

The NIH Record

Chances Slim for Reversal

Obese Children Likely To Carry Weight Into Adulthood

By Carla Garnett

Most fat children are destined to become fat adults. That was the take-home message of "Childhood and Its Role in Adult Obesity," a seminar sponsored recently by NIH's Office of Disease Prevention.

After an introduction by Dr. John T. Kalberer, Jr., NIH coordinator for disease prevention and health promotion, Dr. Gilman Grave of NICHD gave an overview of obesity.

"Obesity is the most common nutritional disorder in America," he began. "And it's becoming more prevalent despite decreases in overall caloric intake. That indicates an overall decrease in physical activity."

Showing slides of various magazine and newspaper advertisements, Grave, chief of the Endocrinology, Nutrition and Growth Branch and moderator of the seminar, acknowledged America's near-obsession to rectify obesity—dieting to lose weight.

"There are many reasons to lose weight," he said, indicating a slide featuring a size 10 Oprah Winfrey dragging 67 pounds of animal fat in a wagon behind her.

"This is one of the best. Oprah Winfrey not only shows you what fat looks like, she brings

home the point that obesity places an enormous burden on the cardiovascular system."

Grave also explained that while Winfrey had lost 67 pounds, only 60 percent of the total was actual fat. The balance of her loss was lean body mass.

"(Obesity) is unsightly, it's embarrassing," he said, "but more importantly, it's unhealthy."

Obesity has been linked to such medical disorders as glucose intolerance, hyperinsulinemia, hyperlipidemia and hypertension, all of which can lead to more serious diagnoses like coronary artery disease, stroke, and endometrial carcinoma.

Citing the Fels Longitudinal Study, the world's oldest longitudinal study, which began 60 years ago and includes data on 1,000 people, Grave projected the chance of being in the top quartile of weight at age 18 as a function of weight in early childhood.

"A fat child is not destined to be a healthy adult," he said, "and probably should not be considered a healthy child."

Dr. William Dietz, associate professor of

(See **OBESE**, Page 6)

Monitoring To Continue

Panel Finds Peer Review Nearly Peerless

By Rich McManus

After 207 presentations given at seven regional meetings held across 5 months during 1987-88;

After eight NIH committees (and countless subcommittees, including the poetically titled "Wigmops"), the verdict is finally in on the current status of NIH peer review: It's running well.

Tune-up, yes, but no fundamental revision of the time-honored method by which NIH, the world's largest biomedical research funding agency, determines who shall receive support is required.

"We really feel the system works and works well," said Dr. Claude Lenfant, director of NHLBI and chairman of the Peer Review Committee that reported recently to the NIH director on the status of peer review. "Peer review is the backbone of the research funding system, and changes to that system must not be counterproductive."

Lenfant spoke at a recent STEP program, "Overview of NIH Experiments and Studies on Peer Review," held in Wilson Hall.

Peer review has been the subject of deeply detailed studies over the years. Adopted originally as a fair and rational tool for determining whose research shall receive funds, it has naturally drawn scrutiny from a keenly interested scientific community whose livelihood depends on it.

As a consequence of its importance, however, nearly everyone who relies on it feels qualified to comment.

"Everybody is an expert on peer review," claims Dr. Jerome Green, director of DRG who also spoke at the STEP program. "And everybody knows what's wrong and how to fix it."

The experts can't say they didn't get their chance to offer opinions when NIH, at the suggestion of director Dr. James Wyngaarden in June 1987, sponsored seven regional meetings on the health of biomedical research. Leading the list of important topics at the meetings, held from Los Angeles to Boston between November 1987 and March 1988, was peer review.

(See **PEER REVIEW**, Page 8)

Mental Escape Hatch

Multiple Personality Disorder: A Way to Cope with Cruelty?

One of the most fascinating and bewildering of mental illnesses—multiple personality disorder—was illuminated at Clinical Center Grand Rounds recently by a physician who went back to school to study child psychiatry in order to understand it.

Dr. Frank Putnam, staff psychiatrist in NIMH's Laboratory of Developmental Psychology, characterized an illness that has become the subject of at least two motion pictures—*The Three Faces of Eve*, and *Sybil*.

