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NIGMS Grantee Wins Nobel Prize

Dr. Henry Taube, winner of the 1983 Nobel Prize in chemistry, is the 47th grantee of the National Institute of General Medical Sciences to receive a Nobel Prize. Dr. Taube, professor of chemistry at Stanford University and an internationally recognized leader in the field of inorganic chemistry, has been supported by NIGMS since 1963.

The award, announced Oct. 19, cites "his work on the mechanisms of electron transfer reactions, especially in metal complexes."

This research relates to a wide range of fundamental processes—from the conversion of sunlight into chemical energy during photosynthesis to the chemical reactions in batteries that produce an electric current.

With support from NIGMS, Dr. Taube is continuing his investigations of the roles of compounds containing metals such as copper and manganese in electron transfer. This work has broad implications for health, since metals and electron transfer are essential to cellular function.

Metals are significant because they act as binding sites for some enzymes, the molecules that act as catalysts for many life processes.

Metals also play a role in stabilizing protein structure in the conformation that is biologically active and in the uptake and release of oxygen from certain molecules. For example, iron is necessary for the function of hemoglobin, the oxygen transport protein of the blood.

(See *NOBEL PRIZE*, Page 11)

Laser Therapy Cuts Loss of Sight by Half

Laser treatment can prevent serious visual loss in some people with presumed ocular histoplasmosis syndrome, a clinical trial supported by the National Eye Institute has demonstrated.

HHS Secretary Margaret Heckler made the announcement which was distributed at a news briefing at the American Academy of Ophthalmology's annual meeting in Chicago on Nov. 2.

Argon laser treatment cut in half the threatened loss of central vision in OHS patients, the national collaborative study indicated.

The Secretary's announcement pointed out that OHS threatens the vision of some 1,500

(See *LASER*, Page 10)

Health Programs at Job Benefit Employees, Save Company Dollars, NHLBI Conference Told



(L to r): Keynote speaker Dr. Theodore Cooper, Metropolitan Life President John Creedon, HHS Secretary Margaret Heckler, and NHLBI Director Dr. Claude Lenfant discuss some of the issues raised during the conference's opening session.

Health promotion programs on the job—at the workplace—show considerable promise in improving the health of employees and lowering (to some degree) the overall cost of health care, former Assistant Secretary for Health Theodore Cooper told a recent 1-day conference in Washington which was cosponsored by the National Heart, Lung, and Blood Institute, General Motors and Metropolitan Life.

Other speakers included Secretary of HHS Margaret M. Heckler; Roger Smith, chairman of General Motors; John Creedon, president and chief executive officer of Metropolitan Life Insurance Co., and Dr. Edward N. Brandt Jr., Assistant Secretary for Health, HHS.

Dr. Cooper, now executive vice president of the Upjohn Co., said the evidence linking alterable health risks with a number of diseases is unequivocal. Less powerful, but still significant, he said, was the evidence on how much benefit results from reducing such risks.

Quoting Immanuel Kant, he said: "It is often necessary to make a decision on the basis of knowledge sufficient for action but insufficient for the intellect." He noted corporate decisions were often made with less data and expressed hope that participants would decide to act on workplace programs. There have been worksite programs, particularly high blood pressure control, which have been extremely effective, he

noted. Projects to reduce drug and alcohol abuse and stop smoking have also improved employees' health and saved corporate dollars, he indicated.

"I think, and I hope that you too, will decide it is time to act."

Representatives from scores of Fortune 500 corporations attended the conference where findings from major clinical trials dealing with risk factors, reports from comparative studies of worksite programs and community-based programs as well as experiences of individual companies were reviewed.

In her remarks, Secretary Heckler said that she and President Reagan are pleased with the growing number of innovative programs in business directed at health care cost containment. The more attention business gives this issue, the Secretary indicated, the more likely we will see new and effective initiatives to combat this problem.

Mrs. Heckler said the department also stands ready to help industry develop disease prevention programs and health promotion at the worksite. She cited the National Heart, Lung, and Blood Institute, the Alcohol, Drug Abuse and Mental Health Administration, and the Food and Drug Administration for already doing much in this area.

Noting the growing emphasis on disease prevention in recent years, Mrs. Heckler told

(See *HEALTH PROGRAMS*, Page 5)

The NIH Record

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Training Tips

The following courses, sponsored by the Division of Personnel Management, are given in Bldg. 31 unless otherwise indicated.

	Course	Starts	Deadline
<i>Office Skills</i>			
Letterwriting for Secretaries		12/7	11/14
<i>Executive, Management and Supervisory</i>			
Committee Dynamics		12/13	11/25
Managing Performance Feedback		2/8	1/20
<i>Communication Skills</i>			
**Privacy Act		12/2	11/14
Contract Freedom of Information Workshop		12/9 or 12/16	11/25
Assessment One: Job Analysis		1/11	12/12
Interpersonal Problem Solving		1/24	12/19
<i>DELPRO</i>			
*Delegated Procurement		11/28	11/14
*For new Delpro users only			
**Deadline Extended			

To learn more about these and other courses, contact the Development and Training Operations Branch, DPM, 496-6371.

Receiving Your NIH Record?

Individuals or offices in NIH which are not receiving the *NIH Record* every 2 weeks should call Mrs. Lina McGregor, 496-5651. □

Phone Number Correction

The phone number for Dr. Robert B. Nussenblatt, chief of Ophthalmic Immunology, NEI, is 496-1243. (Story on page 7, *NIH Record*, Oct. 25.) □

Health Benefits Open Season: Nov. 14-Dec. 9

The Office of Personnel Management has announced "Open Season" from Nov. 14 through Dec. 9, 1983 on health insurance under the Federal Employees Health Benefits Program. During that time eligible employees may enroll in one of 21 different health benefit plans. Persons already enrolled may change their plan, option, type of enrollment, or any combination of these.

Commissioned Corps personnel, employees serving under appointments limited to 1 year or less, and intermittent employees are not eligible for enrollment in the FEHBP.

Eligible employees will soon receive a packet containing:

- BRI 41-331—booklet entitled "1984 Enrollment Information Guide and Plan Comparison Chart."

- A 1984 addendum to the Government-wide or comprehensive 1983 medical plan brochure. The addendum will state the changes in the plans' benefits for 1984.

Employees covered by employee organization plans will receive a 1984 addendum to their 1983 brochure directly from the sponsoring organization.

The 1984 guide chart contains open season enrollment instructions and general information about the program, and gives biweekly rates for each plan.

It also itemizes major features of all plans and categories of coverage such as catastrophic protection, doctor visits, dental, mental health, maternity and emergency care, outpatient diagnostic tests, etc.

OPM requests that employees not rely solely on the contents of the chart but review the total brochure of the plan for a complete description of benefits. Copies of all brochures are available for review through personnel offices.

After reviewing the literature, eligible employees who want to enroll or to change enrollments should contact their BID registration assistant and obtain a SF-2809, Health Benefits Registration Form. The names and locations of the assistants are listed on official bulletin boards.

OPM has announced new rates and benefits for 1984. The benefits become effective Jan 1, 1984, and the rates become effective Jan. 8, 1984.

The new biweekly rates for the major plans which cover NIH employees are:

Service Benefit Plan (Blue Cross-Blue Shield)	1983	1984
<i>Self</i>		
High option	25.36	30.05
Low option	5.55	7.19
<i>Family</i>		
High option	54.50	65.06
Low option	14.84	17.15
Indemnity Benefit Plan (Aetna)		
<i>Self</i>	1983	1984
High option	18.78	32.05
Low option	6.05	7.35
<i>Family</i>		
High option	26.88	50.31
Low option	14.63	15.64
Group Health Association of Washington, D.C.		
<i>Self</i>	1983	1984
High option	17.63	15.54
Low option	10.38	8.52

<i>Family</i>		
High option	50.24	46.28
Low option	31.76	28.12

Government Employees Hospital Association Benefit Plan (*)	1983	1984
<i>Self</i>	6.48	10.27
<i>Family</i>	13.65	18.96

National Association of Letter Carriers Plan (*)		
<i>Self</i>	21.87	24.48
<i>Family</i>	40.50	45.78

Kaiser-Georgetown Community Health Plan, Inc. (*)		
<i>Self</i>	10.98	13.48
<i>Family</i>	33.08	40.35

George Washington University Health Plan (*)		
<i>Self</i>	16.52	16.80
<i>Family</i>	49.80	51.89

Mail Handlers Benefits Plan		
<i>Self</i>		
High option	6.42	6.98
Low option	5.81	6.26

<i>Family</i>		
High option	18.85	19.82
Low option	12.53	14.82

(*) Plans only offer one option.

