

- 1) control of infectious diseases, especially support to the Tropical Diseases Research Program, yaws control, and expanded immunization;
- 2) safe water and basic sanitation;
- 3) nutrition;
- 4) prevention of blindness;
- 5) primary health care.

Secretary Califano also met with top WHO officials and other delegates and held a press conference for the Palais des Nations press corps.

Extensive debate on the agenda items (reports by the Director General) took place in the two working committees. For most of these, the U.S. delegation made interventions and co-sponsored or endorsed resolutions calling for future plans of action by the WHO and by member states. The Assembly approved a total of 58 resolutions. Among the significant resolutions were those on:

- Drug policies and management, including a medicinal plants action program in essential drugs
- Appropriate technology for health
- Development and coordination of biomedical and health service research
- Special programs of research, development, and research training in human reproduction
- WHO's Human Health and Environment Program
- Malaria control strategy
- The role of the health sector in the development of national and international food and nutrition policies and plans

Special Offers for Joggers

Joggers! Now by going to the R&W office, Bldg. 31, Room 1A-18, you can subscribe to several jogging periodicals, apply for membership or participation in events of several running clubs, not to mention signing up with the Health's Angels (NIH Jogging Club).

- Maternal and child health
- Birth defect surveillance
- Health hazards of smoking
- Fluoridation and prevention of caries
- Comprehensive control of cardiovascular diseases at the community level
- Control of endemic trepanematoses
- Control of sexually transmitted diseases
- Programs of diarrheal diseases control
- Expanded program on immunization
- Smallpox eradication
- U.N. water conference

The committees also dealt with numerous organizational and budgetary problems, including coordination within the U.N.

The U.S. delegation sought support for and passage of a draft resolution on "the urgent need for the establishment of breeding colonies of nonhuman primates for biomedical research and for the assurance of safety of drugs and vaccines."

Although co-sponsorship was obtained from a wide spectrum of countries, it was finally decided to bring the matter to the attention of the Assembly by recalling an earlier, similar resolution (WHA 29-67) on the same subject.

As in the past, the Assembly became involved in problems with political overtones. The most controversial was the matter of health assistance to the people of the occupied Arab territories in the Middle East.

A resolution sponsored by the Arab countries and supported by many African and Asian nations was passed condemning Israel for the continuation of the occupied status and its alleged adverse health implications.

Other issues included aid to Lebanon, aid to newly independent and emerging countries of southern Africa, and to Lesotho.

The U.S. position on these issues generally was abstention because of the involvement of WHO in matters unrelated to world health.

Savings Bond Campaign Report Indicates Need For More Participation

The most recent figures on the 1978 U.S. Savings Bond Campaign at NIH reported thus far, from May 1 through May 31, indicate that the Fogarty International Center is leading with 16.1 percent participation.

The overall NIH participation is 2.7 percent, with 228 employees buying bonds for the first time and 112 increasing their bond allotment.

These figures do not show the number of NIH employees who are already buying bonds.

If you have not signed up, it is not too late to do yourself a favor—the campaign has been extended through the end of June, and as little as \$3.75 every 2 weeks soon accumulates into a substantial amount.

May Campaign Figures

| B/I/D | Employees | New | In-creased | Percent Participation |
|--------|-----------|-----|------------|-----------------------|
| CC | 1,910 | 49 | 9 | 3.0 |
| DCRT | 302 | 2 | 2 | .1 |
| DRG | 405 | 21 | 6 | 6.7 |
| DRR | 95 | 5 | 1 | 6.3 |
| DRS | 603 | 20 | 10 | 5.0 |
| FIC | 62 | 7 | 3 | 16.1 |
| NCI | 2,290 | 23 | 11 | 1.5 |
| NEI | 175 | 1 | 3 | 2.3 |
| NHLBI | 869 | 11 | 6 | 2 |
| NIA | 241 | 3 | 0 | 1.2 |
| NIAID | 685 | 5 | 2 | 1.0 |
| NIAMDD | 684 | 6 | 0 | .9 |
| NICHD | 417 | 5 | 3 | 1.9 |
| NIDR | 396 | 2 | 1 | 1.0 |
| NIGMS | 163 | 1 | 1 | 1.2 |
| NINGDS | 659 | 8 | 7 | 2.3 |
| NLM | 522 | 9 | 12 | 4.0 |
| OD | 1,928 | 50 | 35 | 4.4 |
| | 12,406 | 228 | 112 | 2.7 |

NIH Singles Meet Tuesdays

The NIH Singles Club get-togethers are continuing through the summer on the first and third Tuesdays of each month, excepting legal holidays, at 5 p.m. in the Bldg. 20 Rec Room (enter at back of Bldg.).

Light refreshments, disco music, and free dance instruction are all available. For membership information, call Susan Skuntz, 496-2013. Visitors are welcome.

Staff and Facilities Provide Up-to-Date Diagnosis, Treatment

The Clinical Center provides facilities and support services for nearly 1,000 physicians who conduct the NIH clinical research programs and for scientists who work in its 1,100 laboratories.

The Blood Bank service provides safe, effective blood and components for patient care. Approximately half of the blood transfused is obtained from volunteer donors at NIH, and the remainder is drawn from the Washington Regional Blood Program of the American Red Cross.

Provides Additional Programs

The Blood Bank also teaches blood banking and immunohematology and conducts research on hepatitis and on other blood-related problems.

The Clinical Pathology Department offers laboratory medicine support to physicians and their patients, providing diagnostic services in hematology, clinical chemistry, and microbiology. The staff is also available for consultation and assistance in interpreting lab results.

Improved Diagnosis

The Nuclear Medicine Department provides computerized axial tomography (CAT), whole body scanners, and diagnostic imaging through the use of radioactive pharmaceuticals. The department is involved in various studies on improving diagnosis through the use of radiopharmaceuticals.

One such study has resulted in a technique for detecting coronary artery disease by injecting a radioactive tracer which collects in heart muscle. A computer transfers the image to a TV screen, and heart function during rest and exercise can then be evaluated.

Nursing Aids Research

Nurses at the CC are regarded as members of the research team. They emphasize warm, personal concern for the patient, as well as providing efficient professional care. CC Nursing Conferences are held, usually centering on a particular disease entity.

Many patients have benefited from the Rehabilitation Department's programs, including evaluation and treatment as well as physical therapy, occupational therapy, and speech therapy, among other types of assistance.

The Diagnostic Radiology Department, with a full complement of radiological equipment, including CAT and ultrasonic scanners, is also engaged in developing interventional radiographic techniques

NIH CLINICAL CENTER Celebrates Its 25th ANNIVERSARY

A Chronology of Important Dates In the History of the Clinical Center

| | |
|----------------|--|
| July 1, 1944 | Congress authorizes the building of the Clinical Center to provide high quality patient care and conduct biomedical research. |
| July 8, 1947 | Congress approves funds for construction of the 516-bed hospital, where eventually nine Institutes will conduct clinical research. |
| November 1948 | Construction begins on the 14-story all-brick building—the only one of its kind in the world. |
| June 22, 1951 | President Harry S. Truman, honored guest, helps lay the cornerstone. |
| July 2, 1953 | The Clinical Center is dedicated by HEW Secretary Oveta Culp Hobby. |
| July 6, 1953 | The first patient is admitted by Dr. Roy Hertz. |
| Sept. 5, 1963 | Dr. Luther L. Terry, PHS Surgeon General, dedicates the new surgical wing housing cardiac and neurosurgery. The circular structure attracts visitors from all parts of the world. |
| July 2, 1969 | The auditorium is dedicated in honor of the first CC Director, Dr. Jack Masur. |
| June 1977 | Construction begins for the new 13-story Ambulatory Care Research Facility. The main entrance of Bldg. 10 closes, and the NIH Library exit becomes the new front entrance to the hospital. |
| Nov. 21, 1977 | Ground broken for construction on the Radiation Oncology Bldg. |
| October 1978 | A four-story garage is to be finished and 500 additional parking spaces will be provided for outpatients, visitors, and employees. |
| April 28, 1979 | Scheduled completion of Radiation Oncology Bldg. |
| December 1981 | Projected completion date for the ACRF. |

designed to treat certain disorders, such as inoperable tumors of the circulatory system.