"All patients with MPD have a history of severe trauma in childhood," he reported. Usually occurring before the age of 10, the trauma can include sexual and physical abuse, neglect, witness to violent death and extreme poverty.

"It is not single episodes that appear to cause it, but severe, sustained and repetitive acts, often with a sadistic quality," said Putnam.

Calling MPD "a very cruel, tragic experiment of nature," Putnam said the illness appears to be a result of a normal mind's attempt to cope with horrors in reality. It is as if those with MPD use alternate personalities as escape hatches from clear and present

(See **MULTIPLE**, Page 2)

Pitfalls in Radioland

Talk Show Host Offers Airwave Advice

By Anne Barber

Demystify. Define and simplify. Those are words Mike Cuthbert kept repeating throughout his talk recently to an audience of NIH public information professionals. A talk show host for radio station WAMU-FM, Cuthbert discussed the different types of talk shows available on the airwaves today including how subjects and guests are selected, and once selected, how to translate "expertese" into language understandable by all.

Discussing a new style of talk show host whose credo is "Create an audience, create a disturbance," Cuthbert stated that WAMU is concerned about how its talk shows are viewed. The slogan for his show—"The Mike Cuthbert Show"—is "You don't have to be insulted to be on a talk show."

Following in the footsteps of Fred Fiske, the previous host of the call-in talk show from 8 to 11 p.m. on 88.5 FM, he says Fiske's motto was to deal with the subject in depth and not insult people.

"That is what I strive to continue doing," says Cuthbert, "hoping that in the long run,

(See **RADIO**, Page 4)

MULTIPLE*(Continued from Page 1)*

danger.

The disease itself is "the embodiment of a process called dissociation," a kind of disintegration of normal personality.

"We all dissociate to some extent," Putnam observed. "Maybe the person sitting next to you is in a private little reverie, missing some of the slides I'm showing. We all experience tiny microdissociations throughout the day."

One example of a dissociative state is "high-way hypnosis, when suddenly you realize you are four exits past the one you wanted on the beltway," he said. You usually can't remember falling into the state and only realize that it occurred after it has finished. While this kind of "spacing out" happens to everyone, the condition can become pathological.

Occurring relatively rarely, MPD is marked by rapid shifts in psychological state induced by cues in the environment. Typically, a patient will roll his or her eyes upward then go into a frame of mind similar to a trance brought on by hypnosis.

"These are very discrete, sharply delineated shifts with distinct physiological correlates," Putnam noted. Using tests to measure certain physical functions, he and his colleagues have documented how the body actually changes as one personality emerges and another subsides.

Symptoms of the disorder are many. All patients report amnesia; "How did I get here?" is a common refrain following an episode of dissociation. Depression, however, is the main complaint that brings an MPD patient to the attention of a physician.

"These patients tend to be in treatment (for depression, sleep disturbance, headaches, suicide attempts) 6 or 7 years before a diagnosis of MPD is made," Putnam said. "These are very refractory, difficult patients."

The disorder usually becomes apparent in adulthood, typically in the late twenties. Up to that point, the symptoms have been presumed to have other causes, such as the growing pains of adolescence.

MPD patients can have up to 60 different personalities, but 3 to 8 is most often the range. Males tend to have fewer personalities than females; both sexes can have "personalities" of the other sex.

"These personalities aren't actually people," Putnam cautioned. "They tend to be very two dimensional and exhibit a single affect (anger, depression, fear), not a range of behaviors. A sense of self goes with the personality, which is usually locked in a certain age. There is a very limited behavioral repertoire."

Some of the multiple personalities can be quite violent and aggressive while others are relatively docile. In some states, the patient

can be incapable of experiencing pain.

MPD "is a process enlisted by an abused, traumatized person and becomes a disorder as it persists outside of the context" that provoked it, Putnam said. He and coworkers have created a Dissociative Experience Scale to measure how often dissociation occurs in patients and to whom the label MPD justly applies.

