

The NIH Record

'Nurse of the Year' Goes to Two CC'ers

Two nurses tied for 1986 Nurse of the Year honors at the Clinical Center Nursing Department's third annual meeting, a convocation dedicated to past achievements and future possibilities held last month in the ACRF Amphitheater.

Frances LoScalzo and JoAnne Muir-Nash were named cowinners of the department's highest award. The announcement partially validated associate director for nursing and keynote speaker Jan Feldman's claim that "an award for one of us is an award for all of us."

A 6-year veteran of the 2 West cardiac surgical recovery area and the unit's first primary nurse, Ms. LoScalzo was recognized as a highly skilled teacher of new staff. She is also known as an expert in preoperative teaching and wound care. Her development of a flow sheet for nurses who "float" between the hospital's three intensive care units has minimized "fear of floating," her citation read.

Ms. Muir-Nash, a staff nurse in aging for 2 years and an ambulatory care nurse for 2 years, is clinical coordinator for the arthritis, diabetes and digestive diseases clinics. As heavily involved with primary care for patients as she is coordinating nursing activities, Ms. Muir-Nash is recognized as an authority on the use of subcutaneous infusion pumps and has helped develop the "Living with Diabetes" patient education series.

Christine Gray, a clinical nurse specialist for the allergy and infectious diseases service, won
(See NURSES, Page 11)

Dr. Thomas Malone Honored

Dr. Thomas E. Malone, retired NIH Deputy Director, received special recognition from the U.S. Department of Health and Human Services and the Black Congress on Health, Law and Economics (BCHLE) at dinner last month in Washington's L'Enfant Plaza Hotel, during Congressional Black Caucus Week.

As NIH Deputy Director, Dr. Malone was chairman of the Secretary's Task Force on Minority Health which found that nearly 60,000 "excess deaths" occur annually among black Americans. The task force made several recommendations to reduce that number, including the establishment of an Office of Minority Health to monitor all Federal programs affecting minority health.

Dr. Malone, who received his Ph.D. from Harvard, is a North Carolina native who joined NIH in 1962 as a grants associate and worked up to the number two position in the internationally respected research agency. □

Health and Safety Expo Draws Thousands

HHS Secretary Dr. Otis R. Bowen, HHS Assistant Secretary for Health Dr. Robert E. Windom and NIH Director Dr. James B. Wyngaarden, challenged all NIH employees to "Play to Win at Health Pursuit" at the NIH Health, Safety and Security Expo sponsored by the Division of Safety, Oct. 16, 17 and 20. The Expo was the first of several employee-oriented events planned for NIH's Centennial Year.

Over 2,000 employees participated in the 30 Expo exhibits and learned the first steps to assume responsibility for their health, safety and security at home and at work. Quizzes were developed in key areas like safety, security, fitness and nutrition. A grand quiz, a composite of questions drawn from each of the key areas, was also developed.

Employees were encouraged to visit various exhibit areas to uncover quiz answers, and to talk with exhibitors representing the Division of Safety, NHLBI, the NIH Fitness Center, CC Rehabilitation, the NIH Nutrition Coordinating Committee, and R&W. By completing the grand quiz, employees became eligible to win a 4-day trip for two to the Bahamas, provided by Ober Travel.

The congressional continuing budget resolution sent many employees home early Oct. 17. The Division of Safety decided to extend the Expo an extra day. Gus Lambis, a maintenance engineer from the Division of Engineering Services, stopped by the Expo Monday morning

(See EXPO, Page 6)



NIH employees lined up at the Division of Safety's Health, Safety and Security Expo to use the computer program which helped assess the nutritional status of their eating habits.

Nursing Research Center Fills Two Positions

The National Center for Nursing Research, the newest component of NIH, has recently filled key management positions. Donald C. Poppke has been chosen as NCNr's first executive officer and Theresa Ringler has been selected as NCNr's first grants management officer.

Mr. Poppke assumes his new duties following several years as the administrative officer for NCI's Cancer Therapy Evaluation Program. He also served previously as the department's budget analyst for NIH and ADAMHA for 3 years following his completion of the NIH Management Intern Program in 1981.

He began his career at NIH in 1974 as a biologist with NIDR. He holds a bachelor's degree in biology and a master's degree in technology management.

Career Noted

Mr. Poppke has been the recipient of numerous academic and work-performance based awards in the last several years, including the Outstanding Graduate Scholar of the Year in 1984 from the American University's College of Public and International Affairs and the NIH Merit Award in 1986.

Mrs. Ringler joins NCNr from DRR, where she had served as a supervisory grants management specialist. Her work with DRR included substantial involvement in grants management of the recently created Research Center in Minority Institutions programs for

(See NCNr, Page 11)



Dr. Wyngaarden prepares the runners: "On your mark..." (See pp. 10-11 for more photographs.)

TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

Courses and Programs	Dates
<i>Management and Supervisory (496-6371)</i>	
Strategic Planning for Productive Results	11/19-21
Performance Appraisal Counseling	12/1-3
Working With Personal Differences	12/10-11
Manage Your Meetings	1/9 & 1/16
Effective Presentation Skills	1/21-22

Office Skills (496-6211)

Effective Listening Skills	11/24-25
Basic Time and Attendance	12/10-11
Understanding & Managing Stress	12/8-9

Special Programs (496-6211)

Adult Education	
Training and Development Services Program	Continuous Availability

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Send in Centennial Suggestions

Do you have any suggestions or ideas on how best to celebrate NIH's Centennial? The NIH Centennial Employee Cultural Events Subcommittee would like to plan activities in two categories: cultural events and programs, and employee health education. We need your ideas and input by Friday, Dec. 12. Send or call your suggestions into: Kelly Goka, R&W Association, Bldg. 31, Rm. B1W30, 496-6061. □

Chamber Orchestra Needs Concertmaster

The NIH R&W Chamber Orchestra, composed of about 25 amateur string players, is entering the second season under its new conductor Vladimir Svoysky from the Peabody Conservatory in Baltimore. The orchestra is looking for a new concertmaster for its 1986-87 season. Each year three concerts are performed at NIH including some works with a complement of wind instruments, and solo instrumental and vocal artists.

Rehearsals Tuesdays

In preparation for each concert about 6 to 8 rehearsals are held on Tuesday evenings from 8 to 10:15 p.m. at NIH. The concertmaster (male/female) would assist the conductor with technical advice on how best to attain the director's musical objectives, and occasionally hold sectional rehearsals for the first and second violins.

All players of string instruments (violin, viola, cello, string bass) are most welcome to join the orchestra.

For further information, call Dr. Wolff at 496-7070 weekdays, 8:30 a.m. to 4:30 p.m. □



While the America's Cup sailors have been fine-tuning their racing skills in Australia, two NIH'ers have been doing a bit of racing—and winning—of their own. In the recent New Jersey Senior Olympic Sunfish Regatta held in Brigantine, N.J., Drs. Preston A. Littleton, assistant director for program operations, NIDR (r), and Huber Warner, chief, molecular and cellular biology branch, NIA, each won honors in separate classes. Dr. Littleton won a bronze medal by placing third in the 45-49 age division, and Dr. Warner took second place in the 50-54 age division winning a silver medal. The regatta, held on Bonita Tideway, featured a full day of competitive racing in light to moderate winds. Over 30 skippers from as far away as South Carolina and Connecticut competed in the four race event.

STEP Forum To Discuss Research Extension Act

The STEP committee will present a forum on the "Implementation of the Health Research Extension Act of 1985—A Status Report" on Thursday, Dec. 11, from 1:30 to 4 p.m., in Wilson Hall, Bldg. 1.