Other plans NIH staff members may participate in are: American Federation of Government Employees Plan; Alliance Health Benefit Plan; Postmasters Benefit Plan; American Postal Workers Union Plan; Columbia, Maryland Medical Plan; Free State Health Plan; Health Plus, Inc. Plan; and National Federation of Federal Employees Benefit Plan.

Also National Association of Government Employees Benefit Plan; National Treasury Employees Union Benefit Plan; Postal Supervisors Health Benefit Plan; and M.D. Individual Practice Association, Inc. Rates and benefits for these plans also changed for 1984. One additional health maintenance organization medical plan is available this year: CHOICE Health Care Plan.

The Division of Personnel Management will sponsor an Open Season Health Benefits Fair Tuesday, Nov. 29, in Wilson Hall. Various carrier representatives will be available from 9 a.m. to noon to answer individual questions on the 1984 contracts. All employees are invited to attend. Employees who want to attend should obtain approval from their supervisor. □

Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance of 240 hours is normally forfeited if not used by the end of the current leave year.

If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it.

Your biweekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 7, 1984.

In spite of planning, circumstances sometimes arise which prevent you from taking leave that has been scheduled and approved earlier during the leave year.

This year, your "Use or Lose" leave must be scheduled in writing by Nov. 26. □

NICHD Has Its Own Opera Star: Sheryl Melvin

If you happen to walk by the NICHD publications room and hear operatic singing, it's not a new research project, a radio or a recording.

It's Sheryl M. Melvin, a clerk-typist in NICHD's Office of Research Reporting. She'll



Ms. Melvin will be appearing at the Arena Stage in Washington, D.C., beginning Nov. 30 in Shakespeare's "As You Like It."

tell you she's just playing around while filling publication requests, but in reality she's an aspiring and talented opera singer working until she gets that "big break."

The coloratura soprano sings wherever and whenever she gets the chance. She has appeared throughout the Washington metropolitan area in operas, recitals, churches and special events.

Sheryl's operatic career is well on its way. She was a 1983 semifinalist in the New York Metropolitan Opera's District Council Auditions, second place winner of the 1980 Sigma Alpha Iota Music Fraternity Voice Competition and a regional finalist in the 1979 Nation-

al Association of Teachers of Singing Voice Competition. Sheryl plans to enter several other competitions this fall.

"When all the clocks wind down, Sheryl is still ticking," laughs Aggie E. Schroeder, a secretary in the Institute's Office of Planning and Evaluation. "In my 21 years in NICHD—no, in my whole life—I have never seen anyone with such a consistently beautiful disposition. She is always bubbly and peppy. She has a broad grin that covers her entire face."

The 24-year old earned her 1981 bachelor's degree in opera performance from the University of Maryland at College Park. She also took graduate courses in voice performance and continues to refine her art.

Last summer Sheryl won a spot in the C.W. Post Summer Opera program at Long Island University. The 4-week training session is designed to help promising singers perfect their operatic skills under professional direction. Participants sang in four operas, enabling them to learn every aspect of operatic production.

The energetic singer appeared in three of the four productions: as Barbarina in Mozart's "Marriage of Figaro," Belinda in Purcell's "Dido and Aeneas" and the First Spirit in Mozart's "Magic Flute."

"This workshop was a real growing experience for me," she said. "I think I learned more about myself. I can stand the pressure of having to learn the scores of several operas in a short period of time."

At the end of the workshop, Sheryl received an award for learning the most music within the month.

In addition to performing, the workshop included master classes taught by well-known guest lecturers and performers who offered career tips on voice, acting, makeup and management.

Sheryl has been singing and dancing for as long as she can remember. "At 5 years of age I used to dance and sing to the music of Billy Eckstine and Sarah Vaughan for my mother's friends. We always had lots of jazz in our house," she recalls.

At age 6 she took ballet. By 9 she was enrolled in piano lessons and at 14 began voice

lessons.

In 1977, Sheryl graduated from Stone Ridge Country Day School of the Sacred Heart in Bethesda, Md. Elizabeth Malinoski, a voice teacher there, encouraged her to pursue an operatic career.

"It was she," reminisced Sheryl, "who took me to see my first opera. I think it was 'La Traviata' at the Kennedy Center. I had never been exposed to opera. I didn't appreciate it.

"The vocal sound was very different from what I was used to. My love for opera is something I had to acquire. It took a long time.

"Mrs. Malinoski was instrumental in that growth process. She took a special interest in me and my voice. Once I started to perform classical music and got positive feedback, I learned to love it more and more. Now it's really a big part of me."

Opera is Sheryl's life. She works at NIH merely to support her operatic training, hoping that one day, when opportunity knocks, she'll be ready. She has weekly voice lessons with soprano Phyllis Brynjulson. She also rehearses weekly with pianist Glenn Sales, a finalist in the University of Maryland's International Piano Competition.

In addition, she is a featured soloist at St. Matthew Cathedral in Washington, D.C. Two days a week she attends courses in German and Italian to help her singing and pronunciation.

Planning is important to Sheryl's life. She is constantly planning and plotting her course to success. "I want to be immersed in music," she says. "I want to get into a total music program where I would not only be vocally coached, but learn languages, movement and acting as well."

In 5 years, Sheryl plans to be in the Young Artists Apprentice Program of the Metropolitan Opera Company. In 7 years, she hopes to be a resident artist at the Met.

Sheryl laughs when she tells the story about auditioning for the University of Maryland undergraduate music program. She told the faculty she wanted to be "just like Leontyne Price."

"They laughed," she grins.

Somehow she makes you believe the joke's on them and that she will have the last laugh—and it will be on stage. □

AIDS Symposium

A one and one-half day symposium will be held on the subject of AIDS Nov. 18 and 19.

This meeting, cosponsored by The Fairfax Hospital and NIH, will be held at the Tyson's Marriott hotel. The first day's session is scheduled from 1 to 5 p.m. and the second day's from 8:30 a.m. to 5 p.m.

Fourteen speakers—from NIH, including the National Cancer Institute, Johns Hopkins University School of Medicine, Centers for Disease Control, Fairfax Hospital, and other institutions—will discuss in detail the latest developments in clinical and immunological aspects of AIDS.

The meeting is open to physicians and other medical personnel. Due to the subject matter and limitations of the ballroom at the Marriott, reservations must be made prior to the meeting.

For further information, contact Carol Miller, medical staff coordinator at the medical staff office of Fairfax Hospital, 3300 Gallows Rd., Falls Church, VA. 22046, (703) 698-3101. □

NCI Names Dr. Robert N. Hoover Environmental Epidemiology Chief

Dr. Robert N. Hoover was recently appointed chief of the Environmental Epidemiology Branch of the National Cancer Institute. He has been acting chief of the branch since 1982, and head of the branch's Environmental Studies Section since 1975.

In his new position, Dr. Hoover is responsible for directing NCI's program of epidemiologic research to identify environmental factors that may play a role in cancer.

Dr. Hoover received a PHS Commendation Medal in 1976 for his innovative studies of high risk communities in the U.S. These studies have provided new leads and opportunities for identifying previously unrecognized causes of cancer.

He joined NCI's Epidemiology Branch in 1974 and was a staff associate there until 1975. In 1971 and 1972, he was a teaching



fellow at the Harvard School of Public Health.

Dr. Hoover received his B.A. from the University of Notre Dame, and his M.D. from Loyola University of Chicago. He also holds an M.S. and Sc.D. in epidemiology from Harvard University. □

NIGMS Holds Third MARC Scholars Conference

The Minority Access to Research Careers (MARC) Program of the National Institute of General Medical Sciences recently sponsored its third MARC Scholars Conference and Program Directors Meeting. More than 200 students and faculty members from colleges and universities with substantial minority enrollments attended the 3-day workshop held at the National 4-H Center and NIH.

The goals of the conference were to enhance communication among MARC trainees, program directors, and NIH staff, reinforce the training objectives of MARC-supported institutions and foster contacts between investigators and minority students who are pursuing careers in biomedical research.

Meet and Mingle

The meeting's informal atmosphere encouraged students in the MARC honors undergraduate research training program and their faculty sponsors to meet and mingle with representatives of leading graduate schools where the trainees might apply.

Dr. Frederick Humphries, president of Tennessee State University, gave the keynote address. Also included in the first day's activities was a luncheon speech on the diversity of careers in science by Dr. Maxine Singer, chief, Laboratory of Biochemistry, Division of Cancer Biology and Diagnosis, NCI.

On the second day of the meeting, the participants came to NIH for a morning of scientific presentations, followed by poster sessions and tours of NIH laboratories.