Putnam pointed out that dissociation is not necessarily pathological, per se. In some cultures, "higher levels of compartmentalization (states of mind distinct from normal everyday personality) are sanctioned." Shamans, for example, are honored for their dissociative ability.

"We're all multiples," Putnam joked, ending his talk. "Some of us are just better integrated than others."—Rich McManus □

Goldstein To Present Ehrlich Lecture

The second Paul Ehrlich Lecture will be held Thursday, Apr. 27 at 2:30 p.m. in Bldg. 10, Lipsett Amphitheater. Dr. Avram Goldstein, director of the Addiction Research Foundation and professor of pharmacology at Stanford University, will present "Magic Bullets Revisited: Multiple Receptors and Ligand Selectivity," following an introduction by Dr. Bernhard Witkop, NIDDK institute scholar.

Goldstein was born in New York, N.Y., in 1919, and received his A.B. and M.D. degrees at Harvard University. He served on the Harvard faculty (pharmacology) for 8 years, and since 1955 has been at Stanford University (chairman of pharmacology, 1955-70). He founded the Addiction Research Foundation of Palo Alto in 1974 and has been its director ever since.

Goldstein developed the methodology for studying opioid receptors by radioligand binding; and he discovered the dynorphins, the third family of endogenous opioid peptides. Although primarily a pharmacologist and neurobiologist, Goldstein has also done research on the treatment of opiate addiction and on the role of endogenous opioids in pain regulation in humans.

A member of the National Academy of Sciences and author of more than 300 papers, Goldstein is a recipient of the Franklin Medal, the Nathan B. Eddy Award, the Sollmann Award and the Pacesetter Award for Research of the National Institute on Drug Abuse. He is also honorary professor at the Shanghai Institute of Materia Medica, Academia Sinica and the Medical University in Beijing, China.

A reception in the Cloister will follow the lecture. □



Phyllis Hansen, protocol assistant in the Office of the Director, Clinical Center, retired recently after 30 years at NIH. In 1975, she joined the Clinical Center, where she coordinated more than 225 protocols yearly for the institutes. "She really cared about the protocol system and she kept the system honest," said Dr. Saul Rosen, CC deputy director. In addition to overseeing protocol, Hansen helped see that required hospital procedure changes were implemented. Her retirement plans include gardening, traveling, and doing crafts.

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 to nonemployees by subscription only through the Government Printing Office. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 1989.

NIH Record Office
Bldg. 31, Room 2B-03
Phone 496-2125

Editor
Richard McManus

Staff Writers
Anne Barber
Carla Garnett

Editorial Assistant
Marilyn Berman

Staff Correspondents:
CC, Ellyn Pollack
DCRT, Christine Pennella
DRG, Sue Meadows
DRR, Michael Fluharty
DRS, Jim Doherty
FIC, Elizabeth Gillette
NCI, Patricia A. Newman
NEI, Claudia Feldman
NHLBI, Blair Gately
NIA, Margo Warren
NIAID, James Hadley
NIAMS, Barbara Weldon
NIDDK, Eileen Corrigan
NICHD, Carol Florance
NIDR, Mary Daum
NIEHS, Hugh J. Lee
NIGMS, Wanda Warddell
NCNRR, Gerry Pollen
NINDS, Carol Rowan
NLM, Roger L. Gilkeson

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

NIAMS Establishes Skin Research Centers

By Patricia Blessing

The first federally funded research centers in skin diseases have been established at Case Western Reserve University in Ohio and at New York University Medical Center in New York City. Supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, these two centers, called Skin Diseases Research Centers (SDRC's), are expected to have a significant impact on enhancing productivity in research on diseases affecting the skin.

Both universities already have active research programs in their dermatology departments. The establishment of SDRC's within these existing institutions will enhance the pace of research on skin diseases by providing funds for basic science and by allowing clinical investigators to share facilities and resources and undertake new initiatives in dermatology research. Over the next 5 years, the NIAMS plans to award \$1.2 million to each center.