Dr. Jay Moskowitz, NIH Associate Director for Program Planning and Evaluation, will provide an overview. Dr. Steven Hausman, deputy director, Extramural Activities Program, NIAMS, will discuss setting up a new Institute. Dr. Doris Merritt, acting director, National Center for Nursing Research, will discuss the development of the Center. Dr. George Galasso, NIH Associate Director for Extramural Affairs, will discuss the implications for extramural programs of the various provisions of the act.

The forum series is open to all NIH professional and support staff. No preregistration is required. For additional information contact the STEP program office, 496-1493. □

'Songs of Peace' Concert, Dec. 10

The 1986 Human Rights Day Concert, sponsored by the Medical Scientists Committee (affiliated with Amnesty International), FAES, R&W and SHER, will be held on Wednesday, Dec. 10, from noon to 1 p.m. in the Visitor Information Center exhibit area (Bldg. 10, ACRF B1 level). □

The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated by request to writers and to researchers in biomedical and related fields. The content is reprintable without permission. Pictures may be available on request.

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ATTENTION

The next issue of the NIH RECORD will be published Tuesday, Dec. 16. The first issue in 1987 will be Tuesday, Jan. 13. □

Division of Safety Discusses Traffic Practices and Principles

Safety is everyone's business! Regardless of what mode of travel we choose at home or at work, there are certain guidelines we can follow to make our travel as safe as possible.

As a motor vehicle operator, the following are suggestions to optimize your safety on the road.

- Before starting your vehicle, always "buckle up."
- Always obey all traffic regulations and the rules of defensive driving.
- Always yield to pedestrians within a crosswalk.
- All safety equipment should be used as required.
- Never drive if you have been drinking or taking medication which might impair your driving ability.

Defensive Driving

- Be patient. See the big picture when driving. Always have a way out; don't just focus on the vehicle directly in front of you. Move your eyes and head so you are aware of the traffic patterns and flow.
- Use eye contact with other drivers and pedestrians.
- Weather conditions necessitate changes in driving habits. Harsh weather, snow, ice, and rain cause hazardous conditions on the roads. Drivers should reduce speed, increase following distances, and give full attention to the important task of driving a motor vehicle in a safe manner.
- Always be courteous.

Bicycles

Motor vehicle traffic laws apply to bicyclists. Every person operating a bicycle is subject to all the duties required of the driver of a vehicle.

- Equipment bicycles must have are: a bell, a brake, and reflectors. If the bicycle is used in limited light, a headlamp is also required.
- Safety helmets should be worn at all times.
- Safety vests should be used when riding in limited light or unfavorable weather.
- The bicycle should be ridden as near to the right side of the roadway as practicable and safe.
- Bicyclists may ride two abreast only if the flow of traffic is unimpeded.
- When operating a bicycle, the operator should be alert for pedestrians and obey all traffic controls and traffic directions of a Police Officer.

- All equipment should be in working order so they can react in an emergency situation and prevent injury to themselves or others.

Pedestrians should always obey traffic control devices, cross only at intersections and marked crosswalks, and exercise care, caution, and good judgment when crossing streets or highways. Pedestrians should have eye contact with the vehicle operator before leaving the curb. The pedestrian should make sure the vehicles are going to stop before leaving the safety zone.

The Division of Safety and the Security Branch have made the safety of every member of the NIH community its first priority and suggests everyone obey all rules and regulations and assist others. □

FAES Sponsors Lectures

Two lectures are being sponsored by the Foundation for Advanced Education in the Sciences this month.

Dr. Amitai Etzioni, university professor, George Washington University, will present a lecture entitled "On the Ability of Individuals to Make Rational Decisions." The lecture will be held Wednesday, Nov. 19, at 4 p.m. in the ACRF Amphitheater. A reception will follow the lecture.

Dr. Terisio Pignatti, visiting professor, Wake Forest University, will present a lecture entitled "Medicine and the Artists." Dr. Pignatti was formerly the director of museums, Venice, Italy. The lecture will be held Nov. 21, in the ACRF Amphitheater. A reception will follow the lecture. □

Cancer Nursing Service Sponsors All-Day Conference

The Cancer Nursing Service is sponsoring an all day seminar—Progress in Cancer Treatment: Impact on Nursing—on Nov. 21, from 8:30 a.m. to 4:30 p.m. in Masur Auditorium, Clinical Center.

The theme is the practice of oncology nursing as it has been influenced by recent cancer treatment advances. Topics include role implementation for the oncology nurse in a clinical research setting; creative patient/professional nurse educational programs; and projections for future treatment endeavors and nursing implications.

Registration is required. For further information contact Jean Jenkins, 496-3101. □

NLM Presents Film Festival, Dec. 1-5

A medical film festival will be presented the week of Dec. 1-5 by the National Library of Medicine to round out its 150th anniversary celebration this year. The 33 films to be presented are directed at both laymen and health



Shirley Jones and Len Cariou appear in a scene from "There Were Times, Dear," a film about Alzheimer disease, which will kick off the NLM Film Festival on Monday, Dec. 1.

professionals and all films are award winners from the John Muir Medical Film Festival, which is held every 2 years in Walnut Creek, Calif.

The films will be shown in the Library's Lister Hill Center Auditorium. Film titles and viewing times are available from the office of inquiries and publications management at the National Library of Medicine, Rm 2S08, Bldg. 38; 496-6308. Please have your supervisor's approval to attend.

The Muir Festival's top award winner, a production on Alzheimer disease entitled "There Were Times, Dear," starring Shirley Jones and Len Cariou, will open the NLM film festival.

Among other medical categories in which films will be shown are: aging, AIDS, anatomy, cardiology, community health, coping, death and dying, drugs and society, emergency medicine, endoscopy, ethics, family relations, genetics, human sexuality, medical imaging, medical jurisprudence, nursing techniques, obstetrics and gynecology, oncology, ophthalmology, patient education, perinatology, surgery, wellness, and women's health.

Held biennially since 1976, the John Muir Medical Film Festival is sponsored by the John Muir Memorial Hospital in Walnut Creek, "to give recognition and encouragement to the makers of outstanding films for use in continuing medical education." □

Can You Hear What I Hear? Hearing-Impaired Employees 'Capable of Doing the Job'

{ First of a two-part series }

By Anne Barber

Hearing impairment is the single most prevalent chronic physical disability in the U.S., affecting more than 13 million persons.

The term itself is used to describe and encompass all types of hearing defects, ranging from a minimum loss to profound deafness.

How does a deaf person "hear" the telephone ring, doorbell chime, baby cry or alarm to wake up in the morning?

There are special devices using flashing lights or small vibrators that alert deaf people to everyday sounds. There is also a decoder that can be attached to television sets to display closed captions. (Closed caption means the audio is printed on the screen to be read by the viewers.) However, not all TV programs offer closed captions. Some videos are also available with closed captions.

The device used most frequently is the telephone designed for a deaf person. Telecommunication devices for the deaf (TDD) include accessories other than the phone such as printers, typewriters, etc.

These devices are most helpful in assisting the hearing-impaired person perform in a "hearing" world.



Frances Cannon, a biological technician for NIDR, works on the structure and function of extracellular matrix.

There are more 50 hearing-impaired employees on the NIH campus. Some have severe hearing loss and have difficulty with oral communication. Others can hear some sound but cannot distinguish clarity, are able to understand others by lip reading or have understandable speech and use hearing aids.