The Nutrition Department has responsibility for the food service of the patients. The department must please the patients while providing the rigorous controls and services to meet the needs of research protocols with a nutrition component. As part of patient care, diet counseling services are provided for outpatient studies and patients being discharged.

These are just a few of the CC departments that contribute to clinical research at NIH. New services are implemented each year to enhance patient care.

Add Intensive Care

Currently, a new medical intensive care unit for the acutely ill is being set up on 10-D. The five-bed critical care unit will be opened by January 1979.

An effort has been made to include a full range of consultation services, such as gynecology, ENT, orthopedics, pediatrics, and allergy. A consultant in nephrology has re-

CC Growth Recalled, From First Patient To 6,000 Annually

On July 6, 1953, the Clinical Center's first patient—a white-haired, 67-year old Maryland farmer—was taken in a wheelchair to the main lobby and admitted to the 12-East nursing unit.

His attending physician, Dr. Roy Hertz of the National Cancer Institute, was then studying hormonal treatment for cancer of the prostate gland. The patient, No. 00-00-01-2, began therapy and for the next year and a half continued on the study protocol.

Five more patients were admitted the first day. All Institutes shared the 12-East ward at first and "there were more doctors than patients when the Clinical Center started out," according to Dr. Hertz. By the end of 1954, however, six Institutes had admitted 1,542 patients.

100,000 Patients Admitted

Since opening, almost 100,000 patients have been admitted to the CC—presently at a rate of more than 5,000 each year.

The Clinical Center was specially designed to bring patient care facilities close to research laboratories so that new findings of basic and clinical scientists can be more quickly translated into patient treatment. Patients are selected solely because their illnesses meet the requirements of the research being conducted by the Institutes.

In 1944, Congress authorized a hospital at NIH to provide the high-quality care necessary to conduct biomedical research.

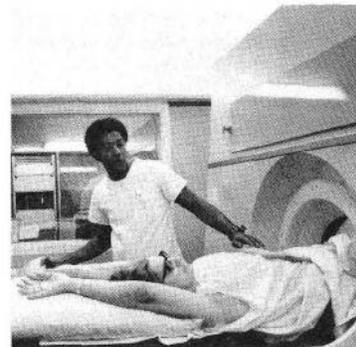
Funds were appropriated for the 516-bed Clinical Center in 1947, and construction started in 1948.

President Truman laid the cornerstone in 1951. The hospital was dedicated in 1953 by the first HEW Secretary, Oveta Culp Hobby.

During the first year, six Institutes—NCI, NHI, NIAID, NIAMD, NIMH, and NINDS—admitted patients. By December of that year 161 beds were occupied. By 1957, all 516 beds were in use. Last year, nine Institutes had clinical research programs, and over 6,000 patients were admitted.

Surgical Wing Added in 1963

A new surgical wing was added in 1963. The four-story circular structure accommodates heart and neurosurgery facilities and the Blood Bank. An outstanding example of medical architecture and engineering, it has an uncluttered operating arena, free of electronic monitoring and recording equipment in a central area which accommodates the newest instruments without sacrificing the safety, effectiveness, and efficiency required.

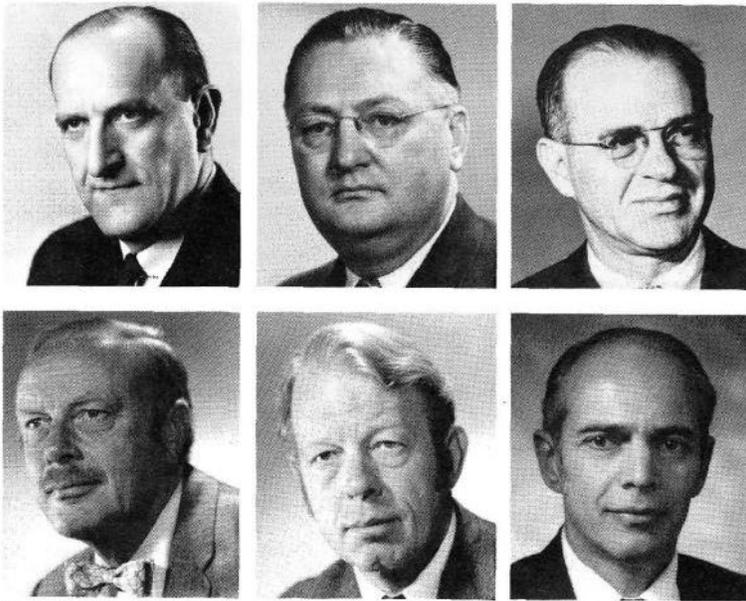


A patient undergoing a whole body scan in the Diagnostic Radiology Department. The EMI scanner takes serial scans which are visual "slices" of the patient's body, a process called computerized axial tomography.

cently joined the staff, who is responsible for consultations on kidney problems and renal dialysis.

Teaching physicians interested in clinical research is an important function of the Clinical Center. Approximately 150 physicians come here each year to participate in the NIH Associate program.

Six Directors Have Served the CC



The Clinical Center's Directors have been: Dr. Jack Masur (1948-1951 and 1956-1959), Dr. John Trautman (1951-1954), Dr. Donald W. Patrick (1954-1956), Dr. Thomas C. Chalmers (1970-1973), Dr. Robert S. Gordon (1974-1975), and Dr. Mortimer B. Lipsett (1976 to present).

Internationally known in the field of hospital administration, planning, and construction, Dr. Jack Masur served as NIH Associate Director for Clinical Care and Director of the Clinical Center during its planning and construction from 1948 to 1951.

In 1951-56 Dr. Masur directed the medical care programs of the PHS by administering its hospitals and other facilities, including Freedman's Hospital in Washington, D.C. He returned to the CC in 1956 and was reappointed CC Director, and served in that capacity until his death in March 1969.

Before joining the PHS in 1943, Dr. Masur was executive director of Lebanon Hospital and assistant director of Montiflore Hospital in New York.

He graduated from New York University and Cornell Medical School and served his internship and residency at Bellevue and Montiflore respectively.

Became Director in 1951

Dr. John Trautman was Clinical Director from July 1, 1951, to June 24, 1954. Before coming to the CC, he was Director of the PHS Staten Island Facility's 985-bed hospital.

After leaving the CC, Dr. Trautman became medical officer in charge of the PHS hospital in Fort Worth, Tex. He retired from the PHS in 1964.

Dr. Donald W. Patrick served as Clinical Center Director from June 23, 1954, through Oct. 30, 1956. He was medical officer in charge of PHS hospitals in Evansville, Ind., Detroit, and Baltimore before coming to NIH.

A native of Denver, Dr. Patrick

received his M.D. degree from the University of Colorado in 1930. He interned at New Orleans Hospital and joined the PHS in 1931.

He came to NIH in 1935 and was assigned to the Leprosy Investigations Service at Kalihi Hospital in Honolulu. After leaving the CC, Dr. Patrick became the medical director of the PHS hospital in San Francisco until his retirement in 1962. He died in 1966.

Dr. Thomas C. Chalmers came to NIH in February 1970 as NIH Associate Director for Clinical Care and CC Director.

Previously, he had been assistant chief to the Medical Director for Research and Education at the Veterans Administration in Washington, D.C. From 1955 to 1958, Dr. Chalmers was chief of the Medical Service at Lemuel Shattuck Hospital in Boston.

He attended Yale, received his M.D. degree at Columbia College of Physicians and Surgeons, and interned at Presbyterian Hospital. He completed his residency program at New York University and Harvard Medical School.