"The centers concept has been used successfully to broaden basic and clinical research in other major diseases, such as arthritis," said Dr. Julia Freeman, director of the Centers Program at NIAMS. She said that research in skin diseases is now at a stage where a number of existing areas of investigation can be effectively fostered by the concept of research core centers. Basic research at these centers will provide for a better understanding of diseases such as psoriasis, epidermolysis bullosa, acne, the ichthyoses, vitiligo, pemphigus and many other afflictions of the skin.

The major goal of core centers is to integrate multidisciplinary researchers on common research problems. To enhance this collaboration, the core units provide services or products such as facilities, equipment and/or expertise at less cost and higher quality than could each department or laboratory alone. Both SDRC's, for example, will have tissue culture cores that will provide researchers with various types of skin cell cultures for their experiments. Both centers also will provide molecular biology techniques, which have become an important new resource for dermatologic research. Other shared resources available to researchers involved in the SDRC are the technology to prepare large quantities of biological response modifiers, which are substances that alter normal immune defenses and are used to study immunologic aspects of the skin; sophisticated instruments and techniques to measure skin cells and tissues; and expertise in techniques such as immunofluorescence, a tissue staining technique widely used in dermatology research to identify specific structures within the skin.

Another aspect of the research centers is

support for short-term research projects that allows investigators to explore new approaches to research on skin diseases. These projects provide new, young researchers or established scientists, with or without previous experience in skin diseases, an opportunity to test an innovative hypothesis, develop preliminary data and potentially develop an independent research project.

More specifically, at Case Western Reserve University, under the direction of Dr. David R. Bickers, professor and chairman of dermatology, some dozen investigators representing diverse departments such as dermatology, molecular biology, pathology, physiology, biophysics, environmental health and pediatrics will participate in the center program. Some areas these researchers will explore are:

- Methods to predict changes in diseases of the skin using a staining technique that makes patterns or "fingerprints" of changes in proteins of normal skin, aging skin and abnormalities in various skin diseases.
- Better animal models of human skin diseases; few such models exist. The researchers will use transgenic mice to introduce mutant genes into mice and examine their effect on skin physiology, differentiation and development.
- The production of collagen in fibroblast cells and the role these cells play in aging in collagen-rich tissue such as the skin, lungs and joints. This is a new approach to study the aging of collagen and is likely to enhance understanding of this process and of abnormalities of collagen in certain diseases.
- The genetic control of keratins, a group of proteins that play an essential role in maintaining the skin's integrity. Researchers will examine the effects of retinoids, which are known to alter keratin regulation in the skin's outer layer. These studies will lead to a better understanding of normal keratin gene regulation as well as abnormalities of this gene in certain skin cancers.

At New York University Medical Center, Dr. Irwin M. Freedberg, professor and chairman of dermatology, will oversee skin research in areas such as epithelial biology, immunodermatology, pharmacology, biochemistry and microbiology. Two research concepts that these dermatologic researchers will explore for potential future investigation are:

- Structure and function of proteins called desmosomes that are involved in diseases such as pemphigus, bullous pemphigoid

and other severe blistering skin diseases. These studies are aimed at better understanding of molecular events in the formation of blisters in these diseases.

- Organization and activation of an oncogene (genes involved in growth and regulation) from Kaposi's sarcoma tumors, a common tumor seen in AIDS patients, and examination of other skin tumors such as melanoma, a serious skin cancer, for the expression of this gene. From previous studies it appears that this oncogene may be responsible for activating tumor growth in animals. This study will attempt to determine if this oncogene is present in humans with certain tumors and determine its exact role in tumor formation and growth.

Overall, Freeman expects the creative environment at the SDRC's to provide a permanent research base for highly skilled investigators to pursue questions in skin disease research as well as an opportunity to stimulate new approaches in dermatology research. □

Symposium Honors Stetten

A "Symposium on the Molecular Basis of Disease" will be held on Thursday, Apr. 27, in honor of Dr. DeWitt Stetten, Jr., NIH deputy director for science emeritus.

The symposium will be held in Masur Auditorium at the Clinical Center from 8:15 to 11:45 a.m., sponsored by the Office of the Director, the Foundation for Advanced Education in the Sciences and the NIH Alumni Association.