Carolyn Storm in the Recruitment and Employment Benefits Branch, Division of Personnel Management, serves as the selective placement coordinator for the NIH. Additionally,

each BID has its own selective placement coordinator.

PHS established a PHS-wide Handicapped Referral Program a year ago to help place handicapped applicants. Ms. Storm says, "There is much more emphasis now than before on helping to place the handicapped."

Who are some of NIH's hearing-impaired employees?

Frances Cannon, a long-time employee of the National Institute of Dental Research, is totally deaf.

At the age of 6, she had meningitis and was in a coma for 3 days. When she came out of the coma, she had lost her hearing. She is not able to wear a hearing aid as it would not help because her auditory nerve was severed.

Frances, a native of Washington, D.C., attended a normal (hearing) school through junior college (Immaculata). She went on to attend another hearing college, Seton Hill in Greensburg, Pa., where she obtained her B.S. degree in nutrition and dietetics.

She joined NIDR in 1961 to work on histopathologic procedures under Dr. Harold Stanley, chief, Oral Medicine and Surgery Branch. Determined to do the job to the best of her ability, Frances took courses in histology in the graduate training program offered at NIH.

Since that time, she has received several promotions and a cash award and presently is a biological technician working in the Laboratory and Developmental Biology and Anomalies for Dr. Hynda Kleinman.

Frances is active in the hearing-impaired community. In fact, she met her husband at a meeting of the Washington Hearing Society. They have two boys with normal hearing.

After going to hearing schools all her life, she did not know sign language. So at the age of 33, she began learning to sign because mutual friends could not speak or read lips very well.

"After learning sign, I now feel I have total communication and can talk with everyone," Frances says.

She has served on the Handicapped Committee at NIH for 5 years and was selected DHHS Handicapped Federal Employee of the Year in 1983.

Frances was definitely a forerunner here at NIH for the hearing impaired. "Beginning in the 1970's," she says, "there was new awareness in regard to handicapped persons. Supervisors became more aware that if a person is capable



Ms. Vargo, a biologist in the Infectious Diseases Branch of NINCDS, examines a slide.

of doing a job, they should be given the chance."

"The Dental Institute and my supervisors have been very sensitive to my needs and I feel very comfortable here in my job."

Ward Pettis, profoundly deaf, is a budget analyst in the Financial Management Branch for NINCDS. He joined the Institute in March 1986 but previously worked for NCI as a biologist for 6 years.

Ward's determination to change fields and progress became evident when he applied to the Management Intern Program and was accepted in December 1984.

After Ward entered the intern program, it became apparent that he would need a sign language interpreter. Geoffrey Grant in his role as chairman, Administrative Training Committee, made a special effort to furnish Ward with an interpreter. The Training Committee along with the Development Training Operations Branch supports the Management Intern Program.

At first, Ward had a different interpreter every day. This proved especially difficult with a variety of workshops, classes, and meetings with terminology that changed daily. "The next step was to get a full-time interpreter assigned directly to Ward," says Geoffrey.

When Pamela Harding (the interpreter) came in September 1985, it was much easier for Ward because she was able to combine terminology and continuity. Pam also maintained the use of the created sign designed for easy understanding of NIH terms.

Ward is not on the NIH Handicapped Em-

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employees Committee but he is very involved in the issue of obtaining an NIH-wide interpreter on the staff full-time. He has been collecting data on conditions and finding out problems created due to lack of an interpreter. He recently made a presentation to the NIH Handicapped Employees Committee on the issue.

He says, "There are a lot of deaf persons who think/feel they want to function on their own, but I'm absolutely sure we would all benefit from having an NIH interpreter available on campus."

Ward was born deaf, a condition that was discovered when he was about a year old. His parents took him to the Johns Hopkins Hospital and recommendations were made that he be fitted with hearing aids and sent to speech school. He received formal speech training for nearly 18 years.

"After I graduated from a public high school in Georgia, I made an attempt to go to a hearing college. Academically in college, communication is much more critical to the educational progress than it was in high school where I could study predominantly on my own. I wanted to function as a normal person and I wanted to appear like any other student. But it didn't work and I became very frustrated."

Ward's parents suggested Gallaudet College. According to Ward, at Gallaudet, "I finally accepted myself as a deaf person, taking pride in being a deaf person, and seeing that there were, indeed, broad career opportunities for deaf individuals." He received his degree in biology from Gallaudet and worked for two summers at NCI and part-time during his senior year.

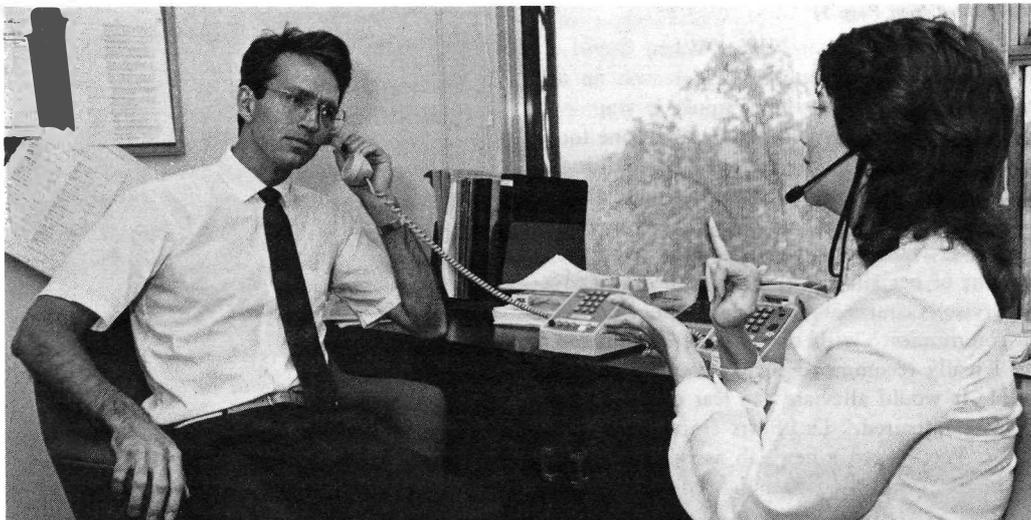
Ward wears hearing aids. "I hear voices but I don't understand them. I'm able to distinguish a few words, but my main mode of communication on a one-to-one personal situation is lip-reading with the assistance of my hearing aids. Using a sign language interpreter is the most efficient way for me to listen/communicate, especially in meetings or classroom settings." He feels that in a job situation, he can only get information in a formal manner. "I miss all the little tidbits that can be overheard casually," he laughs.

Bill Matthews, Ward's supervisor, feels that Pam was very helpful, especially in the first few months in helping Ward get adjusted in his new job.

When NINCDS hired Ward, according to Mr. Matthews, the Division also hired Pam along with Ward.

"I hired Ward because of his computer background and experience. His qualifications were excellent and the fact that he is hearing-impaired didn't deter me," he says.

"Ward reads lips very well. Very seldom do



Ms. Harding interprets a phone call for Mr. Pettis using a headset provided by the Communications Section of NIH's Telecommunications Branch.

I have to repeat anything to him. He catches on very fast, and so I am real pleased," Mr. Matthews says.

"When Ward first joined our staff, he felt kind of lost because he didn't know our jargon, and so it was very helpful to have Pam sign the new budget jargon to him. Now Ward has his own computer and can communicate with our offices in other buildings."