In 1973, Dr. Chalmers became President of Mount Sinai Medical Center and Dean of Mount Sinai School of Medicine, a position he currently holds.

Dr. Robert S. Gordon, Jr., was named Director of the Clinical Center and NIH Associate Director for Clinical Care in 1974. He came to NIH in 1951 as a senior investigator in the Laboratory of Metabolism in the National Heart Institute.

He was also chief of the Clinical Research for the Pakistan-SEATO Cholera Research Lab in Dacca,

Interaction of Drugs, Lab Tests Computerized

Thousands of medical laboratory tests are ordered by physicians every day. Whether done for routine medical exams or to help diagnose overt illness, laboratory tests are an integral part of medical care.

A "positive" test finding usually means that something is abnormal, but sometimes, test results can be "false-positive;" that is, they indicate an abnormality when there is none, for instance, when a drug the patient is taking interferes with test results.

CC investigators compiled a computer file of 17,500 drug-laboratory test reactions reported to interfere with test results, listing drug names, both generic and brand, the laboratory-test name, the kind of specimen analyzed, and the causes for the interaction—that is, whether the drug altered the lab test result because of its interaction with the specimen used or because of its effect on the test method itself.

Published in the journal, *Clinical Chemistry*, the list is available to physicians on hospital staffs and in private practice.

East Pakistan (now Bangladesh). He was clinical director of the National Institute of Arthritis and Metabolic Diseases from 1964 until 1974.

Dr. Gordon earned his M.D. degree from Harvard Medical School and interned and completed his residency at Presbyterian Hospital, N.Y.

Dr. Gordon left the CC in 1975 to become a visiting professor in the department of social and preventive medicine at the University of Maryland, and the Johns Hopkins School of Hygiene and Public Health in Baltimore. He returned to NIH in 1976 and is currently special assistant to Dr. Fredrickson.

Served in NCI, NICHD

Dr. Mortimer B. Lipsett is currently the Director of the Clinical Center and NIH Associate Director for Clinical Care.

Before his appointment in 1976, he was Director of Cancer Center, Inc. in Cleveland, a research training and patient care facility. He was also a professor of medicine at Case Western Reserve.

Dr. Lipsett first came to NIH in 1957 when he joined the NCI Endocrinology Branch, becoming chief of the Branch from 1966 to 1970, and was then appointed associate scientific director of the National Institute of Child Health and Human Development, and chief of the NICHD Reproduction Research Branch.

He received his M.D. degree from the University of Southern California in 1951 and interned at Los Angeles County Hospital. His residency was completed at Sawtelle VA Hospital.

Highlights of Research In Clinical Care

Staff members of Clinical Center Department in several fields. Some work was done independent collaboration with Institute investigators. See pages.

Bleeding Disorders, Factor VIII Studies

Hemophilia A and von Willebrand's disease are two inherited bleeding disorders. When severe, they can result in severe bleeding from even the most minor injuries.

Research at the CC and the National Heart, Lung, and Blood Institute has defined the molecular defects in these two diseases, paving the way for testing new methods of diagnosis and treatment.

Treated With Transfusions

Treatment usually involves transfusion of plasma fractions to replace the factor(s) necessary for clotting. One of these is factor VIII, a coagulation-promoting protein in plasma.

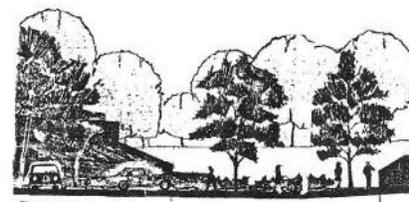
Both hemophilia A and von Willebrand's diseases are associated with reduced levels of factor VIII, but are quite different in other respects.

Hemophilia A is carried by mothers who are symptom-free but transmit the disease to half of their male children. Von Willebrand's disease can be transmitted from either parent to children of either sex.

Platelets (blood cells that form clots) function normally in hemophilia; in von Willebrand's disease they do not.

The researchers found that normal factor VIII can correct both the clotting deficiency in hemophilia A and von Willebrand's disease as

Artist's drawing of new Radiation Oncology



RADIATION ONCOLOGY

As the ACRF goes up, a new facility is also Bldg. 10. The new facility, serving NCI's chemotherapy and radiation therapy, is designed for patient populations and space requirements high-energy radiation therapy equipment. T of the B-wing of the CC, and will provide area.

Recent Advances and Research

have made significant research contributions recently, but many studies were carried out in these recent highlights are described on these

Malaria Resistance And Duffy Antigens

Proceeding from the observations that a majority of black Africans and black Americans are resistant to *P. vivax* malaria, CC investigators working with NIAID scientists established that antigens present on the surface of red blood cells (Duffy system antigens) allow invasion by the malarial parasite; this antigen is absent from red cells of most blacks.

Attempts to isolate the Duffy factor biochemically are now under way and could lead to an immunologic or chemical means of blocking the invasion of some malarial parasites, thereby decreasing incidence of malaria.

well as the abnormal platelet function in von Willebrand's disease.

They also found that the synthesis of the factor VIII protein in hemophilia is normal except for the deficiency of clot-promoting activity. The factor VIII protein in von Willebrand's disease showed a spectrum of abnormalities.

The most severe cases show no factor VIII protein in their plasma. In a less severely affected group, factor VIII is present in reduced levels and the protein is abnormal. A third group of patients has factor VIII protein normal in amount, structure, and clot-promoting activity, but is markedly deficient in ability to correct abnormal platelet function of the disease.

Rehabilitation Dept. Studies Rapid Therapy For Young Amputees

Osteogenic sarcoma is one of the most common and serious forms of bone cancer in this country. The tumor usually arises in the long bones of the leg, destroying the normal tissue and replacing it with cancer cells, which may spread to other parts of the body.

The disease most often strikes young persons, many only in their teens. Standard treatment is amputation of the affected limb, and sometimes adjuvant chemotherapy.

Walking Often Delayed

After surgery, patients are fitted with an artificial limb (prosthesis), but not until the wound has been allowed to heal, which may delay ambulation for several months.

A program of maximal rehabili-



A young patient is instructed in walking after being fitted with an artificial limb.

tation to help these patients to learn to walk comfortably with an artificial limb in the shortest time possible is crucial for their well-being.

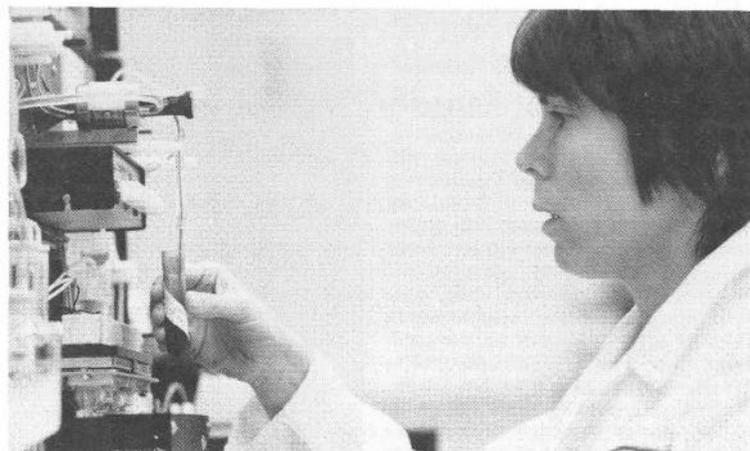
Begin Therapy in 24 Hours

The Department of Rehabilitation is comparing the effectiveness of immediate ambulation within 24 hours after surgery to that of delayed ambulation.

Divided in Two Groups

NCI patients who had undergone above the knee amputation for osteogenic sarcoma were randomly divided into two groups. Those in the first group are fitted with a temporary limb immediately after surgery and begin applying weight to it after 24 hours; those in the second group do not receive a prosthesis or begin to bear weight until 2 weeks after surgery, when the cast is changed.

All of the patients were evaluated for the quality of wound healing, time course of rehabilitation, quality of ambulation with an arti-



A blood sample is analyzed at the Coulter counter in the hematology laboratory. The counter will give a complete blood count and print the result.