Cochairmen will be NIH director Dr. James B. Wyngaarden, who will give the introduction, and Dr. J. Edward Seegmiller of the University of California, San Diego, who will give concluding remarks.

At 8:30, a lecture on "Molecular Approaches to Lysosomal Storage Disease: The GM2 Gangliosidosis" will feature Drs. Elizabeth F. Neufeld, Rachel Myerowitz and Richard Proia of the University of California, Los Angeles, and NIH.

Dr. Theodore Friedmann of UCSD will discuss "Approaches to Genetic Therapy of Metabolic and Neoplastic Diseases," at 9:10, followed by a coffee break at 9:50.

The symposium resumes at 10:10 with "Fibrinolysis, Proteolysis and Metastasis: The Cellular and Molecular Biology of Plasminogen Activation," by Dr. Thomas Gelehrter of the University of Michigan. He is followed at 10:50 by Harvard's Dr. Philip Leder speaking on "Development, Differentiation and the Cancer Problem."

For more information on the lecture, call the NIH alumni office, 530-0567. □

RADIO

(Continued from Page 1)

this brutal style of communication will die out."

He pointed out several things potential talk show guests should know before agreeing to go on the air. What kind of audience does the show attract? And what about the talk show host? Does he do his homework prior to the show? How many shows on this topic has he ever done before? Is the host interested in truth or sensation?

"Make sure you listen to what he does with other guests beforehand," he emphasizes.

Cuthbert says his audiences are predominantly male, from 25 to 49 years of age.

"A male-dominated audience reacts to science better than a female-dominated audience," he asserted. "However the fact remains, especially in science, that the level of the caller determines the depth of the subject."

Cuthbert quotes an old Italian proverb he feels is appropriate to radio and science: "Some like to understand what they believe in; some like to believe in what they understand."

Once you agree to become a guest, Cuthbert suggests some pointers that might be helpful. Number one, define terms.

"You must do this or you will not be understood," he stresses. Leave your metaphors at home, they are a drastic waste of time. Avoid jargon. Charm your audience. Do this by discussing the history of your subject, telling the failures as well as the successes.

"If you can admit failure, people will accept you as a human being. This is especially good for scientists to do," he says, "because people kind of look upon scientists as mini-gods."

"Scientists in particular must remember to tell exactly how they got to their conclusion—the process," Cuthbert continues. They should also strive to let the audience know that they don't have all the answers. "If they can do this, people will be able to relate to them as another human being."

Know when to get to the level of the caller. Explain the technical language as you go along and how you reached the conclusion. Elevate the level of understanding by going beyond the question of the caller; go into more technical detail as the audience asks.

"If you can relate how this topic will help the individual caller or listener, or someone he knows," Cuthbert states, "you are lucky."

"Most audiences are negative regarding science," he said. They believe they can't understand it over the radio. "It is your job," he says, "to get them to understand it."

How do you evaluate yourself as a guest after the show is over? If the station provides a copy of the tape, go home and listen to it.

You can also judge by the reaction of your callers and the kinds of questions they ask. When were you the most or least comfortable during the show?

Don't worry about the call rate. "There are three reasons the call rate could have been low," Cuthbert states. "Audience is stupid, topic is over their heads, or there was not enough promotion for your talk."

After you have established a rapport with your host, keep in contact if you have something else coming up. "Don't hesitate to call our producers and tell them about your work," Cuthbert said.

During the question and answer period, Cuthbert fielded questions regarding the training and coaching of subjects before they appear on a talk show.

"Yes, you can (coach)," he says. "You can tell the scientist to take off his white coat and just chat. Relax. Describe the process rather than just the technical results. Watch your metaphors. Be careful not to start at the upper level and work down, because by that time you have lost your audience."

Approximately 5 percent of Cuthbert's shows are about science or the environment. "A lot of subjects interest me," he says, "but, I have to decide if there is enough material on the subject to last an hour."

To help select guests, Cuthbert reads several newspapers and sorts through the many press releases and announcements he receives daily. "A lot of our bookings are done by referral of colleagues."