Dr. Walter M. Lovenberg, chief, Section on Biochemical Pharmacology, Division of Intramural Research, NHLBI, spoke on the regulation of biogenic amine synthesis; Dr. Eugene T. Buter, department of biochemistry, Howard University, discussed *in vitro* synthesis of specific RNA transcripts and Dr. Keith C. Robbins, Laboratory of Cellular and Molecular Biology, Division of Cancer Cause and Prevention, NCI, described a possible



Dr. Maxine Singer, chief, Laboratory of Biochemistry, Division of Cancer Biology and Diagnosis, NCI, delivered the formal luncheon address at NIGMS' recent MARC conference.

molecular mechanism for the development of certain human cancers.

The MARC trainees then held poster sessions and gave oral presentations on the re-



Pictured are senior student Kevin C. Robinson (l), Wayne State University, Detroit, Mich.; and MARC trainees Roger Brown, Virginia State College, Petersburg, Va., and Nivia Vasquez, Barry College, Miami, Fla.

NIA Scientists Say Longer Life Means More Years of Chronic Illness

People may be living longer in the United States than ever before but it is debatable whether they are enjoying better health in their later years.

A new analysis (*New England Journal of Medicine*, Oct. 7, 1983) of morbidity and mortality data by two National Institute on Aging scientists shows that the number of very old people is increasing rapidly, that chronic diseases will probably occupy a larger proportion of the life span, and that the needs for medical care in later life are likely to increase substantially.

This analysis challenges an earlier and more optimistic prediction by Dr. James Fries, Stanford University, that, by and large, the number of very old individuals would not increase, that the healthy middle years would be extended and that due to this compression of morbidity, needs for medical care in late life would diminish.

Drs. Edward L. Schneider and Jacob A. Brody, NIA associate directors for Biomedical Research and Clinical Medicine and for Epidemiology, Demography and Bi-

ometry, respectively, examined new data from the National Center for Health Statistics and from the U.S. census and reviewed studies of morbidity to arrive at their conclusions.

This complex issue has major implications for health care planning. Life expectancy has increased dramatically from 48 years in 1900 to approximately 71 years for males and 78 years for females today.

On a personal level it is one thing to be well and able to function for 75 out of 78 years and quite another to be ill from age 65 on, regardless of how long one lives. On a societal level, if chronically ill people live longer the needs for health care will obviously be greater.

Dr. Fries predicts that the human survival curve will "rectangularize," that the death rates will stay low until old age (the horizontal component of the rectangle) and then the majority of deaths will occur over a short span of years (the vertical component of the rectangle). He suggested that this rectangularization will result in an average life expectancy of approximately 85 years in

sults of their research. The students also toured NIH laboratories and discussed research in progress with the intramural scientists.

The banquet address that evening was given by an eminent scientist and longtime sponsor of MARC trainees, Dr. Howard Bern, professor and research endocrinologist, department of zoology, University of California, Berkeley.

GRE Preparation

The final day of the meeting was devoted to a workshop for the trainees on preparation for the Graduate Record Examination. At the same time, the program directors met with NIGMS staff to discuss administrative and other issues.

The NIGMS MARC Program, administered in cooperation with other NIH Institutes, provides special training opportunities in the biomedical sciences for students and faculty at institutions with substantial minority enrollment.

The program offers four types of support: honors undergraduate research training awards, which allow minority institutions to teach and support honors students—who plan to obtain a Ph.D. and conduct biomedical research—in their third and fourth years of college; predoctoral fellowship awards, which enable outstanding graduates of the MARC honors undergraduate program to pursue a Ph.D. degree in the biomedical sciences; faculty fellowships, which offer opportunities for advanced study and research training to selected faculty members at minority institutions, and visiting scientist fellowships, which make it possible for outstanding scientist-teachers to serve as visiting professors at minority institutions. □

Addition to Story

In the story on Camp Fantastic in the *NIH Record*, Oct. 11, it was inadvertently omitted that a \$500 contribution to Special Love, Inc. was made by the United Order of True Sisters of Montgomery County. □

the early part of the next century.

The NIA scientists assert that mortality rates are still declining and that Social Security Administration actuaries predict that life expectancy may be greater than 90 years for white females (the longest living group today) by the year 2080.

Drs. Schneider and Brody note that the fastest growing group is persons over age 85. Thus the anticipated rectangularization has not yet occurred. This is because the oldest segments of the population are rapidly expanding.

Nor does Dr. Fries' assumption hold that the onset of chronic disease will be postponed. Health surveys have thus far shown no significant change in self-reports of poor health or in rates of sickness or disability among the elderly. If the numbers of persons at advanced ages increases, then more individuals will spend longer periods afflicted with chronic diseases.

The NIA scientists assert that research can yield the answers to prevention and treatment of chronic disease. □

HEALTH PROGRAMS

(Continued from Page 1)

the corporate executives: "What this means for you is that more and more potential partners in medical associations, health departments and voluntary organizations such as the American Heart Association and the American Red Cross, are becoming more and more active in fostering workplace programs."

She pointed out that when one looks at the potential partnerships that might be formed, "there is promise that such action will not only make good economic sense, but good



TV health commentator Dr. Art Ulene and GM Chairman Roger Smith exchange observations during a conference break.

On worksite programs, he said: "We won't be solving the problem of soaring health care costs by promoting the concept of preventive health care, but we'll be contributing toward a solution—and a fiscally responsible approach to cost containment. More importantly, we'll be promoting good health, longer, more productive careers, and a higher quality of life in general for our employees."

Metropolitan President Creedon offered three points for business to consider. He said:

Illness Prevention

"First, we should recognize the importance of this developing trend toward illness prevention through self care ...; second, as corporate policy makers, we should consider starting and supporting health promotion programs in our organizations ...; third, we might consider reaching out beyond our employee population and help encourage similar health improvement commitments on the part of families, dependents and indeed entire communities where a corporation is a significant factor in the community."



Assistant Secretary for Health Dr. Edward N. Brandt Jr. and United Auto Workers Vice President Donald Ephlin await their turns during a panel presentation on the perspectives of medicine, industry and labor.

sense in employee and community relations as well."

General Motors Chairman Smith said his company expects to pay \$2.2 billion for health care insurance coverage in 1983, more than twice as much as GM's total earnings for the previous year.

HHH Cancer Research Center Presents Its Annual Awards



Dr. Isaac Taylor, associate director for administration of the Hubert H. Humphrey Cancer Research Center, Mrs. Kevin White, wife of the Mayor of Boston, and Frances Humphrey Howard of the National Library of Medicine view the new facilities of the Hubert H. Humphrey Cancer Research Center of the Boston University School of Medicine.

Frances Humphrey Howard, sister of the late Minnesota Senator Hubert H. Humphrey and special assistant to the associate direc-

tor for extramural programs, NLM, attended the annual Hubert H. Humphrey Cancer Research Center Awards held at Boston Univer-

Mr. Creedon also challenged his peers in the insurance industry. He said: "The time has come for insurance products to provide coverage for prevention-oriented care by shifting some resources currently devoted to disease care."

Dr. Brandt, HHS Assistant Secretary for Health, called for cooperation between the public and private sectors in responding to the challenge.

Right Strategy

Citing NHLBI's National High Blood Pressure Education Program ("no better example") as an illustration of this cooperation, Dr. Brandt said that our experience with this national effort "has convinced us all beyond a shadow of a doubt that health promotion and disease prevention is the right strategy for Americans and it can work for everyone ... particularly if we join together in a commitment to make that strategy succeed."

In welcoming the participants to the conference, Dr. Claude Lenfant, Director of the National Heart, Lung, and Blood Institute, said: "We feel that the biomedical research spectrum must include the translation and adoption of research before the spectrum is completed." He added that the workplace provides us with an avenue for fostering the translation and adoption process and the conference provides an opportunity to make this avenue a more effective one.

In other presentations, Donald Ephlin, vice president of the United Auto Workers, and Robert Beck, executive vice president of the Bank of America, contended that health promotion programs at the workplace is one area where labor and management can work enthusiastically together.

Moderating the conference was Dr. Art Ulene, NBC's Today Show health commentator and chairman of the Cable Health Network. □

sity School of Medicine Oct. 3.

Boston University established the Humphrey Awards to recognize outstanding contributions to the understanding and treatment of cancer. The first recipient, former Minnesota Senator Muriel Humphrey, was presented the award in 1979.

Receiving the awards this year were: U.S. Congressman Joseph D. Early; Dr. Elwood V. Jensen, professor of biochemistry, biophysics and physiology at the Ben May Institute of the University of Chicago, and Dr. Henry S. Kaplan, director of the Cancer Biology Research Laboratory at Stanford University Medical Center. Oregon Senator Mark O. Hatfield delivered the address.

The Cancer Research Center, formed at BUSM in 1974, is the result of the work of a core group of eight faculty members with a common interest in cancer. It was dedicated to the profound impact Senator Hubert H. Humphrey's courageous battle with cancer has had on this Nation.