Investigators Demonstrate Transmissible Agent Causes Non-A, Non-B Hepatitis

Blood Bank and NIAID investigators working with a team of scientists from FDA's Bureau of Biologics have demonstrated that a transmissible agent is responsible for a type of post-transfusion hepatitis that is neither type-A (infectious) or type-B (serum) hepatitis. Carriers of this "non-A, non-B" hepatitis can remain infectious over prolonged periods of time.

Only recently has this form of hepatitis been identified as a disease entity separate from the two well-known forms of viral hepatitis. The clinical and microscopic similarities of non-A, non-B hepatitis to both forms of viral hepatitis and the evidence of its infectivity point strongly to a viral cause.

Inoculate Chimpanzees

Chimpanzees inoculated with plasma or serum from patients with acute or chronic non-A, non-B hepatitis developed biochemical and biopsy evidence of the disease. The infectivity of chronic phase plasma indicated that there is a chronic asymptomatic carrier state for non-A, non-B hepatitis, just as there is for type B hepatitis.

Develop Hepatitis B Test

Immunologic tests for surface (Australia) antigen enable scientists to identify blood donors carrying hepatitis B virus. This, together with the exclusion of paid blood donors has led to a dramatic reduction in post-transfusion hepatitis. However, post-transfusion

hepatitis, serologically unrelated to either type A or B, continues to appear.

With the discovery of an infectious non-A, non-B agent, it is hoped that further studies will lead to the development of a serologic test, and ultimately to the elimination of post-transfusion hepatitis.

Real-Time Hand-Held Ultrasonic Scanner

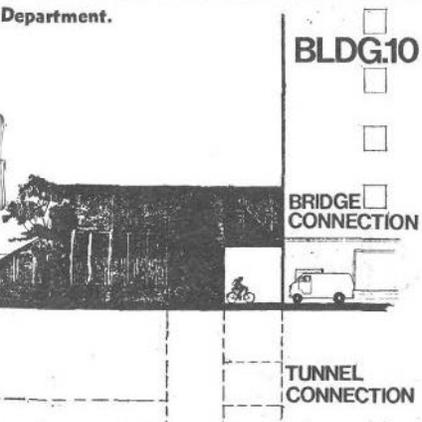
CC researchers, in collaboration with the Division of Research Services, have developed an inexpensive real-time ultrasonic scanner for visualizing the internal organs and major arteries and veins of the upper abdomen and pelvis. Unlike conventional static ultrasonic scanners, real-time scanners give a continuous "fluoroscopic" image.

Ultrasonic scanners operate on the same principle as the "sonar" system of bats. Bats send out a high-pitched sound, which generates a series of echoes when striking an object.

Similarly, the ultrasonic scanner's pulsed sound signals bounce echoes back from the various tissue boundaries in the body. The scanner receives and converts the echoes to electronic signals which are seen on a TV screen as a black and white cross-sectional image of the body.

The hand-held unit is easily positioned on the skin, below the rib cage, and allows continuous viewing as the scanner is moved freely over the patient's body.

The scanner is proving useful for detecting abdominal disease. The pancreas, liver, and kidneys can be scanned for tumors, major arteries and veins can be examined for abnormalities, and the gall bladder can be checked for the presence of stones. The research group is continuing studies on other applications of the scanner.



under construction on the southeast side of Radiation Oncology program of research in gned to accommodate present and predicted or evolving research protocols, including new entire structure will be underground, south 8,000 square feet for treatment and support

13-Story ACRF Expands Public Areas, Technical And Outpatient Capacity

Early last year, construction for the Ambulatory Care Research Facility began another period of growth for the CC. The 13-story ACRF will expand and strengthen the laboratory and patient care programs and provide space for the hospital's rapidly expanding outpatient program as developments in health care have shifted research emphasis to chronic diseases and to outpatient studies.

The ability to identify many individuals with early stages of disease has added impetus to this new development.

Much research at NIH has been concerned with understanding the biologic mechanisms underlying diseases, which required prolonged periods of hospitalization under highly controlled conditions. Emphasis is now placed on early detection and testing of diagnostic and therapeutic strategies. As a result, there are more large clinical trials involving many patients.

Under these circumstances, hospitalization is episodic rather than prolonged. Thus, many patients with chronic diseases such as cancer, heart disease, and neurological disorders may lead nearly normal lives while being studied and receiving treatment.

300,000 Visits Annually

When completed in 1981, the new addition will accommodate an estimated 300,000 outpatient visits each year.

Architect's plans show a tower on a broad base, with 13 floors above ground and 3 floors for underground parking and utilities. The first floor will contain a lobby, an admittance area, new quarters for diagnostic radiology and nuclear medicine, a teaching amphitheater, and cafeteria.

The second floor will house new operating rooms and clinical pathology laboratories. Expansion of medical and surgical intensive care units, modernization of other services, and renovation of nursing units will also take place.



Patients are scheduled in the Outpatient Clinic for chemotherapy by clinical nurse experts.

Architectural Elevation of New ACRF



MIS Computers Now Link Nursing Units, Labs; Give Instant Access to Records

Installation of the Clinical Center's computerized Medical Information System is now virtually complete. Used on all nursing units, in all departments, and many offices, linkage between MIS and the laboratory computer is accomplished, and long-term research capability is established—a project that has taken the Office of Clinical and Management Systems 3 years to complete.

Few institutions are more complex than a large research hospital, particularly in the communications functions its staff must perform. Patient data, research protocols, physician orders, nursing care plans, treatment, diets, medications—all need to be handled quickly, efficiently, and accurately.

MIS has taken over all these tasks and many more.

Contract Signed in 1975

Three years ago, on June 27, the MIS contract was signed with Technicon Medical Information Systems, Inc.—the culmination of a planning process of several years' duration. Construction could begin.

Work started immediately to adapt the system to the unique features of each service and nursing unit. In the early morning hours of June 14, 1976, the first nursing unit—5-West—began operations.

By late 1976, all NINCDS, NIMH, NICHD, and NHLBI nursing units were on the system, and the last—2B and 2 East—were completed within the past few weeks.

MIS collects patient information from admission through discharge. The system accepts orders from the physicians, communicates them to the nursing units and service departments, and prints certain portions of the medical record, such as X-ray reports, medications given, and nursing notes.

The system links staff physicians, nurses, and all departments in the

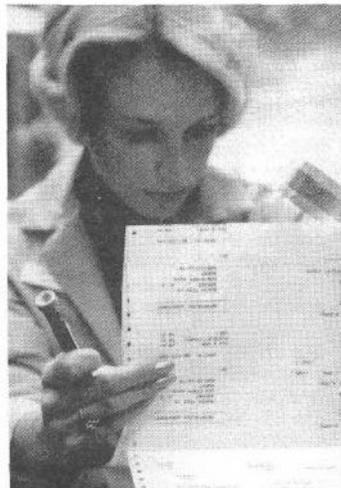
CC. Video terminals and printers are located throughout the hospital on each of the nursing units and other areas directly concerned with patient care. These, in turn, are linked to a large general purpose computer in Fairfield, N.J.

The video terminal consists of a television display, a keyboard, and an electronic lightpen to make selections from thousands of displays.

If a physician orders aspirin from a MIS terminal, it is transmitted via high-speed telephone line to the Fairfield computer, the message is accepted, confirmation is received, a label is printed in the pharmacy, and a notice is printed on the nursing unit—all in seconds.

The retrieval capability of MIS is another advantage. A physician or nurse can retrieve current orders, nursing notes, vital signs, diagnostic X-ray reports, nuclear medicine reports, lab results, and blood bank information—and the list is growing.