Wallace Holland in NINCDS's Personnel Office is very supportive of hiring handicapped employees. Before Pam joined NINCDS, he stated, that for training courses, it was standard procedure to accommodate the hearing impaired with an interpreter from outside sources. This was not accomplished through a central area in NIH, it was left up to each BID to contract for its own interpreter needs.

"We are more conscientious in accommodating the handicapped than we once were," Mr. Holland said.

"Our office tries to be supportive to the people in the programs when they ask for assistance." For example, the NINCDS recently published a "TDD directory" for hearing-impaired employees.

Pam is now in the process of updating the directory and would appreciate any input. Copies of the directory are available by calling 496-4927.

Through the NIH Training Center, Pam is also teaching two sign language courses. Part I is a basic course which deals with sensitivity awareness as well as signs, finger spelling, and numbers. Part II is an expansion of part I and offers more sign language and communications.

Anyone interested in taking these courses, or wants further information should call the NIH Training Center, 496-6371.

"It was not until March 1986 that I was permitted to help other hearing-impaired indi-

viduals throughout NIH," Pam says. NINCDS has willingly donated Pam's time to help other BIDs with no reimbursable fees.

"I really appreciate the opportunity that NINCDS has given me to expand my horizons and assist other BIDs. It has expanded my knowledge of the various activities here at NIH and helps me to be better prepared to interpret at other times as opportunities arise," says Pam.

If someone needs an interpreter, they are welcome to contact Pam on 496-4927. However, because of numerous needs for an interpreter, her schedule is booked far in advance.

NINCDS also had four hearing-impaired employees working in labs during the summer.

David Huddleston works as a biologist in the Infectious Diseases Branch in the lab of Dr. Barbara Potts. David can hear some sound and speak well because he became profoundly deaf since birth, causes unknown. His parents drove 100 miles a day so that he could receive speech therapy. They did this for 7 years.

"They gave up a lot of their time for me, and were especially patient," says David.

After graduating from Gallaudet College, David came to work at NIH and feels strongly that his deafness does not interfere with his work performance. He uses a TDD with a light ring indicator that the office bought for him.

"Initially, I found that I had problems communicating with David even though he reads lips very well because our work is so technical. Also, because a lot of things in science are caught by peripheral hearing and not directly taught," says Dr. Potts.

"To correct for this, I needed to become more sensitive to this issue and do more direct training in the beginning."

Dr. Potts feels that frustrations were mostly

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with accommodations at NIH. "When David first started to work at NIH, there was no interpreter available on the campus. If you wanted an interpreter you had to hire one for a minimum of 2 hours and 2 weeks in advance.

Now, 6 months later, she feels there have been improvements. Pam, NINCDS's interpreter, is available when it is warranted for 25 percent of her time. Dr. Potts also attended a supervisor's course at Gallaudet College on how to communicate with the hearing impaired.

"I really recommend such a course here at NIH. It would alleviate the fear of hiring the hearing impaired," Dr. Potts emphasizes.

Dr. Potts hired a new lab assistant for the summer, Jessica Doney, and David was given the task of training her in tissue culture methods.

"I have all the confidence in David. He is a good worker and will be working more closely with Jessica than I will," says Dr. Potts.

According to David, "There was nothing to prevent me from teaching Jessica because I am an ordinary person just like everyone else. Just because I'm deaf, name a reason why I can't teach or work?"

Susan Vargo joined NINCDS in November 1985 and works as a biologist in the Infectious Diseases Branch in the lab of Dr. David Madden. Prior to that she worked for the NCI facility in Frederick for 2½ years.

"Susan works closely with Gary Stone, her immediate supervisor," says Dr. Madden. Susan, like David, also reads lips well and communicates orally. Susan also has her own TDD that the office furnished.

"But when there is something I don't understand, I usually ask. We communicate if we need to on the difficult tasks by written word but we don't do it that much," she says.

"Dr. Madden and Gary are taking the sign language course here at NIH and they are practicing with me."

Overall, Susan loves her job, enjoys the people she works with, but says, "I was really left out especially at small parties, until David arrived and now I don't feel left out anymore."

According to Dr. Madden, working with Susan is easy because of her own personal abilities. She is very competent in her job. She is responsible for production of HTLV-III antigen production maintenance of cultures, growth of human white cells being tested for AIDS virus. It is up to Susan to protect herself and other laboratory employees from possible AIDS infection. She takes her turn like anyone else in coming in over the weekend and giving extra time when it is needed.

"Susan carries her load and gets no special privileges," says Dr. Madden.

Dr. Madden has been active for years in assisting the handicapped and women within the



Mr. Huddleston, a biologist in the Infectious Diseases Branch of NINCDS, demonstrates to Jessica Doney, a summer student from Montana, funded by the Minority Biomedical Research Support Program, a proper cell culture technique.

Infectious Diseases Branch. In fact, he recently received the EEO Award from NINCDS for his work.

Dr. Madden says Susan was picked "because she was best qualified, it had nothing to do with her handicap one way or the other."

Debra Visser worked to assist the secretary in the Laboratory of Neuro-Otolaryngology. Debra has since gone back to school in Rochester, N.Y., to major in accounting.

Dr. Jorgen Fex, chief of the lab, said, "I asked the NINCDS to hire Debra because I thought it would be interesting for her to learn about what we do in auditory research."

Jeanine Faw was a lab assistant in Dr. Manfred Schubert's Virology Section of the Laboratory of Molecular Genetics. No one knew sign language in the lab, so they had to develop their own signs. Jeanine is majoring in biology at Gallaudet and will graduate in 1987.

Dr. Schubert said he usually communicated with Jeanine in writing because they don't perform much routine work in the lab.

"I would hire another hearing-impaired person like Jeanine. It takes a little more time at the beginning but it doesn't make that much difference in the long run," he says.

(To be continued in the Dec. 16 Issue of the Record).

TDD NUMBERS

Occupational Medical Services	496-4411
Police/Fire/Ambulance	496-0063

NOTE: The NIH Record wishes to thank Pamela Harding for her services as an interpreter for this article.

Photos by Bill Branson

Splash Guards Available For Precision Baths

Precision water baths Model 25 and Model 50, used in many NIH labs, sometimes malfunction because water drips onto the equipment's electronic parts. Splash guards to protect the electronics are available from the Biomedical Engineering and Instrumentation Branch (BEIB), DRS.

The Research Instrumentation Section, Scientific Equipment Services, BEIB, has recently repaired a number of water baths with electronic problems. Most problems were caused by water dripping from the bottom of vessels being removed and placed onto the bath's horizontal control panel.

Guards Installed

Electronics located below the panel are vulnerable to drips and spills.

The Research Instrumentation Section can install splash guards for the Model 25 and Model 50 Precision water baths in your lab at your convenience.

Please call 496-4131 for details or to have guards installed. □

EXPO

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to participate and complete the grand quiz. At 2 p.m. that day, Gus was the lucky recipient of the Grand Prize.

The Expo wasn't all hard work and tests. GSI provided healthy snacks for employees to enjoy while visiting the exhibits. Employees learned how to safeguard themselves against the toxic effects of common household chemicals, learned the principles of house fire safety and were screened for blood pressure and blood cholesterol. McGruff, the crime dog, visited pediatric patients in the Clinical Center.