Today, the Hubert H. Humphrey Cancer Research Center is an interdisciplinary body that involves the expertise of approximately 100 physicians and other Boston University faculty engaged in a broad range of scientific investigation of the causes, prevention and treatment of cancer. □

NIH Recognizes "Hire the Handicapped Week"

NIH recognized "Hire the Handicapped Week," Oct. 5 through Oct. 7, with Dr. William F. Raub, NIH Deputy Director for Extramural Research and Training, giving the keynote address at Masur Auditorium.

The purpose of the week was to call attention to the fact that the disabled are able to work.

"Those of us who have minor physical handicaps all too frequently fail to notice the extraordinary skills and achievements of those who suffer serious handicaps. And those of us with all our senses intact nevertheless often fail either to see or hear the eloquent testimonies to the human spirit that many of your accomplishments demonstrate," Dr. Raub said to the group.

During the week NIH displayed special adaptive equipment, booths for the hearing and visually impaired, heard speakers from the Riding for the Handicapped Foundation Inc., and the Montgomery County Special Olympics, and saw demonstrations by Wheelchair Aerobics and a dance group called "Deaf Dimensions." Films were also shown throughout the week.

A group of panelists—handicapped workers at NIH—shared their personal experiences on problems and opportunities at NIH. They were Susan Rae, Office of Research Services, Division of Administrative Services; Julie White, Office of the Director, Office of Communications; Daniel Rogers, NIA, Gerontology Research Center; Dr. David Gray, NICHD; Julie Haller, NIDR; and Eleanor McCarthy, NIADDK.

Susan Rae works as a copying machine operator in the Office of Printing and Reproduction Branch for the Division of Administrative Services. Currently attending the University of the District of Columbia at NIH, she is a business major and takes courses in English and math. "My disability is described as a specific learning disability. I have problems with some speech and some eye-hand coordination problems," she says.

Susan has been at NIH for 2 1/2 years and before that worked at the National Institute on Drug Abuse for 7 1/2 years as a general office clerk.

Julie White works in the News Branch in the Office of Communications as a clerk typist messenger. She has been at NIH for 2 years, and earlier worked for the Health Serv-

ices Administration for 4 years as a clerk.

"My disability is short stature and it is a hereditary disease from birth. In each of my two jobs, I was provided a step stool in order to accomplish my job," Julie says.

Dan Rogers has been a member of the NIH community for 21 years. An information officer for the Gerontology Research Center, NIA, in Baltimore, he deals with the public, press and frequently goes out and speaks to groups. Being on crutches doesn't stop him from giving tours of the building and accomplishing all his duties and more.

"I get around very fast, but if I come running out of my office in a rush and they've just polished the floors and put water all over them ... I've slid three or four doorways on my belly a couple of times," Dan laughingly recalls.

Dr. David Gray, a health scientist administrator working in the Human Learning and Behavior Branch of the Center for Research for Mothers and Children at the NICHD, has been at NIH for 2 years. Not born handicapped, he fell from his roof, breaking his neck and becoming instantly paralyzed.

"I have been disabled for 7 years. When I first came to NIH I made an off-hand remark about some of the widths of the parking spaces to a gentleman named Dan Kenney. I drive an adapted van and you have to have about two car spaces to get your pudgy little body out of there. I complained about the one at Bldg. 31 and before I came back to work, they had repainted it and made it wide," he says.

Julie Haller is a dental hygienist at the Dental Clinic. "At the age of 2 1/2, I was diagnosed as having congenital nerve deafness with 80 decibels hearing loss—moderate to severe in both ears. I was properly fitted with body hearing aids at that time. I felt like a newborn baby entering the world of sound," says Julie.

Julie attended a hearing and speech center during her preschool years to learn both lip reading and oral speaking. "I attended public schools although I had to make some adjustments. I had to write and concentrate on reading lips at the same time which is a difficult task to master," Julie recalls.

Julie first joined NIH when she was 16 as a clerk typist during the summer. She later graduated with a bachelor of science degree



Dr. Raub presented the keynote address to kick off NIH's Hire the Handicapped Week.

summa cum laude from the University of Maryland's Dental School at Baltimore.

Eleanor McCarthy works at the NIADDK and has been there for 9 years.

"I'm a mail file clerk and I deliver and sort the mail and help with the grant files and charge cards and put files on the shelf. Somebody taught me how to do the mail and the files. I know everyone there and everybody's real nice. I have my own apartment and it's a real good apartment. I swim three times a week at the Special Olympics and I also swim at my apartment," Eleanor says.

Eleanor is very active in the Montgomery County Special Olympics and has won lots of medals in swimming (see story in *NH Record*, June 7, 1983).

There were three major points brought out by the panelists in discussing NIH's support of the handicapped. They feel NIH needs to make the buildings (off campus as well as on campus) more accessible, provide more fire safety for the handicapped, and to be more sensitive to hiring disabled employees. □

Handicapped Program Started at NIH in 1980

The NIH Handicapped Program was started in 1980 to assure equal employment opportunity to all qualified physically and mentally handicapped persons including disabled veterans.

The objectives were to recruit handicapped persons; assure the handicapped accessibility to all agency facilities; communicate the problems, needs, and concerns of the handicapped employee to all levels of management; include handicapped employees in the merit promotion process, upward mobility, and other career training programs; and establish a committee to assist in carrying out the objectives of this program.

There were 482 handicapped persons employed at NIH as of June 1983. A Handicapped Employees Committee established in 1979 now numbers 25 members.

Some of the accomplishments of the program since its beginning in 1980 include:

- An inclement weather policy for mobility impaired employees has been established, including priority snow removal for handicapped persons needing this service.

(Continued on Page 7)



Members of the Handicapped Panel (l to r): Susan Rae, Julie White, Dan Rogers, Dr. David Gray, Julie Haller, and Eleanor McCarthy.

(Continued from Page 6)

- An Unpaid Work Experience Program for the Handicapped has been established.

Twenty active applicants are available for referral to the BIDs. Ten candidates have been placed in work areas; five of them have been hired on excepted appointments.

- A Disabled Candidate Bank of 150-160 handicapped applicants is maintained by the NIH special placement coordinator for use by personnel officers and EEO officers in the BIDs.

- A video tape library regarding handicapped problems and concerns, for example, recruitment, reasonable accommodation, attitudes towards handicapped individuals, has been developed. These tapes are available for workshops, seminars, and meetings.

- A portable display of photographs of handicapped employees at NIH are on display in NIH buildings. This display can also be used for recruitment purposes at meetings and national conferences.

- A Volunteer Service Program to provide readers and interpreters to assist handicapped individuals in an emergency or as needed has been initiated.

- Policy and procedure issuances are being developed on special needs for disabled persons during fire drills and emergencies.

- A Community Resource Directory is available providing assistance to handicapped employees, and families of handicapped individuals.

- A survey and brochure on accessibility to NIH buildings are being developed with the assistance of the Division of Administrative Services, Division of Engineering Service, and the Handicapped Employees Committee.

- The Training Assistance Branch, Division of Personnel Management, will publicize the availability of services and make accessible training courses for disabled employees on all NIH training announcements.

A major objective of the program is to make managers, supervisors and employees aware that disabled individuals are employable and can perform satisfactorily if given the opportunity. And it also seeks to make the existing NIH disabled community aware of legislation and regulations.

This is an ongoing objective, and one of the ways to accomplish this is by meetings with appropriate staff of the BIDs. Flyers and pamphlets are being prepared and will be available soon for distribution throughout the NIH community.

For further information on the Handicapped Program, contact George Yee, 496-2906. □

NTEU Legislative Director To Speak on November 22

Jerry Klepner, legislative director of the National Treasury Employees Union, will speak at noon on Nov. 22 in Bldg. 31, Conf. Rm. 10. The meeting, sponsored by the NIH Chapter of the Federal Executive and Professional Association (FEPA), is open to all NIH employees.

Discussion will focus on the latest legislative and regulatory issues that affect federal employees. Mr. Klepner recently testified before the House Subcommittee on Compensation and Employee Benefits and other measures of the President's 1984 budget. □

Tina Jasen's 'Mobile' Gives Her a Lift

Tina Jasen, a lively lady who happens to have multiple sclerosis, hasn't let it slow her down.

When she became unable to walk, she found a way to remain mobile. She bought an electric cart (she calls it the 'Tina Mobile') that the Multiple Sclerosis Society told her about 2 years ago.

The cart, made by the Amigo Company, required special installation into her own car which was done in Dixie, Ill. The cart fits into a special hoist in the back seat of her car and can be moved in or out by a battery-powered mechanism in the front. The cart cost \$1,400, the installation, \$2,500.