MIS touches on all important areas of patient care activity, but access to patient information is limited to physicians, nurses, key professionals, and others with a "need to know." MIS has built-in



New Five-Bed Intensive Care Unit To Open Soon

A five-bed intensive care unit will open its doors late next winter in the Clinical Center. The CC's newest department, the Critical Care Medicine Department—located on nursing unit 10D—will be under the leadership of Dr. Byron McLees, formerly with the NHLBI Pulmonary Branch.

The unit was established to provide optimal care for critically ill patients who require intensive care. The staff will study critical care processes and technologies to ensure and improve intensive care of patients who are extremely ill or have just undergone surgery.

The patient's physician will continue to treat and monitor the progress of the patient while hospitalized in intensive care, but a special team of physicians will staff the unit.

Before coming to NIH, Dr. McLees was in charge of an intensive care unit at Duke University Medical Center and was also chief of the Pulmonary Branch at the Duke-Durham VA Hospital.

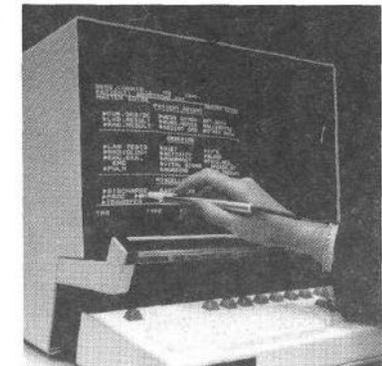
safeguards to protect the confidentiality of patient information, such as the user sign-on code. Unauthorized persons are unable to use the computer.

The laboratory computer connection, a long-awaited phase of MIS implementation, has also been achieved, allowing retrieval of laboratory results from the chemistry and hematology labs.

Throughout a patient's stay, MIS transmits, records, and monitors every detail of treatment.

These medical records serve as a resource for research studies, but privacy of records is still carefully maintained. Patients' records are deleted from MIS about 5 days after discharge, but all information is copied onto computer tapes and sent to the Division of Computer Research and Technology to become part of a retrieval capability available to NIH investigators.

The next phase—the outpatient clinics—will begin in July.



Left, technician scans an MIS computer printout. Light pen selections (r) are made at the MIS terminal from any of thousands of video displays.

Endocrinology Research At NIEHS Is Reported To June 14-16 Meeting

Scientists at the National Institute of Environmental Health Sciences presented six research papers at the annual meeting of The Endocrine Society in Miami, Fla., June 14-16.

"Research in endocrinology is critical to our mission because many environmental factors act on the endocrine system," Dr. David P. Rall, Director of the Institute, said.

More than 800 scientists doing research in endocrinology—the study of the system of glands that secrete hormones into the bloodstream—attended the meeting.

One of the research projects showed multiple forms of hormone receptors in the liver of the rat. Drs. George W. Lucier and Wendy Powell Jones of the NIEHS Laboratory of Environmental Toxicology and Dr. S. N. Nayfeh of the University of North Carolina collaborated on the research.

Notes Effects on Liver

"We usually think of the reproductive system as being sensitive to the production of hormones," Dr. Lucier said. "But the liver is also a target organ for estrogens. Many chemicals are hormone-active, so this has importance from an environmental health viewpoint."

Another of the NIEHS research projects concerns itself with a pro-hormone, or precursor of a pituitary hormone, pro-ACTH, which is synthesized by many tumors, notably lung small cell carcinoma.

"Attempts are being made now to obtain enough of this material for compositional and structural analysis," Dr. Richard P. DiAugustine of the Laboratory of Pulmonary Function and Toxicology said.

"Measurement of pro-ACTH peptides might be useful for the estimation of the response of lung tumors to treatment," he added.

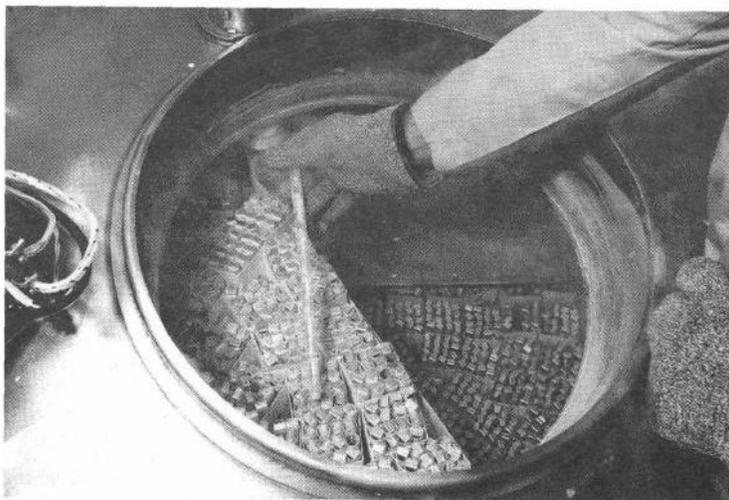
Sixteen scientists co-authored one or more of the six papers, and authorship represented four Institute branches—the Laboratory of Environmental Mutagenesis, the Laboratory of Environmental Toxicology, the Laboratory of Pulmonary Function and Toxicology, and the Laboratory of Pharmacology.

Dr. Butler Gets APA Award

Dr. Robert N. Butler, Director of the National Institute on Aging, was the second recipient of the American Psychiatric Association's Founders Award at the recent APA convention in Atlanta, Ga.

The award was established to honor an APA member who has made outstanding contributions as author, spokesperson, and advocate.

Collection of Microbial Cultures, Reagents Receives Support From Units at NIH



All ATCC stocks of human and animal cell cultures and many of the protozoa, algae, viruses, fungi, and bacteria are hermetically sealed in small ampoules and preserved for many years in a stable condition at cryogenic temperatures (-196 C) in large liquid nitrogen refrigerators as shown. Thousands of the bacteria, fungi, and viruses are also preserved in the freeze-dried state at ordinary refrigeration temperatures. The total number of ampoules stored in either the frozen or freeze-dried state is almost one million.

(First of a Two-Part Series)

The most diverse collection of reference micro-organisms, viruses, and cell cultures in the world is maintained, authenticated, and preserved at the American Type Culture Collection in Rockville.

With the accelerated advances in molecular biology and biomedical research during the past 15 years, this facility has become an invaluable research resource for NIH as well as the entire scientific community.

Utilization of services for the characterization, storage, and distribution of a multitude of standard microbial cultures and reagents has steadily increased since the early 1960's when NIH seed money helped provide the impetus for the expansion of the Viral and Rickettsial Registry, the establishment of the Cell Culture Collection, and the general development of the ATCC.

Has 25,000 Strains

The ATCC now holds over 25,000 strains and distributes approximately 30,000 reference cultures per year. Partial support for the characterization and distribution of these diverse holdings is currently supplied by an NIH contract, administered by the Division of Research Resources.

The Collection of Viruses has over 800 prototypic strains of viruses and strains of special research interest, including members of all known classifications of viruses of vertebrates as well as important representatives of the rickettsiae and chlamydiae.

This collection has been developed largely through support from the National Institute of Allergy and Infectious Diseases.

Support for the Collection of Plant Viruses is provided primarily by the U.S. Department of Agricul-

ture. Approximately 230 plant viruses and antisera are available.

The Collection of Cell Lines banks approximately 450 reference cell lines derived from more than 40 species, including man. Over 200 human fibroblast lines from normal individuals and from patients afflicted with various genetic disorders and other diseases are available.

Many Institutes Cooperate

Many of the human fibroblast lines have been developed for the study of connective tissue diseases with support from the National Institute of Dental Research. This collection was established chiefly through funds provided by the National Cancer Institute and, later, by DRR.

The Collection of Protozoa includes parasites and Algae contains approximately 800 well-documented strains of free-living and parasitic forms. The holdings include important human pathogens and two major collections of genetic stocks.

The accessing of a large portion of an extremely valuable genetic stock collection of the *Paramecium aurelia* complex is now under way, supported by the National Science Foundation. These important stocks come from the collection of Dr. Tracy M. Sonneborn, a prominent geneticist and protozoologist.