Prior to joining WAMU in 1987, Cuthbert worked for radio station WCKY in Cincinnati, as an afternoon host of "Cuthbert and Company." He was selected by *Cincinnati Enquirer* readers as the "best talk show host in 1986."

He began his career as a talk show host in 1978 for WRC, a local NBC-owned radio station in Washington, D.C. He served as the morning host of "Cuthbert and Company," a news and interview morning program, for 3 years, leaving when the station was sold in 1984. Before WRC, he was program director with radio station WGMS, also in Washington. During his 6 years at WGMS, he led the station to a Peabody Award for Programming Excellence in 1977.

In closing, Cuthbert quoted another old Italian proverb relating to his job, "From listening comes wisdom, from speaking comes penance."

An audio tape was made of Cuthbert's talk, which was sponsored by the information officers training committee. Copies are available from the Audiovisual Branch, Division of Public Information, OD. Call Gerri Blumberg, 496-5895, to request a copy. □

Paintings With a Personal Touch

"An infatuation with the colors of a plum, or the way light bathes form at a certain moment" are thoughts that inspire work by artist Edda Jakab, whose watercolor paintings show in Clinical Center Gallery I through May 23.

Jakab adds a bit of herself to her work by painting objects that have personal meaning. "Some compositions include subject matter of past and present that I am particularly fond of, or that are personally meaningful such as quilts, old china or gallery invitations," she says.

Jakab uses brilliant color, strong detail and negative space to emphasize carefully placed



"Ginger Jar," a watercolor by artist Edda Jakab, is featured through May in the Clinical Center Galleries.

objects such as a fruit bowl or a flowering plant. Lace, ribbon and quilt tops accent the paintings.

Also showing at the Clinical Center through May 23 are paintings by John Sporstson in Gallery II; Wycinanka, Polish paper cut-outs, by Roma Starczewska in Gallery III; and photographs by Joan Rosenstein in Gallery VI. Gallery I also features ceramic miniatures by Elinor Maroney through May 23. Maroney will demonstrate on the potter's wheel, Apr. 28 from noon to 2 p.m. in Gallery I. Employees and the public are invited. □

Healthy Males Needed

The USUHS is seeking healthy males between the ages of 18 and 40, who are non-smokers, and nondrug users, for a study of effects of performance on physiological functioning.

Volunteers will be paid \$30 for a 3-hour session.

For further information contact Sandra, 295-3278. □

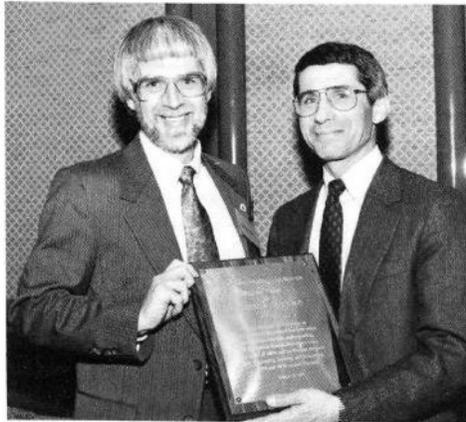
National Hemophilia Foundation Honors Fauci

NIAID director Dr. Anthony S. Fauci was recently honored by the National Hemophilia Foundation (NHF) with a Special Recognition Award "for his national leadership in the fight against AIDS and for his careful attention to the research needs of the hemophilia population."

Paul F. Haas, president of NHF, presented the award to Fauci to express "deep appreciation of the intensive cooperative effort between NIAID and NHF in undertaking research efforts for the benefit of persons with hemophilia as well as the community at large."

NIAID and NHF are cooperating in a major study, currently in progress, to assess the effectiveness of azidothymidine (AZT) in preventing or forestalling symptoms of AIDS in asymptomatic HIV-infected individuals with hemophilia. The study is important because an estimated 60 percent of people with hemophilia were exposed to the AIDS virus prior to 1985 through blood products needed for their treatment. Nearly 10 percent of those infected individuals have developed full-blown AIDS.