Born in Cairo, Egypt to American parents, she has been living in the Washington area for the past 35 years. She is the mother of three children, two daughters and one son. At NIH for 2 years, she is presently working as a fellowships clerk in the Office of International Research Fellowships, International Research Awards Branch, Fogarty International Center. She is also a member of the NIH Handicapped Committee.

Prior to that she worked in the Division of Research Grants as a data control clerk. Before joining NIH, she worked at the National Institute on Drug Abuse for 2 years.

Tina's cart and her determination make it possible for her to work. "I enjoy working and it gives me a sense of direction and purpose in life. I am very proud of being able to work," she says. "It was the beginning of a new life for me."

Tina has had multiple sclerosis for the past 17 years. She has been using the 'Tina Mobile' for the past 2 years.

"It is truly a Godsend—a lifesaver," she says.

"I am very fortunate to work in a building that is fully equipped for the handicapped person. The elevator buttons are lower and are also written in braille for the blind."



Tina Jasen displayed her "Tina Mobile" during Handicapped Week. The electric cart was made by Amigo Company and later installed in her own automobile.

Tina also uses her cart when she visits museums, shopping malls, for doctor appointments, and many other places. "I like to be as independent as I can," she says.

Tina demonstrated her Amigo cart on the patio of Bldg. 31, during Handicapped Week. □



"Deaf Dimensions" is a dance group from the Jewish Center of Greater Washington.



"Wheelchair Aerobics" was performed by the Frederick YMCA Aerobics which was formed 3 years ago to help develop coordination, muscle, and heart muscle endurance for individuals in wheelchairs.

Visiting Scientist Program Participants

Sponsored by Fogarty International Center

10/1—**Dr. Dimitrio Boumpas**, Greece. Sponsor: Dr. Dean Mann, Laboratory of Human Carcinogenesis, NCI, Bg. 37, Rm. 2C01.

10/1—**Dr. Jun Fujita**, Japan. Sponsor: Dr. S.A. Aaronson, Laboratory of Cellular and Molecular Biology, NCI, Bg. 37, Rm. 1A07.

10/01 **Dr. Giovanni Impeduglia**, Italy. Sponsor: Dr. Peter Martin, Laboratory of Clinical Studies, NIAAA, Bg. 10, Rm. 3C112.

10/01 **Dr. Serge Kouzan**, France. Sponsor: Dr. Thomas Eling, Laboratory of Pulmonary Function and Toxicology, NIEHS, Research Triangle Park, N.C.

10/01 **Dr. Elli Leontsini**, Greece. Sponsor: Dr. Dale E. McFarlin, Neuroimmunology Branch, NINCDS, Bg. 10, Rm. 5B14.

10/01 **Dr. Daniela Corda Luini**, Italy. Sponsor: Dr. Leonard Kohn, Laboratory of Biochemical Pharmacology, NIADDK, Bg. 4, Rm. B1-31.

10/01 **Dr. Toshio Nakaki**, Japan. Sponsor: Dr. Erminio Costa, Laboratory of Preclinical Pharmacology, NIMH, WAW Bg., St. Elizabeths Hospital.

10/01 **Dr. Zahra Parandoosh**, Iran. Sponsor: Dr. Richard Philpot, Section of Molecular and Comparative Pharmacology, NIEHS, Research Triangle Park, N.C.

10/01 **Dr. Alfredo Pontecorvi**, Italy. Sponsor: Dr. Jacob Robbins, Clinical Endocrinology Branch, NIADDK, Bg. 10, Rm. 8N315.

10/01 **Dr. Rodolfo Quarto**, Italy. Sponsor: Dr. Henry Metzger, Arthritis and Rheumatism Branch, NIADDK, Bg. 10, Rm. 9N206.

10/01 **Dr. Rajni Rani**, India. Sponsor: Dr. Kamal Mittal, NCDB, Bg. 29, Rm. 232.

10/01 **Dr. Toshiaki Takaishi**, Japan. Sponsor: Dr. Reubin P. Siraganian, Clinical Immunology Section, NIDR, Bg. 10, Rm. 2B12.

10/01 **Dr. Catherine K. Too**, Malaysia. Sponsor: Dr. Vincent C. Hascall, Proteoglycan Chemical Section, NIDR, Bg. 30, Rm. 111.

10/01 **Dr. Aki-Hiko Yamamoto**, Japan. Sponsor: Dr. James Mason, Cellular and Genetic Toxicology Branch, NIEHS, Research Triangle Park, N.C.

10/02 **Dr. Ferenc A. Antoni**, Hungary. Sponsor: Dr. Michael Brownstein, Laboratory of Cell Biology, NIMH, Bg. 10, Rm. 4N312.

10/02 **Dr. Jocelyne Bachevalier**, Canada. Sponsor: Dr. Mortimer Mishkin, Laboratory of Neuropsychology, NIMH, Bg. 9, Rm. 1N107.

10/02 **Dr. Zhao Bangti**, China. Sponsor: Dr. Ching-Juh Lai, Laboratory of Infectious Diseases, NIAID, Bg. 7, Rm. 26.

10/02 **Dr. Moshe Faraggi**, Israel. Sponsor: Dr. Eli Glatstein, Radiation Oncology Branch, NCI, Bg. 10, Rm. B3B38.

10/02 **Dr. Andrew Gunther**, U.S. Sponsor: Dr. Henry Metzger, Arthritis and Rheumatism Branch, NIADDK, Bg. 10, Rm. 9N206.

10/02 **Dr. David L. Robinson**, United Kingdom. Sponsor: Dr. Paul Costa, Laboratory of Behavioral Sciences, NIA, GRC, Baltimore, Md.

10/02 **Dr. Martin Tobin**, South Africa. Sponsor: Dr. Jeffrey Schlom, Laboratory of Tumor Immunology and Biology, NCI, Bg. 10, Rm. 8B02.

10/05 **Dr. Arnaldo Caruso**, Italy. Sponsor: Dr. Jeffrey Schlom, Laboratory of Tumor Immunology and Biology, NCI, Bg. 10, Rm. 8B02.

10/05 **Dr. Saul N. Malozowski**, Argentina. Sponsor: Dr. Fernando Cassorla, Developmental Endocrinology Branch, NICHD, Bg. 10, Rm. 8D42C.

10/19—**Dr. Iqbal Unnisa Ali**, Pakistan. Sponsor: Dr. Robert Bassin, Laboratory of Tumor Immunology and Biology, NCI, Bg. 10, Rm. 8B05.

10/21—**Dr. Kaity N. Zoumbos**, Greece. Sponsor: Dr. Michael Barile, Mycoplasma Branch, NCDB, Bg. 29, Rm. 424.

Medicine for Layman Lectures Begin Nov. 8

Medicine for the Layman, a series of free lectures by NIH physicians, begins Nov. 8. Sponsored by the Clinical Center, the talks will be given Tuesday evenings at the Masur Auditorium at 8 p.m.

Dr. Robert Wittes of the National Cancer Institute will lead off the series with *Cancer Treatment Update*. A leading expert in cancer therapy, he will interpret the latest scientific knowledge about cancer and how it relates to innovations in treatment in the '80s.

On Nov. 22, Dr. Elliot Gershon of the National Institute of Mental Health will speak about *Genetics and Psychiatry*. He will discuss several disorders that have a genetic component— affective or mood disorders, such as depression or mania, schizophrenia, alcoholism, and antisocial behavior.

Nov. 29, Dr. Stephen Straus, National Institute of Allergy and Infectious Diseases, will give a presentation on *Herpes*. He will define herpes simplex virus type I (oral), which affects approximately 80 to 90 percent of the population, and type II (genital), which affects up to 10 percent of the population. Dr. Straus will discuss the similarities, causes, diagnosis, management, and treatment of

these disorders.

Dec. 6, Dr. Joseph Parrillo, chief of the Clinical Center's Critical Care Medicine Department, will talk about the medical strategies employed in caring for critically ill patients. He will define *Critical Care Medicine*, a multidisciplinary field that deals with patients who are at risk of major organ system failure due to disease or injury. He will also discuss the latest advances in ICU technology, and some of the difficult issues surrounding the treatment of hopelessly ill patients.

Dec. 13, *Relief of Chronic Pain* will be discussed by Drs. Ronald Dubner and Mitchell Max, scientists with the National Institute of Dental Research. They will explain how pain messages are transmitted to the brain, how available treatments for pain (aspirin, narcotics, nerve blocks, acupuncture, electrical stimulation) interrupt the pain message, and how the brain can suppress pain with its own chemicals. Drs. Dubner and Max will also highlight areas of research where new knowledge may lead to the elimination of chronic pain caused by low back and neck disorders, cancer, arthritis, shingles, and nerve injury. □

Maxillary Sinusitis Volunteers Needed for NIAID Study

Volunteers are being sought for a study of sinusitis by the Allergic Diseases Section of the Laboratory of Clinical Investigation at the National Institute of Allergy and Infectious Diseases.