The Collection of Bacteria has over 13,000 strains of bacteria, including the world's largest collec-

NIH Stride Program Suggests Applicants Update Transcripts

Up to 20 new training positions are expected to be announced in the NIH Stride Program later this summer. These positions combine on-the-job training with academic study to prepare participants for professional positions at NIH.

NIH employees who anticipate applying for one or more of these positions should obtain up-to-date transcripts of completed college-level course work. Unofficial (student) copies will be acceptable for the application process.

If you do not have college credits, please obtain a copy of your high school transcript or GED certificate. In the event you are unable to obtain a transcript, please submit a completed CSC Form 226, List of College Courses and Certificate of Scholastic Achievement. These are available in the Personnel Staffing Branch, Bldg. 31, Room B3-C15.

Employees without a transcript or Form 226 will be ineligible to compete for a position.

Other Requirements Listed

Other eligibility requirements for the Program include:

- Being employed in a career or career-conditional position at NIH for at least 1 year prior to the closing date of the announcement,
- Being in a nonprofessional position (one grade promotions),
- Working full-time or willing to accept a full-time position,
- Having a high school diploma or GED certification and less than a bachelor's degree, and
- Being in a GS-4 through GS-9 or wage grade equivalent position.

Those persons at the GS-8 or -9 grade who are selected will be required to request a downgrade to the GS-7 grade, but their pay rate will be saved for a period not to exceed 2 years.

Please call the Career Development Branch, DPM, 496-6211, for additional information.

tion of type and neotype strains as well as other strains of practical importance.

NIH Supports Collection

The Collection of Fungi contains over 11,000 strains of fungi representing more than 4,000 species of type cultures and strains of practical importance.

NSF Aids Program

A program of extensive reauthentication of the strains in both the Bacteriology and Mycology Departments is funded largely by NSF grants.

New resources being developed by the American Cell Culture Department will be described in the next issue (July 12, 1978) of the *NIH Record*.

Alexander Davis Chosen 'Manager of the Year' By National Association



While at the Clinical Center, Mr. Davis has received many awards. In 1965 he was awarded a superior performance award from ESCD and in 1972 and 1975, EEO achievement awards. In 1976 he was honored with the Secretary of HEW Certificate of Appreciation Award, and in 1977 given a CC superior service award.

Once again the chief of the Clinical Center's Fabric Care Department has been honored for his outstanding work and leadership—Alexander Davis was chosen 1978 Manager of the Year by the National Association of Institutional Laundry Managers at their recent annual meeting in Denver, Colo.

Representing his local chapter, Mr. Davis was selected from among 56 other representatives for the award. He was the first to be chosen from this region, the first from NIH, and the first Black to be chosen in the 30-year history of the Association, which represents institutional laundry facilities such as military bases and hospitals throughout the country.

Mr. Davis came to NIH in 1952 as a housekeeping supervisor with the Environmental Sanitation Control Department. After holding several service posts, he assumed his present position in 1972.

Prior to his NIH service, Mr. Davis worked 12 years at the Walter Reed Army Medical Center as a ward attendant.

The Fabric Care Department staff consists of 36 full-time employees, 8 stay-in-school students, and 2 temporary employees.

Over the years Mr. Davis has seen a great change in laundry facilities here—in October 1977 the new Fabric Care Department was unveiled.

It revealed modern equipment, air conditioning, brightly painted work areas, spacious locker rooms, offices, and a sewing room.

The staff provides fabric services for patients and all NIH staff on and off the Bethesda campus. These services include laundering and dry cleaning; issuing and altering employee wearing apparel; reupholstering furniture and window draperies; and fabricating new items for patient care and research.

R&W Association Holds Annual Meeting June 8, Notes Changes, Success

On June 8, the Recreation & Welfare Association held its 30th Annual Meeting in the Masur Auditorium.

The first speaker, R&W President Walter Chakwin, presented highlights of R&W accomplishments in the past year, including the establishment of R&W as a formal and legal institution at NIH, the present budget, future money distribution for commission funds allowed by the Randolph-Sheppard Act, and the success and popularity of *The NIH Cookbook*, now in its third printing, with more than 1750 copies sold.

Doren Vest gave the treasurer's report. Ginny Kelly, second vice president, commended the by-laws committee, and the newly-revised by-laws were approved.

Agnes Richardson presented the slate of candidates for the upcoming election and requested further nominees.

Randy Schools, general manager, described upcoming R&W events and encouraged everyone to offer suggestions to the R&W, as it is a service organization for NIH employees and the community, and success depends upon NIH employee participation.

A certificate of appreciation was presented to Mr. Schools for his dedication and enthusiasm in his position as the general manager this year.

The Board then answered questions from the floor.

Mr. Chakwin expressed his appreciation to the Board members, the Executive Council, and the R&W employees for their hard work and dedication this past year.

Prior to the closing of the meeting, a drawing was held and door prizes were distributed to several lucky R&W members.

R&W Sponsors Eastern Shore Weekend Bike Trip in July

Enjoy the countryside of the Eastern Shore (St. Michaels). Moderate cycling—no experience necessary—will be combined with the ambience of an overnight in a Country Inn complete with country dinner, breakfast, and "old time hospitality."

Shop for antiques, hike, swim, or just wander. A small group of 20, with one trip leader, will leave NIH on Saturday morning, July 22, at 7:30 a.m. and return Sunday afternoon, July 23.

Total cost for this invigorating weekend is \$35. Sign up now at the R&W Activities Desk as limited reservations are available. Happy cycling!

Medicine for the Layman Lecture Series Offered Again at Clinical Center

This fall the Clinical Center will offer to NIH'ers and their families as well as the general public a second series of health seminars entitled "Medicine for the Layman."

The series was initiated last year by CC Director Dr. Mortimer B. Lipsett as one means to keep the public informed of NIH's programs.

Beginning Sept. 19, the series this year will cover such topics as arthritis, influenza, eye diseases, allergies, and depression. Many of these subjects were suggested by the audience last year.

The hour-long presentations will be illustrated by slides; publications will be distributed; and the audience will have an opportunity to ask the speakers specific questions about their topics.

The opening lecture on Sept. 19, at 8 p.m., will be on Heart Surgery by Dr. Charles McIntosh of the NHLBI Surgery Branch.

Other topics scheduled later in the series include: Allergies, Oct. 3; Depression, Oct. 17; Blood Transfusions: Benefits and Risks, Oct. 24; and Cancer and the Environment on Oct. 31.

Chamber Music Association Invites New Members To Join

The NIH R&W Chamber Music Association is updating its membership roster for 1978. New members are invited to join by completing an application form which can be obtained at the R&W Activities Desk, Bldg. 31, Room 1A-18.

For further information call Nannette Melnick, 427-7331, or Dr. John B. Wolff, 496-7070.

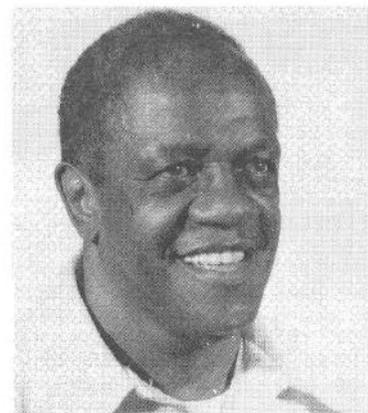
Fish, Relax With R&W Aug. 5, Chesapeake Bay

Never been fishing? Rod 'n' Reel Captains have the old salt experience and local knowledge to help. Join R&W Saturday, Aug. 5, for a day of fishing at Chesapeake Beach, with the largest charter fleet on the Chesapeake Bay. Fish abound: striped bass, blue fish, sea trout, spot, perch, and croaker.

After a day on the high seas enjoying the sun, bay breezes, and salt air, relax and indulge yourself with a hearty seafood dinner at the Rod 'n' Reel Restaurant—Bayshore dining at its best, with a magnificent view. The menu includes: shrimp, fish, deviled clams, choice of salad or cole slaw, and choice of potato.