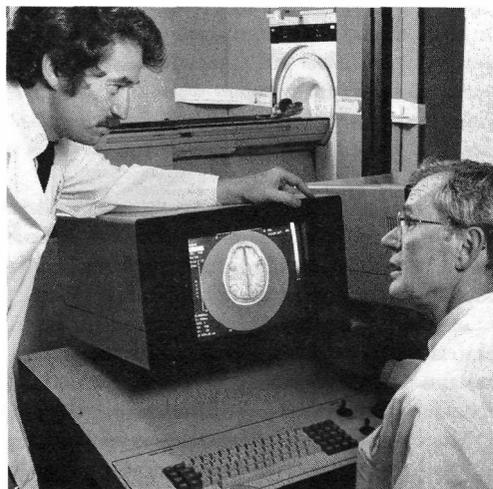
Can Gus Lambis, DES, handle the pressure of winning Expo's Grand Prize—a 4-day trip to the Bahamas donated by Ober Travel?

DRS Celebrates 30 Years of Service To NIH Intramural Research

As NIH began its centenary year in October 1986, the Division of Research Services was nearing the end of its 30th anniversary year. DRS celebrates both events in December 1986, the month designated for NIH Divisions to mark the NIH Centennial.

DRS began operations in January 1956 under its first Director, Chris Hansen, "to centralize and broaden services in support of research, in order to meet the needs of an expanding NIH program" (first Annual Report).

These services are supplied by DRS's four branches: Biomedical Engineering and Instrumentation (BEIB), Medical Arts and Photography (MAPB), Library (the NIH Library), and Veterinary Resources (VRB).



Dr. David Hoult (l) head of the Magnetic Resonance Imaging Group in the Biomedical Engineering and Instrumentation Branch, DRS, discusses imaging techniques with Dr. John L. Doppman, chief of the Clinical Center's Diagnostic Radiology Department.

Three other NIH Divisions have been developed from former DRS branches as NIH programs expanded over the years: the Division of Computer Research and Technology, Division of Engineering Services, and Division of Safety.

DRS, through its current branches, supports research projects throughout their planning, (NIH Library), performance (BEIB and VRB), and reporting (MAPB). Many NIH research projects require the support of all four branches.

"DRS has made many adaptations to match changing needs in biomedical research," said Division Director Dr. Robert A. Whitney, Jr. "As NIH enters its second century, ready to follow the trail of discovery toward answers to mankind's greatest health problems, we in



Everett Garnett, a technician in the Veterinary Resources Branch, DRS, helps Dr. David Lu, NHLBI, with animal studies conducted in the Research Support Unit of VRB's Small Animal Section.

DRS are pledged to continue helping make that trail as smooth and straight as we can."

The NIH Library, established in 1903 in a small room at the Hygienic Laboratory, recently automated its catalog and circulation system, and adopts new relevant databases for bibliographic searching as they become available.

While the BEIB continues to make, modify, maintain, repair, and lease scientific instruments for NIH laboratories, its engineering sections also provide collaborations involving measurement, imaging, mathematical modeling, and the design of specialized research

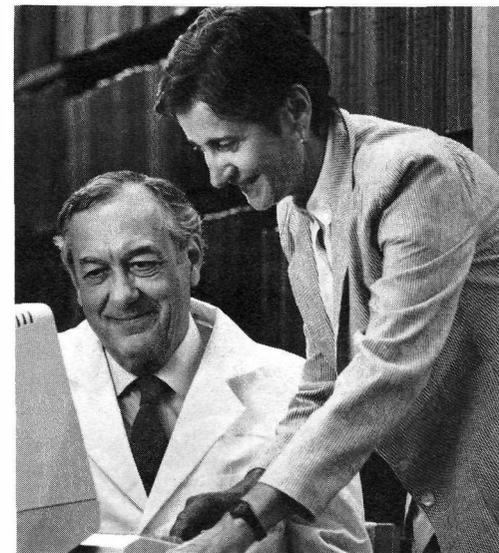


Medical Arts and Photography Branch, DRS, serves NIH laboratories, information offices, and other components. Many projects involve teamwork of Institute and MAPB staff and contractors.

instrumentation.

VRB began with emphasis on mass production of laboratory animals, in an era when commercial sources were few. The focus now is on providing defined, specially adapted animal models, and on holding of animals on protocol, with full veterinary and technical support.

MAPB has continually adopted new techniques to help investigators report their findings more clearly in publications and conferences, and to meet many other kinds of NIH communications needs. Special emphasis is placed now on helping users keep their costs low.



Elsie Cerutti, NIH Library, introduces Dr. Eugene Weinbach, NIAID, to the Library's new automated catalog.

DRS To Celebrate With Birthday Party Dec. 8, Wilson Hall

The Division of Research Services will celebrate its 30th anniversary year and mark the NIH Centennial with a program on Monday, Dec. 8, at 9:30 a.m. in Wilson Hall, Bldg. 1.

DRS invites its current and former personnel, users of its services, and other members of the NIH community to the program, which includes the first showing of "Proud to Serve," a new video, made by the Medical Arts and Photography Branch, about the Division's services to intramural research.

The celebration will also include remarks by NIH Director Dr. James B. Wyngaarden and former DRS Director Dr. Joe R. Held.

For those unable to attend the 9:30 program, the video will be reshown continuously until 2 p.m.

Minority Fellows Spent Summer at NIAID Labs

Dr. John Gallin, director of NIAID's Intramural Research Program, is shown below with 5 of the 12 Ciba-Geigy summer fellows who recently completed 8 weeks of training with leading intramural scientists in the institute's laboratories in Bethesda. Ciba-Geigy, an international pharmaceutical company, provided the funds to support this year's summer fellows program.

Other fellows were: Juan Arroyo, University of Puerto Rico, San Juan; Richard Benson, Fisk University, Tennessee; Devdatta Desai, University of Texas in Austin; Frank Glover, Johns Hopkins University School of Medicine, Baltimore; Aubrey Miller, Rush Medical



Ciba-Geigy summer fellows were: (back row, l to r): Violet Perez, Stanford University; Dr. Gallin, director, NIAID's Intramural Research program; Wamuwaya Brooks, Stanford School of Medicine. (Front row, l to r): KumKum Chattopadhyay, Mt. Holyoke College; Yoshie Changchien, Cornell University and Dawn Cardwell, Brown University.

College, Chicago; Daniel Shykind, University of Maryland; and Matthew Yuh, Princeton University, New Jersey.

The students were chosen, in part, from among 36 participants in NIAID's eighth annual symposium, "An Introduction to Biomedical Research," held earlier this year. This program was designed to alert minority college juniors, graduating seniors, and first-year medical students to opportunities in biomedical research at the Institute.

Promising students were recommended for selection by their deans and professors. The group participated in 2 days of activities last February that included a series of lectures on immunology and infectious diseases presented by NIAID staff, interviews with Institute scientists, and tours of the hospital and laboratory facilities on campus. Those interested competed for the 12 Ciba-Geigy summer fellowships that were awarded in May. □

Few Infants With Apnea Need Home Monitoring

A consensus development panel at the National Institutes of Health has recommended electronic home monitoring for only a small proportion of infants, even among those born prematurely or having brief episodes of apnea (interruption of breathing).

Recommended monitoring was limited to the following infants: those who have had an apparent life-threatening event (ALTE) requiring vigorous stimulation or resuscitation; preterm infants who continue to have severe apnea at the time they would otherwise be ready for hospital discharge; and infants with certain other specific diseases or conditions such as central hypoventilation, a condition caused by defective brain control of respiration.

Conclusions Cited

The panel concluded that monitoring of normal infants—even those who had apnea associated with premature birth—is inappropriate. The panel found evidence that the value of monitoring is inconclusive for several groups of infants including those born to parents who had a single previous death due to sudden infant death syndrome (SIDS), infants with ALTE episodes that did not require vigorous stimulation or resuscitation, infants with tracheostomies, or infants born to opiate- or cocaine-abusing mothers. While the panel agreed that infants in these categories do have a higher risk of death, it found no evidence that home monitoring prevents any deaths in these groups.