Only persons with maxillary sinusitis—those who have episodes of pain behind the cheeks with purulent nasal secretion—will be accepted.

Patients found suitable for the study will have a thorough history and physical examination. They will be examined by four different techniques: transillumination (shining a light through the cheek), ultrasound, conventional X-rays and C.T. scan of the sinuses.

If the X-rays suggest sinus disease, patients will be randomly assigned to one of two treatment regimens: oral decongestant-

antihistamines with antibiotics or nasal steroid sprays, topical decongestants and antibiotics.

Both treatments are widely used but have not been compared.

The two sets of patients will be reevaluated by the four tests after a month. Those who show no resolution of their condition will be reassigned to the nasal steroid group. They will be examined again in another month.

Goal of the study is to find the best diagnostic test and most successful treatment for maxillary sinusitis.

Persons with acute, recurrent or chronic maxillary sinusitis or who want more information should call Dr. Howard Druce at, NIAID, (301) 496-1307. □



Dr. Richard M. Krause, Director of the National Institute of Allergy and Infectious Diseases, hands his annual "first" donation for the Institute's Combined Federal Campaign to **Bea McKinley**, keyworker for NIAID's Office of the Director. **Mildred Warfield (I)**, program analyst, is NIAID's CFC campaign coordinator.



Kenneth A. Brow (I), deputy chief, NCI Research Facilities Branch, receives an HHS Beneficial Suggestion Award from **Dr. Donald G. Fox**, chief, RFB. The suggestion will save NIH \$2,000,000 annually in indirect costs on grants and contracts. HHS has accepted the suggestion to change its indirect cost evaluation of extramural facilities built with NCI construction grant funding.

R&W Theatre Group Presents Musical Revue of the '20s

The NIH R&W Theatre Group will present "Remembering the '20s," a fun loving, nostalgic musical revue, on Nov. 11, 12, 18 and 19 at 8 p.m. and Nov. 13 at 3 p.m., in the Masur Auditorium, Bldg. 10.



Anthea Maton will entertain with song and dance in the R&W Theatre Group's musical revue, "Remembering the '20s."

This lively entertainment will feature the dazzling song and dance and deadpan comedy of America's vibrant 1920s. All performances will benefit the NIH Patient Emergency Fund. Tickets—\$4 for adults and \$3 for children and senior citizens—may be purchased in advance from R&W.

For more information call 496-4600 or 942-7117. □

Join the Great American Smokeout, Nov. 17

On Nov. 17, the American Cancer Society will sponsor the Great American Smokeout for the 7th year. OMS encourages all NIH smokers to participate in this smokeout and quit smoking on this date for at least 24 hours.

Millions of Americans will actually quit cigarettes for 24 hours. Many will kick the habit for good. Over 5 million smokers quit for the day last year and nearly 2 million were still off cigarettes 6 weeks later.

Most smokers want to quit—over 30 million have quit since the Surgeon General's 1964 Report. Through this special event, we can help save lives, save money and "Clear the Air." Every smoker who stops means less cancer, fewer heart attacks, strokes, fatal fires and other devastating effects of smoking.

For the employees who want to stop smoking and want the support of a group, contact the OMS Employee Counseling Service for an ongoing Stop Smoking group. For information, contact Morris Shapiro, phone 496-3164. □

It's no use filling your pocket with money if you have a hole in the corner.—George Eliot □

When a thing ceases to be a subject of controversy, it ceases to be a subject of interest.—William Hazlitt □

Household Furnishings Needed For Foreign Visitors at NIH

The Fogarty International Center provides assistance to international scientists and their families who come to the NIH each year from all over the world.

Logistics are handled by the Foreign Scientists Assistance Branch, located in Bldg. 38A, Rm. B2N13. When a foreign scientist needs help in finding a place to live, furniture, a school for children, or just someone to talk to about adjustment problems associated with living in another culture and country, Janet Barch is the person to contact (496-4335).

Ms. Barch coordinates the FAES Loan Service, a clearinghouse for household furnishings that international visitors can use while they are here, but she says supplies are currently depleted. "The FAES needs anything that is useable and in good condition—everything from cooking utensils and small appliances to desks and beds—and all donations are tax deductible."

Also needed are volunteers willing to transport borrowed items (they are returned to the Loan Service after the researcher's 1-year stay has been completed) from NIH to the visitor's home.

If you are interested in making a donation or transporting items, please call the FAES at 496-7976. □

Dr. Edward Eanes Receives Dental Research Award

The International Association for Dental Research recently presented the 1983 Biological Mineralization Award to Dr. Edward David Eanes of the National Institute of Dental Research. The presentation took place at the opening of the association's 61st general session held recently in Sydney, Australia. The award was sponsored by Lever Brothers Company.

Dr. Eanes was honored for his significant contributions to the study of mineralized tissues. For the past 22 years he has worked in the field of biological mineralization, 18 of those years at the NIDR intramural laboratories. He is at present chief of the Institute's Skeletal Biophysics Section, Mineralized Tissue Research Branch.

Throughout his career, Dr. Eanes has focused his research interests on mineral formation and the growth of teeth and bones, particularly the effects of fluoride on these hard tissues. In 1978 he received the NIH Director's Award for his research in this area.

Dr. Eanes serves on the editorial board of two journals: *Calcified Tissue International*

Redskins Fever? Donate Blood

Do you have Redskins fever? Then come to the CC blood bank for autographs from Redskins defensive end Tony McGee. Tony will be at the CC Blood Bank, Tuesday, Nov. 29 at 3 p.m., to select the lucky winner of two Washington Redskins-New York Giants tickets for Dec. 17.

To participate just sign up to donate blood before Nov. 25. Anyone bringing a new blood donor will get two entries in the ballot box. Sign up now by calling 496-1048. □

Louis Cauthen Dies, DRS Animal Caretaker

Louis Cauthen, an NIH employee since 1958 and a laboratory animal caretaker since 1959, died Oct. 11 of cancer that had been detected only several months before.

Mr. Cauthen was employed in the Veterinary Medicine and Surgery Section of the Veterinary Resources Branch, Division of Research Services. He was a very conscientious person, and took as much pride in the maintenance of his work area as he did in his house, which he built himself.

He twice shared in group cash awards given to section personnel who had accepted duties and responsibilities above the normal requirements of their positions.

Mr. Cauthen came to his NIH work of caring for large laboratory animals with a background that included care of farm animals and U.S. Army service as a scout dog tender in Korea during the Korean War.

He served in the Army for 7 years during the 1950s. In his youth he had worked for many years on a dairy farm at Lancaster, S.C., taking care of cows, horses, and other farm animals.

Mr. Cauthen is survived by his wife Lelia O. Cauthen; a son, Melvin Louis Cauthen; and a daughter, Lelia R. Cauthen.



Dr. Eanes

and the *Journal of Dental Research*. He is also the newly elected president of the Mineralized Tissue Group of the American Association for Dental Research. □

Black Cultural Committee Needs Volunteers

The NIH Black Cultural Committee has started planning for next year's programs commemorating the birthday of Dr. Martin Luther King, Jr. and Black History Week.

Anyone interested in working on the committee should attend the following meetings: Wednesday, Nov. 9, Conf. Rm. 4, Bldg. 31; Monday, Nov. 14, Conf. Rm. 3, Bldg. 31.

For further information, contact Shiril Brinson on 496-6121. □

Designating a Beneficiary

Changes in family or life situation without a corresponding change in designation or cancellation of your insurance beneficiary may result in a settlement you don't want. If you have married, divorced, or become a widow or widower since last completing a designation of beneficiary, it may no longer reflect your current preference for payment.

The Division of Personnel Management reminds NIH employees that there is an automatic line of beneficiary on Civil Service Retirement and Unpaid Compensation of Deceased Civilian Employees and on the Basic Life, Option A-Standard, and Option B-Additional of the Federal Employees Group Life Insurance.

Option C-Family insurance coverage of eligible family members is paid to the employee. No other beneficiary is permitted by the FEGLI law.

Employees don't need to name a beneficiary if they agree that the death benefit be paid in the order of precedence shown below:

- Widow or widower.
- Child or children in equal shares, with the share of any deceased child distributed among the descendants of that child.
- Parents in equal shares or the entire amount to the surviving parent.
- The appointed executor or administrator of employee's estate.
- Next of kin who is entitled under the laws of domicile of the insured at the time of death.

If the employee wants an order of precedence different than the above, he or she needs to complete and file a Designation of Beneficiary.