Buses will leave NIH, Bldg. 31C, at 11:30 a.m. and will return at approximately 9:30 p.m. A limited number of persons can be accommodated, so make reservations now at the R&W Activities Desk, Bldg. 31. The cost is \$27.

NCI Animal Caretaker Walter H. Lyles Dies



Walter H. Lyles

Walter H. Lyles, an employee of the National Cancer Institute for more than 24 years, died June 2 at George Washington University Hospital. He was 62 years old.

Mr. Lyles, a technician in the NCI Immunology Branch, was responsible for the care of thousands of animals used by 40 scientists and 15 technicians, and was instrumental in training others in animal care at NCI and NIH.

In 1972, Mr. Lyles had received a Special Achievement Award from then NCI Director Dr. Carl G. Baker. He recently received a citation "for outstanding performance in the administration of an NCI animal facility" from Immunology Branch chief and NCI associate director Dr. William Terry.

Joined DRS in 1954

Mr. Lyles started as an animal caretaker with the Division of Research Services in 1954 and moved to NCI's Environmental Cancer Section in 1957. In 1964 he joined the NCI Immunology Branch. He was promoted from animal caretaker to biological aide in 1970 and biological laboratory technician in 1976.

Mr. Lyles is survived by his widow, Catherine; a son, two daughters, and six grandchildren.

Brown U. Honors Dr. Pickett

Dr. Betty H. Pickett, associate director of the Extramural and Collaborative Research Program, National Institute on Aging, has received recognition by the Brown University Graduate School as a "select graduate alumnus."

Dr. Pickett was chosen for her distinguished contributions to society through scholarship and professional activity.

The citation was presented June 5 at the Graduate Convocation of the University's 210th annual commencement.

Brevity in writing is the best insurance for its perusal.—Rudolf Virchow

VIDARABINE

(Continued from Page 1)

ment is commercially available, and spontaneous recovery is rare.

Preliminary studies conducted by the Stanford group in 1976 suggested that a naturally-produced antiviral substance—interferon—may be beneficial in treating some cases of chronic hepatitis B infection.

Some Treated with Interferon

In some patients, interferon appeared to reduce or eliminate all markers of infection, including the Dane particle, which is thought to represent the complete hepatitis B virus.

However, in several of the treated patients, viral markers returned to their previous levels when treatment was discontinued, and in others, there was no response to interferon at all.

One of the most promising synthetic antiviral substances is vidarabine, also known as adenine arabinoside or ara-A. In tissue culture vidarabine inhibits replication of some DNA viruses, and, in clinical studies, has been shown to reduce deaths from herpes encephalitis significantly. It is also licensed as a topical treatment for herpes simplex infection of the eye.

In the reported study, Dr. Richard B. Pollard and his associates administered vidarabine by injection to two patients with chronic active hepatitis B infection. Both patients had high levels of Dane particle activity.

Vidarabine Injected Daily

The drug was administered daily for up to 2 weeks, during which time blood samples were taken and the markers of chronic hepatitis B infection were measured. Each patient received two courses of treatment separated by several weeks.

Treatment with vidarabine led to a significant decrease in the levels of Dane particle in both patients shortly after therapy was begun.

In one patient, the Dane particle remained undetectable 12 months after therapy had been discontinued. In this same patient, other viral markers, including the hepatitis B surface antigen (Australia antigen) were reduced and core antigen eliminated.

Responses Differ

In the other patient, levels of Dane particle decreased rapidly during treatment, but rose when the drug was discontinued. The reason for the difference in response between the two patients is unknown.

From these findings, the investigators conclude that vidarabine appears to inhibit the replication of the hepatitis B virus.

They recommend that further studies be conducted to determine

Hay Fever Sufferers Asked To Participate in Weekly Ragweed Treatment Study

Do you suffer during August and September with a sneezing, runny, stuffy nose, or red, itchy eyes? You may qualify for participation in an allergy injection treatment study sponsored by the Bureau of Biologics' Allergenic Products Branch.

The study will compare the effectiveness of two commercially available extracts in the treatment of ragweed hay fever.

Qualified volunteers will receive weekly injections of increasing doses of one of the selected ragweed extracts.

Injections will be administered at the Occupational Medical Service, Bldg. 31, Rm. B2-B47.

To be considered for inclusion in the study, an allergy questionnaire available at the OMS receptionist's desk in Bldg. 31 should be filled out and returned to the receptionist.

All persons submitting questionnaires will subsequently be contacted regarding their eligibility for participation in this study.

Handicapped Employee Award Nomination Deadline June 30

The Civil Service Commission has reminded all Government agencies that nomination for the 1978 Outstanding Handicapped Federal Employee of the Year Award should be submitted to the Commission no later than June 30.

Contact Personnel Offices

Employees should contact their B/L/D personnel offices for further information on this nomination.

The annual awards program is scheduled to be held Oct. 5 during National Employ the Handicapped Week.

whether these effects will be regular and permanent and to determine whether vidarabine affects liver disease.

Vidarabine's immediate, short-term reduction of the Dane particle, as observed in this study, suggests that it may consistently produce similar effects in other hepatitis B-infected patients, say the researchers.

However, since the drug also produced substantial weight loss and other gastrointestinal side effects that lasted 10 to 12 weeks after stopping the drug, they caution that its use in patients with more severe chronic or acute infection should be avoided until further

NIH Visiting Scientists Program Participants

6/1—Dr. William D. Richardson, United Kingdom, Laboratory of Molecular Genetics. Sponsor: Dr. Heiner Westphal, NICHD, Bg. 6, Rm. 338.

6/1—Dr. Yoshiaki Sone, Japan, Allergy and Immunology Section. Sponsor: Dr. John Munoz, NIAID, Rocky Mountain Laboratory, Hamilton, Mont.

6/4—Dr. Shimon Moses, Israel, Neonatal and Pediatric Medicine Branch. Sponsor: Dr. Norman Kretschmer, NICHD, Bg. 31, Rm. 2A03.

6/5—Dr. Hiromi Fujiwara, Japan, Immunology Branch. Sponsor: Dr. William Terry, NCI, Bg. 10, Rm. 4B17.

6/5—Dr. Donatella Taramelli, Italy, Laboratory of Immunodiagnosis. Sponsor: Dr. Howard Holden, NCI, Bg. 8, Rm. 114.

6/11—Dr. William Donner Denckla, United States, Laboratory of Metabolism. Sponsor: Dr. Richard L. Vecch, AA, Flow Laboratories, Rockville, Md.

6/14—Dr. Fumihide Inoue, Japan, Laboratory of Chemical Physics. Sponsor: Dr. Hideo Kon, NIAMDD, Bg. 2, Rm. B1-14.

6/15—Dr. Esther Chui, Hong Kong, Laboratory of Neuropathology and Neuroanatomical Sciences. Sponsor: Dr. Igor Klatzo, NINCCS, Bldg. 36, Rm. 4D02.

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studies are completed.

Drs. Richard B. Pollard, Joseph L. Smith, E. Andrew Neal, Peter B. Gregory, Thomas C. Merigan, and William S. Robinson from the Stanford University School of Medicine, Stanford, Calif., reported their research in the April 21, 1978, issue of the *Journal of the American Medical Association*.

Cadmium Toxicity Level Of Increasing Concern Say Internat'l Conferees

Scientists are becoming concerned with the increasing level of cadmium as an environmental toxicant.

More than 100 investigators from Sweden, Denmark, New Zealand, Japan, Yugoslavia, England, Belgium, Canada, and the United States held an international conference here on June 7-9 to consider growing problems related to cadmium and to identify areas where additional research is needed.

Wide Use a Hazard

Dr. David P. Rall, Director of the National Institute of Environmental Health Sciences, expressed the general concern with future effects of cadmium on the population. "It's just hard to believe how widely cadmium is used and how widely it becomes dispersed in the environment."