NHF Executive Director Alan P. Brownstein said, "We are extremely grateful to Fauci



NIAID director Dr. Anthony S. Fauci (r) receives an award for his national leadership in the fight against AIDS, particularly in the hemophilia population, from Paul F. Haas, president of the National Hemophilia Foundation.

and his team at NIAID for all their help. His leadership in developing a comprehensive scientific strategy directed at finding a cure for AIDS, as well as his understanding of the needs of persons with hemophilia, have been

exemplary."

In accepting the award Fauci said, "I appreciate the opportunity to work with NHF in the study to evaluate the effectiveness of AZT in HIV-infected individuals with hemophilia. The results of this and future cooperative efforts will benefit not only persons with hemophilia but also the population at large."

Approximately 80 hemophilia treatment centers are involved in the NIAID/NHF study, each in cooperation with a regional comprehensive hemophilia treatment center.

Hemophilia is a hereditary blood-clotting disorder affecting about 20,000 people in the United States. People with severe hemophilia have spontaneous internal bleeding episodes about 30 to 50 times a year. This bleeding is controlled by blood products called clotting factor concentrates, which are derived from blood plasma pooled from thousands of donors. A person with hemophilia may be exposed to more than 100,000 donors per year as a result of treatment needs.

Blood products used today by people with hemophilia are HIV-free, because the donor blood plasma is now screened for AIDS antibody and because the blood products now undergo extensive viral-inactivation processes. □

Dr. Lawrence Deyton Receives AIDS Award

Dr. Lawrence R. Deyton received the National Lesbian and Gay Health Foundation's 1989 Diego Lopez Award for Outstanding Achievement in AIDS Services at the foundation's 11th annual conference and 7th National AIDS Forum on Apr. 7, in San Francisco.

Deyton is the chief of the community research section in the AIDS program of the National Institute of Allergy and Infectious Diseases. He also serves as NIAID assistant director for community clinical research on AIDS. In that capacity, he advises institute director Dr. Anthony S. Fauci on issues related to community-based research.

The award honors Deyton's "ongoing efforts to encourage governmental and community development and promotion of new initiatives for AIDS services and for increasing the awareness and availability of information concerning clinical research, treatment and trials to AIDS service providers, investigators and people with AIDS."

Established in 1987, the award bears the name of the late Diego Lopez, a clinical social worker and gay health activist particularly concerned with AIDS. Lopez was clinical director of the Gay Men's Health Crisis in New York. The programs he developed continue to serve as the framework for social and



Dr. Lawrence Deyton

community AIDS services in the United States.

Deyton heads a new initiative to establish the Community Programs for Clinical Research on AIDS, which will involve primary care physicians who are not affiliated with AIDS clinical research efforts presently supported by NIAID.

The new community programs will address many important questions that may not require technologically sophisticated facilities or complex data collection needed for most

studies conducted by NIAID's existing AIDS clinical trials network. For example, by systematically monitoring their patients, community research investigators can evaluate potentially effective drugs that are widely used but unproven.

The new programs will also serve as a way to increase the participation in clinical trials of HIV-infected black and Hispanic persons and intravenous drug users, and women at risk of HIV infection.

Before assuming his present position, Deyton was a staff physician in NIAID's Laboratory of Immunoregulation where he conducted a number of clinical trials of experimental drugs in AIDS patients.

He was a cofounder of Whitman-Walker Clinic in Washington, D.C., where he served as director of program development from 1976 to 1979.

Prior to earning his medical degree from George Washington University School of Medicine, he received a master of science degree in health policy and management at Harvard School of Public Health.

He completed his internship and residency at the Los Angeles County-University of Southern California Medical Center, and is the coauthor of numerous scientific publications.—James Hadley □

OBESE

(Continued from Page 1)

pediatrics at Tufts University School of Medicine, agreed with Grave that the prevalence of obesity is growing. He added that not only are the ranks of the obese growing with alarming speed but also the obese are becoming more obese more rapidly than ever.

"Basically, the fattest of the fat are getting fatter faster," he clarified.

Dietz, who is also clinical director of the nutrition program in the Division of Pediatric Gastroenterology and Nutrition at New England Medical Center Hospitals, Inc., discussed prevention of risks for childhood obesity. He divided risk factors into three categories: environmental, familial and individual.