A Designation of Beneficiary for retirement affects lump sum benefits only, and has no effect on the spouse's or children's right to a survivor's annuity. The designation of a person or institution as a trustee constitutes a valid designation for retirement and life insurance benefits.

An employee has the right to cancel or change a designation of beneficiary at any time without the knowledge or consent of any previously designated beneficiary.

For life insurance and unpaid compensation (salary, unused annual leave, unnegotiated checks, travel etc.), a designation is automatically cancelled when an employee transfers from one agency to another. A transfer within DHHS is considered the same agency.

Designation of a beneficiary for retirement lump-sum benefits is filed with the Office of Personnel Management and remains in force unless or until cancelled in writing by the employee.

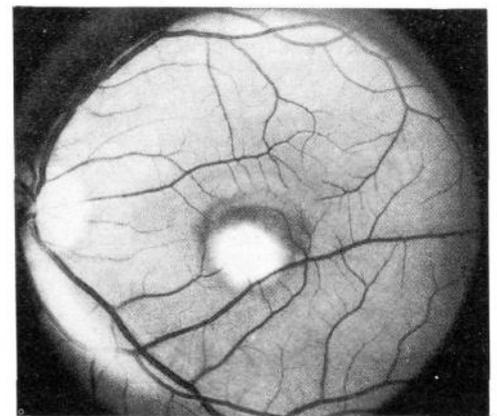
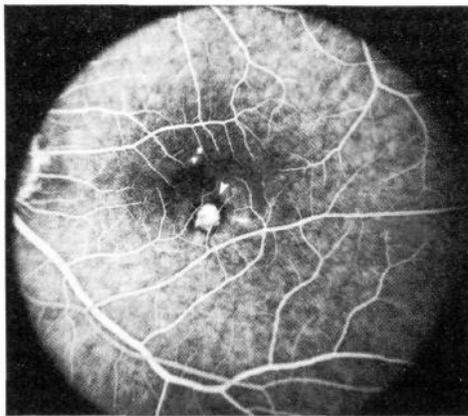
Designation of beneficiary on life insurance and unpaid compensation is filed in the employee's Official Personnel Folder.

Employees may obtain additional information on beneficiaries or obtain appropriate forms from the BID personnel offices. □

When they asked Plato how he had lived in the world he answered: "I entered with pain. I never ceased to marvel. I depart with reluctance. And I have learned nothing except that I know nothing."—Goethe □

LASER

(Continued from Page 1)



Ocular Histoplasmosis: Arrow near the center of the photo on the left points to neovascular membrane where abnormal new blood vessels are growing under the macular portion of the retina in a patient with histo spots (two small white dots). Twenty-four hours after laser treatment—the neovascular membrane (on the right) has been sealed off, halting the leakage of fluid and blood which can damage the macula and cause loss of vision.

Americans each year.

Sight-threatening OHS is believed to be an unusual and late-developing complication of a common airborne disease called histoplasmosis. An estimated 20 percent of all Americans and 90 percent of the people in parts of the so-called Histo Belt have been exposed to this disease at some time in their lives.

The U.S. Histo Belt includes all of Arkansas, Kentucky, Missouri, Tennessee, and West Virginia, plus major portions of Alabama, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Mississippi, Nebraska, Ohio, Oklahoma, Texas, and Virginia.

Included in the NEI study were 245 people with clear-cut evidence of OHS. Their visual acuity was impaired because abnormal new blood vessels growing under the retina had leaked fluid and blood into the macula.

If unchecked, this leakage can cause irreversible damage to the macula, the area of the retina which is responsible for the sharp, detailed vision needed when reading or driving a car.

The goal of argon laser treatment is to stop this process by burning and sealing off the leaking vessels without causing unwanted side-effects.

When entering the study, participants agreed to be assigned at random to either the treatment group or the untreated control group. Treatment was usually provided on an outpatient basis in a single visit. People in both groups were examined carefully at regularly scheduled followup visits.

Information collected during these visits was sent for computer processing and analysis to the study's coordinating center in Baltimore. Statisticians there compiled reports of these data and sent them to an independent group of scientists serving as the Data and Safety Monitoring Committee.

The committee was responsible for deciding when and whether there was evidence of a treatment effect—either positive or negative—and also if the possible side-effects of treatment were serious enough to outweigh any potential benefits.

To date, more than half of the patients in the 12-center study have been followed for 1 and ½ years, and some for as long as 4

years.

In recent months, a significant difference emerged between the untreated and treated eyes. Forty-three percent of the untreated eyes lost most of their central vision within 18 months of entry into the study, while only 19 percent of the laser-treated eyes experienced such a major loss in visual function.

It was therefore concluded that argon laser photocoagulation is effective in reducing the risk of severe visual loss in people with signs of OHS who have abnormal new vessels growing into the macula.

The investigators plan to continue following treated patients for 2 or more years to determine if the observed treatment effect is maintained for longer periods of time. They also are offering to treat people enrolled in the study who were initially assigned to the control group if the condition of their eyes warrants it.

The investigators also have begun to evaluate a newer photocoagulation device, the krypton laser, which may make it possible to treat more people than with the argon laser. These histo patients have abnormal new vessels that are extremely close to the macula's vital center, the fovea.

Until now, investigators have been reluctant to treat these lesions with the argon laser because of the risk of destroying nearby foveal cells that are essential for central vision.

There is some evidence that the krypton laser is able to destroy the abnormal vessels and yet spare foveal cells, but this will not be known for sure until the krypton study is completed. □

R&W Will Sponsor Guitar Lessons

The R&W will sponsor beginning guitar lessons starting Nov. 18. The course will run for 8 weeks from 5:30 to 7 p.m. on Friday evenings.

The cost is \$30 and will include a field trip to a local professional recording studio. The course will be taught by Bill Renfrew, in Conf. Rm. 2, Bldg. 31. For further information contact Bill on 496-4754. □

B-Thalassemia Mutant Gene Found In Mice by NIEHS Scientist Team

A mutant gene similar to one that causes B-Thalassemia (Cooley's anemia) in humans was recently discovered in mice by scientists at the National Institute of Environmental Health Sciences and the Research Triangle Institute, both in Research Triangle Park, N.C.

Investigators in the NIEHS Laboratory of Genetics and the RTI Chemistry and Life Sciences Group found the thalassemia mutation, designated *Hbb^{th-1}*. The mutation was characterized in collaboration with scientists at the National Heart, Lung, and Blood Institute in Bethesda, and the Oak Ridge National Laboratory, Oak Ridge, Tenn. A deletion (a missing segment of chromosomal DNA) that occurred naturally was found to be responsible for the thalassemic condition in mice.

The mutant strain of mice being maintained at RTI represents the only available animal model for the disease.

The mutation was discovered during electrophoretic screening of F1 progeny from matings of C57BL/6J and DBA/2J mice purchased from the Jackson Laboratory, Bar Harbor, Maine and propagated at the RTI.

Blood samples from 11 of 28 offspring in four litters of mice sired by a single DBA/2J male showed aberrant hemoglobin patterns. This was evidence by absence of B-major hemoglobin and increased amounts of B-minor hemoglobin. These mice were then bred to insure maintenance of the mutant gene.

The mutagenesis program is an ongoing NIEHS activity developed by Institute scientists to routinely screen for natural and chemically-induced gene mutations in mice.

Mutations causing various degrees of damage to the animals have been identified.

Since similar mutations also occur in humans, the studies with mice provide a way to examine the potential genetic harm humans may encounter from exposure to mutagenic substances in the environment.

A contract agreement between RTI and the Cellular and Genetic Toxicology Branch of the Toxicology Research and Testing Program at NIEHS helps to support the project in which the mutant was discovered.

A recent advance in treating B-thalassemia involves use of a highly toxic chemical (5-azacytidine) that activates otherwise dormant genes. Although it shows short-term effectiveness, the scientific community does not know what other effects this drug might have on the body and therefore cautions against its long-term use.

As Dr. David P. Rall, Director of NIEHS, points out, "The new mouse model for B-thalassemia provides an opportunity for this and various other experimental therapies to be investigated more thoroughly than would otherwise be possible.

"Furthermore, our mutagenesis program will probably lead to the discovery of genetic defects in the future and thus be a continuing resource for medical research."

The paper describing the discovery, "A Mouse Model for B-thalassemia" appeared in the October 1983 issue of *Cell*. The authors are: L. C. Skow, B.A. Burkhart, and F. M. Johnson, Laboratory of Genetics, NIEHS; R.A. and D.M. Popp, Biology Division, Oak Ridge National Laboratory; S. L. Goldberg and W. F. Anderson, Laboratory of Molecular Hematology, NHLBI; and L. B. Barnett and S. E. Lewis, Chemistry and Life Sciences Group. □

Gene Therapy Forum Slated at Masur Auditorium Nov. 21

Gene therapy—the introduction of a normal functioning gene into a cell in which its counterpart is defective—has become the object of increasing public debate as the technological breakthroughs necessary for its realization fall into place.