The conference was initiated by Dr. Bruce Fowler, NIEHS Laboratory of Environmental Toxicology, with Dr. Lars Friedberg of the Karolinska Institute playing a principal role in the conference.

Because virtually everyone has been and is being exposed to at least trace levels of cadmium, scientists want to assess the possible levels where cadmium exposure begins to be harmful.

Cadmium used in our daily lives—in vapor lamps, nickel-cadmium batteries, incandescent light filaments, dental amalgams, ceramic coatings, nickel plating, selenium rectifiers, and as a fungicide for turf grass—is likely to increase our exposure.

Joint sponsors were NIEHS; the Department of Environmental Hygiene, Karolinska Institute, Stockholm, Sweden; and the Permanent Commission and International Association on Occupational Health of London, England.

BEIS Instrumentation Symposium To Be Held From August 7 to 9

The NIH Instrumentation Symposium—sponsored by the Biomedical Engineering and Instrumentation Branch of NIH—will be held in conjunction with the Washington National Instrumentation Exhibit on Monday, Aug. 7, through Wednesday, Aug. 9, from 9:30 a.m. to noon and from 2 to 4:30 p.m. each day.

Further information can be obtained from Dr. John I. Peterson, Bldg. 13, Room 3W-13, NIH, Bethesda, Md. 20014, telephone 496-5771.

More detailed information on the symposium program will be published later in the *NIH Record*.

Dr. Whedon Honored By Aerospace Ass'n For Skylab Research

The Aerospace Medical Association at its recent annual meeting in New Orleans presented the 1978 Arnold B. Tuttle Memorial Award to Dr. G. Donald Whedon, Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, "in recognition of his outstanding research achievements in aviation medicine."

Dr. Whedon served as principal investigator of the Skylab Medical Experiment, a metabolic study of effects of space flights on various chemical elements, particularly those with special relevance to the musculoskeletal system which was performed on the nine astronauts who participated in the three Skylab flights of 28, 60, and 84 days, respectively.

Serves As Consultant

Since the early 1960's, Dr. Whedon has acted as a consultant to NASA and currently is chairman of that agency's Life Sciences Committee.

In 1974 he was awarded the NASA Gold Medal for Exceptional Scientific Achievement for his "outstanding medical and scientific contributions while serving as a Skylab medical experiment principal investigator."

"His analysis of data concerning the effects of space flight on human musculoskeletal metabolism contributed significantly to the success of the Skylab missions."

Dr. Whedon has been a member of the Aerospace Medical Association since 1969 and has participated in its scientific deliberations.



Mugs, an infant baboon recently born at NIH's Oregon Regional Primate Research Center in Beaverton, gazes at life somewhat complacently. The infant, as a fetus, and its mother were the first baboons at the Division of Research Resources-supported Center to have indwelling vascular catheters during the prenatal stage. The process was accomplished by Drs. Miles J. Novy and Scott W. Walsh, who plan to extend their perinatal physiology research in the rhesus monkey to the baboon.

NIAID-Sponsored Symposium Considers Impact of Infections on Medical Care

Today, in what has been called the "post-infectious disease era," the diagnosis and management of infections still pose major problems for the health care delivery system. This theme was the basis for a recent National Institute of Allergy and Infectious Diseases-sponsored symposium on The Impact of Infections on Medical Care in the U.S.: Problems and Priorities for Future Research.

Organized by members of NIAID's Clinical Studies Branch and an *ad hoc* planning committee, the symposium brought together more than 100 infectious disease experts, representing industry, government, and academia.

During the 2-day meeting—held here on May 30-31—the participants expressed their views on the nature of the infectious disease problem as it relates to the needs of the practicing physician. In addition, they identified areas of research with potential for alleviating the impact of infections on the community and in hospital settings.

As many of the speakers noted, infections take a heavy toll on the health and welfare of the American people. According to some estimates, more than 3 million infections require hospitalization each year, and more than 2 million infections are acquired by hospitalized patients.

In total, the treatment of infectious diseases requiring hospital care costs the Nation approximately \$3.6 billion annually.

Since the majority of infections are bacterial, much of the discussion focused on evaluating current methods of controlling these illnesses with particular emphasis on the use of antibiotics and the problem of antibiotic resistance.

In opening remarks, Dr. Robert Edelman, chief of the Clinical Studies Branch, pointed out that approximately 30-40 percent spent for all drugs used in this country is for antimicrobial drugs.

Several participants provided evidence indicating that much of this figure is caused by the overuse and misuse of antibiotics, particularly in the prevention of postsurgical infections and in the treatment of viral infections, for which they are ineffective.

One approach to improving antibiotic therapy—currently in effect in several hospitals around the country—is the establishment of guidelines for using antibiotics and auditing systems that evaluate compliance with these standards.

Looking to the future, physicians may eventually use vaccines and immune adjuvants as substitutes for antibiotics in the prevention of infections.

External factors that influence the physician's choice of antimicrobial therapy, such as drug company advertising and the inadequate services provided by many clinical microbiology laboratories were also

considered as possible contributors to the inappropriate use of antibiotics.

As methods of diagnosis, prevention, and treatment were evaluated, many of the 36 speakers expressed concern for the scarcity of reliable



During a break in their hectic schedule, symposium participants pause to discuss the day's proceedings. From l to r: Dr. Maxwell Finland, professor of medicine, Boston City Hospital, and symposium organizers Dr. Calvin Kunitz, professor of medicine, University of Wisconsin, and Dr. Edelman.

information on the epidemiology of infectious diseases.

Acknowledging the importance of future research, they called for increased funding of training programs and research opportunities that would stimulate young investigators to seek careers in infectious disease research.

In addition, during a post-symposium meeting, members of the planning committee defined four general areas for future investigations, including the need for epidemiologic studies on the incidence of infections and high quality clinical trials to improve antibiotic therapy, thus reducing the cost of treating infections.

NIAID is planning to take an active role in this area by supporting studies evaluating new uses of approved drugs in selected infectious diseases, such as cryptococcal meningitis—a rare but devastating fungal illness that does not always respond rapidly to currently used therapy.

According to the experts, the other two areas deserving further consideration include modifying the pressures placed on physicians that lead to the inappropriate use of antibiotics and determining how upgrading clinical microbiology laboratories would affect the health of the community.

The proceedings of this symposium are scheduled to appear as a supplement to the October 1978 issue of *Annals of Internal Medicine*.

SECRETARY CALIFANO ADDRESSES WHA

(Continued from Page 1)

● The World Health Organization has brought us within sight of a breakthrough unprecedented in history: the total eradication of smallpox from the earth.

Yet these achievements are dwarfed by the unmet challenges that confront us.

○ There is a gap of 30 years between life expectancies in the more developed countries and those in the least developed countries.

○ Two-thirds of the people in the world's poorer countries have no access to safe drinking water or waste disposal systems.

○ Seven hundred million people are malnourished—and thus prey to deficiency disorders and infectious diseases.

○ Each year across the world, 15.6 million children under age five die; 15.1 million of these deaths occur in the less-developed countries;

○ Rapid population growth retards social and economic progress in many nations, and burdens many families and communities.

Despite the urgency of these problems, the majority of people in many countries have virtually no access to basic health care. Other basic requirements for a healthy life are also unmet: adequate food, for example, and decent housing.

(Secretary Califano outlined programs in five major areas, as described in the accompanying article, which the U.S. plans to support.)

□ We will seek, therefore, to increase support for our universities and institutions, and for institutions in developing countries to strengthen their capabilities for research, training, and the effective delivery of health services.

□ We will seek to increase support for training, for both our own people and those from developing countries, who can work as research scientists, educators, and providers of health care.

□ We will seek to increase support for international activities of our own governmental agencies whose competence should be more readily available to international health activities.

... We are, as you know, a nation seeking to reassert our commitment to human rights—at home and in the world. Our participation in this organization gives us an opportunity to express that commitment not simply in words, but in deeds. . . .