The panel based its recommendations on its finding that apnea associated with prematurity is not a risk factor for SIDS, and its conclusion that monitoring cannot guarantee survival of any infant.

The panel strongly discouraged the marketing of "over-the-counter" monitoring devices and called for improved reliability and technical improvements in currently available monitors.

Normal Volunteers Wanted For Eye Research

The Child Psychiatry Branch, NIMH, and NEI, are seeking normal volunteers, ages 18-45 for an eye movement study. Participants must not have had childhood learning or behavioral problems and should have no serious physical or emotional problems. Vision and hearing must be normal (glasses okay), and English must be native language. Three week-day sessions are required.

For further information call Ashley Hanahan, 496-9070. □

Overall, the panel found that much more research needs to be done to clarify many questions that still exist in defining the benefits of home monitoring and in identifying those infants and conditions which can benefit from home monitoring.

Currently, the Food and Drug Administration estimates that there are between 40,000 and 45,000 apnea monitors currently in use, and that annual sales (both new and used) total 12,000 to 15,000 a year.

Apnea occurs in up to 50 percent of all premature babies, and some 90 percent of all babies born before 28 or 29 weeks of gestation are affected. Many infants are discharged from the hospital nursery on home monitoring but specific guidelines for its use and for its discontinuation have never been developed.

Panel Meets

A 13-member consensus panel has for the past year looked at such questions as the efficacy and safety of currently available home devices for detecting infant apnea and what evidence is there that home monitoring reduces infant mortality.

The conference brought together pediatricians, neonatologists, family practitioners, epidemiologists, medical engineers, nurses, parents and other members of the public. The panel was chaired by Dr. George A. Little, professor and chairman, department of maternal and child health at the Dartmouth Medical School in Hanover, New Hampshire.

The meeting was one of a series of NIH Consensus Development Conferences. "Infantile Apnea and Home Monitoring" was cosponsored by the National Institute of Child Health and Human Development, the National Heart, Lung, and Blood Institute, the Division of Maternal and Child Health in the Health Resources and Drug Administration and the NIH Office of Medical Applications of Research. □

High Blood Pressure Volunteers Sought for NHLBI Study

The Hypertension-Endocrine Branch of the National Heart, Lung, and Blood Institute is seeking individuals with high blood pressure to participate in a study on the nervous system and responses to stress.

If you are under 40 years of age, have been diagnosed as having high blood pressure and would like to participate in this outpatient study call Joan Folio, 496-3244, or Dr. David Goldstein, 496-1955.

Volunteers will not be hospitalized, but will be asked to visit the NIH Clinical Center at specified intervals. □

University of Maryland in Baltimore Seeks Volunteers With Diabetes

The University of Maryland School of Medicine in Baltimore, Md., is seeking volunteers with insulin-dependent diabetes to participate in a major international clinical study of treatment of this disease.

The University of Maryland has recently joined 26 other medical centers across the country and Canada cooperating in the National Institute of Diabetes and Digestive and Kidney Diseases-sponsored Diabetes Control and Complications Trial (DCCT), which is designed to determine whether very careful control of blood glucose can prevent, slow, or reverse some of the long-term complications of diabetes.

Complications Listed

These complications include damage to the heart, blood vessels, eyes, kidneys, and peripheral nerves, and can greatly increase the risk of heart attack, stroke, kidney failure, blindness, premature atherosclerosis, neurological disorders, periodontal disease, and lower limb amputations.

The DCCT will compare "standard" and "intensive" treatment of diabetes. The standard treatment includes one or two injections of insulin daily, self-testing of urine or blood for glucose, and a routine clinic visit every 3 months. This is comparable to the treatment many diabetes patients normally receive.

The intensive treatment includes insulin given by injection three or four times daily or given continuously using an insulin pump,

self-monitoring of blood glucose, an initial hospital stay, and clinic visits once a month.

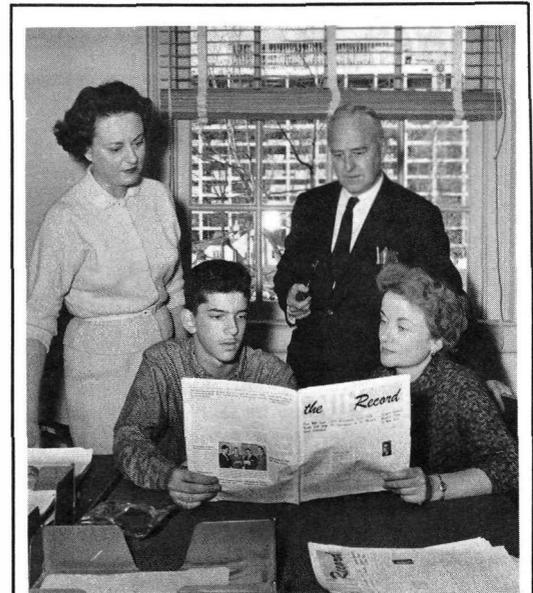
According to Dr. Phil Levin, coprincipal investigator at the university, the center is looking for individuals with insulin-dependent (juvenile) diabetes who would be willing to participate in the study for up to 7 years. "A person must be between the ages of 13 and 39 and must have had insulin-dependent diabetes for at least 1 year but not more than 15 years," he said. "Volunteers must *not* have any severe complications of diabetes such as eye or kidney disease and do not take more than two insulin injections per day or use an insulin pump."

Relationship Noted

Says Dr. Phillip Gorden, NIDDK Director, "The relationship between careful glucose control and complications is an extremely important issue in diabetes treatment at this time. The outcome of this study will have major implications for the treatment of diabetes in the future."

The University of Maryland School of Medicine is conveniently located off Interstate 95 and is just four blocks from Baltimore's famous attraction, Harbor Place. For further information about the DCCT and eligibility requirements, interested volunteers should contact Debra Pitarra, trial coordinator, (301) 528-3413.

Physicians who are interested in information about the DCCT program should contact Dr. Levin at (301) 528-3410. □



Can you identify any of the people in this photograph? The NIH Record wants to know. All that we know about the photograph is that the employees in this picture were NIH Record staff and that their office was located in Bldg. 1. (If you look closely, you can see construction of Bldg. 31 and "Top Cottage" standing in front of the A wing.) The photograph is at least 25 years old, so some readers will definitely know the people pictured above. If you can identify anyone, please give the NIH Record office a call, 496-2125, and their names will be published once everyone is identified.

I wonder why ye can always read a doctor's bill an' ye niver can read his prescription.—Mr. Dooley (Finley Peter Dunne)

Suffer From 'Winter Blahs'? NIMH Is Looking for You

Approximately 6 years ago Drs. Norman E. Rosenthal, Thomas A. Wehr and colleagues in NIMH began to study people who become depressed regularly each winter and feel better in the spring and summer. They called the condition seasonal affective disorder, or SAD.

When depressed, patients usually complained of decreased energy, and increased need for sleep and began to eat more, to gain weight and crave carbohydrates. They generally had a hard time concentrating and completing tasks, especially those requiring creativity and initiative. Patients would also tend to withdraw from friends and family, preferring to be left alone.

Drawing on animal studies of seasonal rhythms such as hibernation, the researchers used artificial light to reverse the depressive symptoms. Earlier work by Dr. Alfred Lewy and colleagues from the same group had shown that bright light was required to suppress the nocturnal secretion of the hormone melatonin

in humans.