With scientists working toward the day when the procedure is a standard part of a physician's armamentarium for curing disease and with some religious leaders calling for a ban on human genetic engineering, it is clear that the public needs to be informed about this revolutionary medical concept.

To help encourage the exchange of information on gene therapy, the National Institute of Child Health and Human Development is sponsoring a special public forum to examine the subject in detail. The conference will be held Monday, Nov. 21, 1983, in the Masur Auditorium at the NIH Clinical Center from 8:45 a.m. until 5 p.m.

The conference will feature a distinguished group of speakers representing scientists, physicians, ethicists and the public. Discussion will focus on a wide range of issues, including the current state of the science, possible future (and not-so-far-away) applications of gene therapy, public policy decisions, and ethical concerns from a variety of perspectives—religious, philosophical,

medical and consumer.

In all, there will be 17 speakers, including Dr. James Wyngaarden, NIH Director; Dr. Mortimer Lipsett, NICHD Director; Dr. Thomas Caskey of the Baylor College of Medicine, and Dr. John Fletcher, Assistant for Bioethics, NIH Clinical Center.

The meeting is open to the press and public. Throughout the day, there will be opportunities for questions and discussion from those attending the meeting.

For more information, contact the NICHD Office of Research Reporting at 496-5133. □

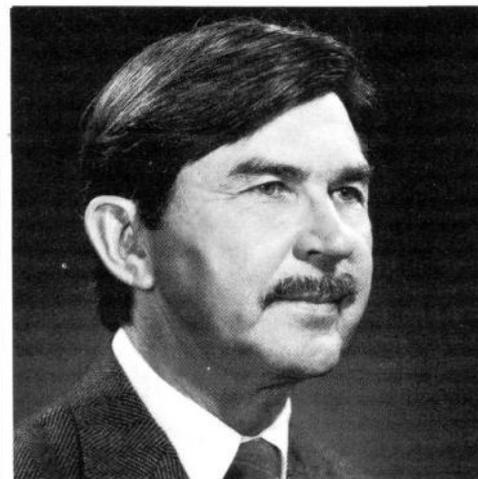
Join R&W for a "Shopper Hopper"

Travel with R&W Saturday, Nov. 26, on AMTRAK, and experience a smooth, comfortable ride aboard the sleek, modern, Amfleet trains. While in New York, enjoy the many museums, tour the many attractions and browse in the many boutiques and department stores.

Leave Union Station at 8:30 a.m. (Departure also from Beltway Train station, approximately 8:45 a.m.), and leave New York for the return trip approximately 8:45 p.m. Cost for this fun day in the "Big Apple" is \$37.50. Sign up now at the R&W Activities Desk, Bldg. 31, Rm. B1W30. Limited to 30 persons. □

NOBEL PRIZE

(Continued from Page 1)



Dr. Taube

Dr. Taube is also concentrating on the interactions of metals with biologically important molecules such as amino acids (the building blocks of proteins) and subunits of the genetic materials DNA and RNA.

Electron transfer is involved in many chemical reactions, chief among them the release of energy for use by the cells of living organisms.

Dr. Taube is studying the basic chemistry of how the transfer of electrons occurs in compounds containing metals and organic molecules by varying either the metal or the organic material and observing the effect.

His examinations of chemical reactions concentrate more on principles than on applications, which he prefers to leave to other scientists to explore.

Over the past 20 years, NIGMS has provided more than \$1.4 million to Stanford University on Dr. Taube's behalf. He also receives grant support from the National Science Foundation and the American Chemical Society (ACS).

Among Dr. Taube's many other honors and awards are the 1977 National Medal of Science and the 1964 Chandler Medal from Columbia University. This year, he won the National Academy of Sciences Award in Chemical Sciences and the Welch Award in Chemistry.

Dr. Taube has also received much recognition from the ACS, including its award for Distinguished Service in the Advancement of Inorganic Chemistry and the Willard Gibbs Medal. He has honorary doctorates from the University of Saskatchewan and the Hebrew University of Jerusalem.

He is a member of the National Academy of Sciences, the American Academy of Arts and Sciences, and the American Chemical Society.

Dr. Taube's research is supported under the biorelated chemistry area of the NIGMS Pharmacological Sciences Program.

NIGMS' programs encompass the cellular and molecular basis of disease, genetics, pharmacology and biorelated chemistry, physiology and biomedical engineering, and minority access to research careers. □

Dr. Thomas Waldmann, NCI, Honored For Human Immunology Research

Dr. Thomas Waldmann, chief of the NCI Metabolism Branch, Division of Cancer Biology and Diagnosis, has been awarded the Wellcome Visiting Professorship for the academic year 1983-84.

The annual award, sponsored by the Federation of American Societies for Experimental Biology and the Burroughs Wellcome Fund, is designed to stimulate interest in the basic sciences and to recognize eminent scientists in medical research.

Dr. Waldmann was recognized for his contributions to the understanding of human immunology.

Dr. Waldmann will be visiting his host institution, the University of California, Irvine, in late February, when he will present the Wellcome address and spend several days lecturing and meeting with faculty and students. The professorship includes a \$1,500 award plus travel expenses for Dr. Waldmann and his wife Katharine.

Dr. Waldmann has been involved in cancer research since he came to the Metabolism Branch as a clinical associate in 1956. He worked as a senior investigator in the branch from 1959 to 1968 when he became head of the Immunophysiology Section. In 1971 he was named branch chief.

In his Wellcome address, Dr. Waldmann will explain his investigations of immunoglobulin (Ig) gene rearrangements in B-cells and regulatory T-cell disorders that underlie immunodeficiency diseases.

Recently Dr. Waldmann collaborated with Drs. Stanley Korsmeyer, Ajay Bakshi, and Andrew Arnold from his laboratory and Dr. Philip Leder, former chief, Molecular Genetics Branch, NICHD, to explore how a limited amount of genetic material can generate more than a million different antibody molecules.

They examined human lymphocytic leukemias to determine how subelements of Ig genes are rearranged to make a gene that encodes the final antibody molecule. They showed that because certain leukemic cells have aberrant Ig gene rearrangements they cannot mature into Ig-synthesizing cells.

These immature cells eventually clone into leukemia. They cannot always be identified by cell surface markers because the immature cells fail to produce an Ig molecule that normally appears on the cell surface. These genetic rearrangements have provided a sensitive marker for detecting, diagnosing, and treating leukemias and lymphomas.

By means of this gene-level detection system, Dr. Waldmann and his collaborators have classified several leukemias and lymphomas that had eluded clear identification.

This refined classification enables physicians to make an early diagnosis, tailor a therapy more precisely to the cell type, and monitor the therapy's effectiveness against the leukemia.

Physicians can aspirate cells from the bone marrow or lymph node, examine their genetic rearrangements, and treat malignancies early, before they have time to proliferate.

Scientists in Dr. Waldmann's laboratory have also been probing the role of thymus-



Dr. Waldmann

derived lymphocytes (T-cells) in the regulation of Ig synthesis. Helper T-cells turn on Ig synthesis while suppressor T-cells turn it off. Because T-cells in the circulating mixture have different and often opposing actions, the group's examination focused on surface receptors on clonal T-cells that have only immunoregulatory function. □

Dr. A. Fauci Delivers AIDS Lecture at Johns Hopkins

Dr. Anthony S. Fauci of the National Institute of Allergy and Infectious Diseases delivered the 13th annual Stanhope Bayne-Jones Memorial Lecture Oct. 17 at the Johns Hopkins University School of Medicine in Baltimore.

Dr. Fauci's lecture, entitled, "The Acquired Immune Deficiency Syndrome: Clinical and Immunological Considerations," updated developments in AIDS research.

Chief of NIAID's Laboratory of Immunoregulation, Dr. Fauci heads a broad clinical research study on AIDS, which he planned and coordinates. He and his colleagues are currently treating some AIDS patients at NIH's Clinical Center.

Dr. Fauci has also pioneered studies on regulation of the human immune system and its relation to the body's defense against disease. His research has led to major advances in the treatment of Wegener's granulomatosis and necrotizing vasculitis.

A highly honored scientist, Dr. Fauci's recently received the 1983 Squibb Award of the Infectious Diseases Society of America for his "achievement in the investigation of infectious diseases."

The Stanhope Bayne-Jones Memorial Lectureship was established by an anonymous donor to honor Dr. Stanhope Bayne-Jones, a distinguished alumnus of Johns Hopkins University School of Medicine. Because of the late scientist's interest in infectious diseases, microbiology, epidemiology and preventive medicine, the lectureship is oriented to problems in those fields. □

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