The researchers argued that since this suppressive effect involved neural pathways which traverse the brain, it was conceivable that bright environmental light might also reverse the symptoms of winter depression. This treatment has now been shown to be effective in several studies by the NIMH researchers and has been replicated by a number of groups in the United States and Europe.

During their studies the researchers made an interesting observation. Many friends and colleagues reported a milder version of the problem in themselves and their families. "I find that I lose about 10 to 15 percent of my productivity during the winter months," quotes one NIMH researcher, "and require an extra hour and a half of sleep. In the competitive world of research I can't afford it. I need all of my neurons all of the time."

Dr. Rosenthal notes that at one point he found some of his special light fixtures began

to find their way into the offices of colleagues and had to retrieve the lights in order to complete his studies.

This year the researchers have decided to follow up this milder form of winter depression, "the winter blahs," systematically. They are looking for subjects who notice that they have a regular winter decrease in cheerfulness, creativity, productivity or some other type of functioning, but in whom the condition would not be severe enough to be considered a disorder worthy of seeking out medical or psychological help.

The investigators are attempting to find out whether affected individuals can be helped in a similar way to those with more serious winter problems.

If you think that you may fall into this category and would be interested in participating in a short-term experiment on modifying your environmental light, contact Susan Rogers, 496-2141.

More information about ongoing studies of winter depression can be obtained from Patty Schultz, 496-2141. □

Record Crowd Witnesses CFC Kickoff Walk/Run

Clear skies helped to produce a record turnout for the fourth annual Combined Federal Campaign Kickoff Walk/Run, Oct. 29. All participants received T-shirts prior to the event and certificates signed by NIH Director Dr. James B. Wyngaarden.

Art Fried of NIH's Health's Angels—which cosponsored the event with the R&W Association—set up the 5,000 meter cross country course and the 1 mile walk. Following the race, he presented awards to first, second, and third place finishers in each division. Last year's overall winner, John Bacon, won again, knocking 7 seconds off his previous time.

Top finishers in each division were:

Name	Institute	Time
Men's Open		
John Bacon	NINCDS	16:42
Greg Kitten	NIDR	17:55
Donald Sheer	NCI	18:00
Men's Masters		
Carl Roth	NHLBI	18:52
Rick Davey	CC	19:18
Bill Pitlick	NINCDS	20:18
Women's Open		
Jo White	NIAID	20:23
Ruth Jacobs	NIAID	23:40
Ann Weisenborn	NCI	23:50
Women's Masters		
Connie Lowe	CC	26:12
Marylyn Westervelt	DCRT	26:26
Damar Hawkins	OD	28:05 □



Waiting at the finish line for the runners and walkers, the Baltimore Orioles' Bird is pooped—must be the idea of all that exercise.



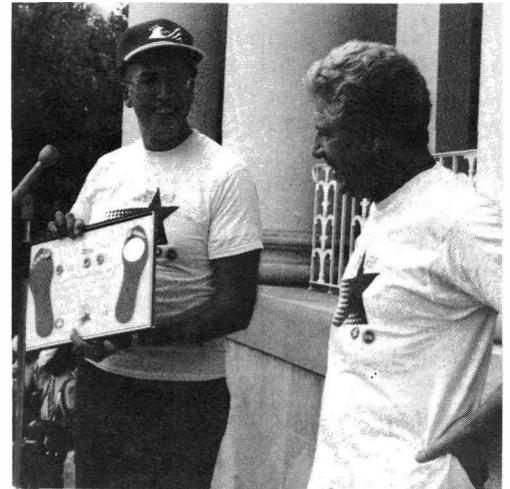
First place division winners of the walk/run hold their trophies (l to r): Carl Roth, Men's Masters; Connie Lowe, Women's Masters; Jo White, Women's Open; John Bacon, Men's Open.



Like pied pipers, the Wooton High School Patriots Marching Band draws more people to the Kickoff ceremony at Bldg. 1.



The grand finale of the parade is the award-winning Cardozo High School Marching Band (of 1981 Rose Bowl fame). The parade began near Bldg. 36, passed Bldgs. 10 and 31A, and concluded in front of Bldg. 1.



NIH Deputy Director, Dr. William Raub, presents HHS Under Secretary Don Neuman with the first-ever "Complasters for Champs" award presented to the highest ranking 63-year-old HHS official born in July who ran in the NIH CFC Kick-off Walk/Run."



The heart of a parade is in its clowns (l to r): George Gaines ("Captain Pledge"); Barbara Witkin; and Natalie Morrison, all of NICHD.



Dr. Wyngaarden addresses the crowd from the speaker's platform (the portico of Bldg. 1). Moments later he climbed aboard a fire truck parked in front of Bldg. 1 and fired the gun to begin the Walk/Run.



Assistant Secretary for Health, Dr. Robert E. Windom, checks the pulse of the HHS Under Secretary, Don Newman, at the completion of his run.

Dr. Albert New Retires From PHS and NCI

Dr. Albert E. New, director of Laboratory Animal Science for the National Cancer Institute, recently retired from the PHS Commissioned Corps.

Dr. New has directed NCI's laboratory animal program since 1976. He previously served as head of the primate quarantine unit of the NIH Animal Center, DRS, and deputy chief, Veterinary Resources Branch, DRS.

He played key roles in establishing the NCI policy on animal care and use, which strongly influenced the later NIH-wide intramural policy, and in developing NCI's prototype centralized animal care facilities at NIH. He was instrumental in developing and conducting NIH's training program for investigators on proper care and use of laboratory animals.

Dr. New's smooth and effective operation of NCI's laboratory animal research program was acknowledged by Dr. Vincent T. DeVita, Director, NCI, in announcing Dr. New's retirement.

He received his D.V.M. in 1960 from Kansas State University and received a commission in the Air Force shortly after. Following a surgical research internship and laboratory animal medicine residency he received his M.S. in laboratory animal medicine in 1964 from Texas A&M University. He is also a diplomate of the American College of Laboratory Animal Medicine. He transferred to the PHS Commissioned Corps and came to NIH in 1973.

Dr. New has accepted the position of executive director of the American Association for the Accreditation of Laboratory Animal Care. AAALAC is a national organization which accredits animal care and use programs at biomedical research institutions on the basis of their conformity with the NIH *Guide for the Care and Use of Laboratory Animals*. □



Dr. Ruth L. Kirschstein, NIGMS Director, and Dr. DeWitt Stetten, Jr., NIH Deputy Director for Science, Emeritus, present Dr. Mary Lou Pardue of MIT with a certificate of appreciation for giving the fifth annual DeWitt Stetten, Jr. Lecture. In the background is an exhibit in the NIH Museum of Medical Research.

NCNR

(Continued from page 1)



Mr. Pappke



Mrs. Ringler

which she received an award from the Office of the Director, NIH.

She initially joined the staff of NIH in 1962 with the forerunner to the Division of Computer Research and Technology. Her extensive experience in grants and contracts management also includes positions she held in ADAMHA's NIAAA and NIMH. □

NURSES

(Continued from page 1)

the Distinguished Nurse Award.

The Nursing Research Award went to Nanette McAtee, a staff nurse on the child health service for 6 years who is currently a clinical research nurse in the cancer nursing service.

The first winner of the department's new Director's Award was Kathryn McKeon, chief of the mental health and alcohol nursing service. She was recognized for her outstanding leadership of that service, her contributions in the past 6 months as acting chief of the cancer nursing service, and her continuing commitment to departmental goals and programs.

Also, Susan Squires, head nurse on 3B North (alcohol service), and Gladys Campbell, head nurse on 2 West CSR, were honored for managerial excellence. Cathy Mazzone, clinical educator in the cancer training program, and Sharon Bray, an educator in critical care, were recognized for contributions to nursing education.

Several staff nurses were cited for excellence in clinical care. They were: Maureen Ellis, 12 West; Young Kim, eye clinic; Linda Murray, 8 West (and now in ambulatory care); and Sandy Zywockarte, 3 East.

Several special achievement awards were also given. Linda Butterworth, 11 West, Carol Holder, 5 West, and Linda McCullagh, formerly of 8 East and now on 2J, received citations for their contributions during a 4-month detail to 2J, surgical ICU. Sheila Santacroce, head nurse on 13 West, and Lana Albright, also of 13 West, were recognized for their special contributions to recruitment and retention for the cancer nursing service. Sandy Thorpe, administrative assistant for the mental health and alcohol nursing services, received a citation for excellence in administrative support. □

NIEHS Celebrates 20th Birthday

The National Institute of Environmental Health Sciences will celebrate its 20th anniversary the week of Dec. 1-5, in Research Triangle Park, N.C. Anniversary observances will center on a comprehensive 2-day scientific conference Dec. 3 and 4 highlighting about 160 scientific papers and poster sessions.

The Dec. 5 program will feature remarks by Dr. Lowell Harmison, Deputy Assistant Secretary for Health, HHS, Dr. James B. Wyngaarden, NIH Director, Dr. David P. Rall, NIEHS Director, and community and congressional leaders.

IBM PC Maintenance Parts Now Available From BEIB, DRS

IBM personal computer service and parts are now available at NIH.

The Biomedical Engineering and Instrumentation Branch, DRS, will provide maintenance service for IBM personal computers and will also provide parts for NIH personnel repairing their own PCs. These services will begin this month. For further information call the Research Instrumentation Section, Scientific Equipment Services, BEIB (496-4131).

The Personal Workstation Office, DCRT, has arranged for personal computer self-maintenance training which covers the diagnostic procedures required to identify specific malfunctions. Users are also instructed in the procedures for replacing faulty components.

Additional classes are now being scheduled by the Division of Personnel Management. Call the NIH Training Center, 496-6211, for further information. □

FOI Officer Bo Hosford Retires After 21 Years

Bowen Hosford, NIH freedom of information officer and chief of the Audiovisual Branch, OD, "changed careers," as he put it, on Oct. 31. Mr. Hosford said during his 21 years at NIH that he would never retire and now admits only that he draws an annuity.

"I object to the word 'retirement' because it means you quit work," he said. He is practicing law in Vienna, Va., and writing a book for nurses about ethics and the law.

Mr. Hosford has written three other books, including an historical novel about Japan and a nonfiction book about the harsh choices people face because of medical advances. His latest, *Bioethics Committees: The Health Care Provider's Guide*, was published last January. It describes the committees in hospitals, nursing homes, and hospices that advise physicians and others on ethical problems.

He has been a radio news writer, editor and publisher of a weekly newspaper in a Georgia town, editor of an Air Force intelligence publication, and writer of 350 columns about family law in a suburban weekly in Virginia.

At the age of 50 he graduated second in his class at George Washington University National Law Center. "I beat out all the youngsters, except one," he said. He is a member of Order of the Coif, an honor society recognizing legal scholarship. He earned an M.A. at American University.

"Bo has devoted his wealth of talent to the purposes of NIH," said Storm Whaley, NIH Associate Director for Communications. "His unique combination of legal training and public affairs experience have been applied effectively to administration of the Freedom of Information Act in such a way that the NIH program is considered to be a model for Federal agencies of our type. He is a friend and respected associate."

At NIH Mr. Hosford worked for 2 years in the Clinical Center information office before joining OD. "I love NIH for its parklike campus and the high level of intelligence of the people who work here," he said at a farewell party. □

Drug Given to Low Birth Weight Infants May Increase Risk of Brain Hemorrhaging

By Patricia Blessing

A procedure routinely used in neonatal intensive care units may increase the risk of brain hemorrhage in low birth weight infants. Researchers have reported in the *New England Journal of Medicine* that the drug heparin, commonly used in intravenous lines to prevent the blood from clotting, increased by fourfold the infants' risk of bleeding in the brain.

Low birth weight babies are already more susceptible to certain types of brain hemorrhages. More than half of infants whose birth weight is less than 3.5 pounds develop bleeding in areas around the ventricles of the brain.

The ventricles, spaces in the brain that contain cerebrospinal fluid, are surrounded by tissues that continue rapid growth after birth in low birth weight babies. Because this brain tissue is not fully developed, it is unable to support the blood vessels around the ventricles.

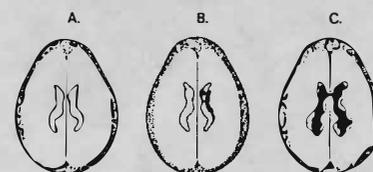
In premature babies, reduced oxygen, blood flow or a combination of factors can cause the weakened blood vessels to rupture, allowing blood to spill into the ventricles. This type of bleeding, called intraventricular hemorrhage (IVH), is a major cause of death in low birth weight infants.

In their report, the research team headed by Dr. Samuel M. Lesko, at Children's Hospital in Boston, examined the use of heparin in 66 newborns who had IVH and 254 newborns who did not have any bleeding in the brain. All of the infants required neonatal intensive care and weighed less than 4.4 pounds at birth. Of the infants exposed to heparin, the drug was administered through a catheter, a tube inserted in the babies' umbilical artery to supply food and medication and to draw blood.

The researchers found that the risk for developing IVH in these small babies was four times greater when heparin was used compared to the risk when heparin was not used.

Because the IVH babies may have been sicker than the control babies, and therefore, at a higher risk for bleeding, the researchers

Intraventricular Hemorrhages



A. Normal ventricles (cross-sectional view). B. Mild Intraventricular Hemorrhage: bleeding into the ventricles. C. Intraventricular Hemorrhage: ventricles filled with blood, causing them to enlarge.

reanalyzed their data and took into account the infants' other medical problems. But their findings of increased risk with heparin use still persisted.

Dr. Lesko and his coworkers concluded that there is still "inadequate information about the risks of heparin use in these infants and that such risks must be fully understood if clinicians are to make rational judgments about heparin use." The team suggested a clinical trial be conducted to resolve whether the benefits outweigh the risks of using heparin, to define a minimum effective dose, and to determine the risk of other bleeding complications from heparin use.

Dr. Sumner J. Yaffe, director of the Center for Research for Mothers and Children at NICHD from which the study received grant support, commented that not only heparin, but other medications may also have an adverse effect on low birth weight infants.

"More important than the single association shown here between heparin and IVH is our overall ignorance about many medications used routinely in neonatal intensive care," Dr. Yaffe said. While many of these treatments have greatly increased the survival of these small infants, he said, few of these procedures have been adequately tested.

Dr. Yaffe said this study reinforces the importance of the two networks—neonatal intensive care units and maternal-fetal medicine units—the Institute has established to evaluate current therapies used for sick newborns (*NIH Record*, Apr. 22, 1986). □

U.S. GOVERNMENT PRINTING OFFICE 1986-491-282/20047

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AND HUMAN SERVICES
Public Health Service
National Institutes of Health
Building 31, Room 2B-03
Bethesda, Maryland 20892

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