Two of the most significant risk factors, he noted, are severity of disease and age of onset. The fatter an obese child is and the older a child is at onset of obesity, the more likely the child is to be an obese adult.

"Successful prevention of severe adult obesity begins in childhood," he said, adding that concentration on successful therapy for obese patients is as important as prevention.

Reporting from a study that found that obese people actually eat less than nonobese people, Dietz suggested that quality of food is as important as quantity of food. He also recognized that the study's findings must be put into perspective.

"This study was based on personal reports of food intake by the participants," he said. "It may be that the obese simply report eating less than do the nonobese."

Energy spent on activity as well as diet are important individual risk factors.

"There is no evidence to show that an obese child is less capable of burning off energy than a nonobese child," he said.

Dietz listed five family variables associated with childhood obesity: parental obesity, socioeconomic class, parental education, parental age and family size.

An obese parent is likely to produce an obese child. The wealthier, better educated and older the parents, the more prone to obesity is the child. The risk of obesity in children from large families is lower than the risk in small families, which is explained perhaps by the fact that in a small family there is less competition for food.

Behavioral factors also contribute to the development of obesity. The amount of hours a child watches television may influence significantly obesity risk.

"An average child between the ages 6 to 11 watches about 25 hours of television per week," Dietz said.

"That's more time than a child spends on any other activity except sleep. The child

watching television is more likely to snack and not just snack, but snack on high caloric density foods."

Changes in viewing habits, however, do not account for changes in obesity, he warned. Although it is a significant risk, not all childhood obesity can be attributed to watching television.

Said Dietz, "For some children, television viewing does cause childhood obesity."

A child's environment is related to his or her risk of obesity. Northeastern United States leads the nation in obesity prevalence, followed by the Midwest, the South and the West.

Although reasons for the geographical skew are not completely known, Dietz suggested that wintry weather conditions (that keep children from playing outdoors) and the availability and cost of food may account for

"A fat child is not destined to be a healthy adult and probably should not be considered a healthy child."

—Dr. Gilman Grave
NICHD

some obvious differences.

"For example, in Boston the fruit and vegetable shelves are virtually empty in winter," he said. "And what you find is . . . well, I can't fully describe it . . . Suffice it to say there's nothing like a head of lettuce in Boston in the winter."

In closing, he recounted 10 years of progress in obesity study.

"We now have some significant handles on the disorder. We now know the benefits of early identification of children at risk, successful maintenance of their energy balance (including a low fat diet after age 2 or 3), reduction in television time as a preventive measure and increases in their activity (which may mean increasing school budgets to include more physical education)."

Dr. Kelly Brownell, professor in the department of psychiatry at the University of Pennsylvania School of Medicine spoke about the behavioral aspects of childhood obesity.

"In looking over the landscape of childhood obesity, two things occur to me," he stated: "How few researchers are studying the topic and how little treatment is available."

Brownell took a step further the assertions Dietz made about the influence of behavior on obesity.

"In studying the families of obese children, we found that parental prompting has a significant effect. Parents prompt obese children to eat and to be inactive. Parents reinforce eating to an obese child, and that child is often served more food.

"While nonobese children are encouraged to go out and play, obese children (of the same family) are encouraged to eat."

Brownell offered some guidelines on combating childhood obesity risks.

"The responsibility of parental control shifts with the child's age," he noted, suggesting self-monitoring and limiting stimuli that might provoke overeating.

He also encouraged complete lifestyle changes, which tend to work better because the chances of adherence are better.

"One negative (in many diets) is that we dichotomize our food system," he said, recalling Leonard Epstein's "Stoplight Diet" used to treat obese children.

In the Stoplight Diet, designated foods called 'red' foods are to be avoided; 'yellow' foods are to be eaten in moderation and 'green' foods given the green light.

Dichotomizing foods can lead sometimes to a predisposition to overeat, he observed.

"No food is good or bad, legal or illegal," Brownell claimed. "It is the amount (consumed)."

He identified five stages of psychological or attitudinal change: precontemplation, contemplation, commitment, behavior change and maintenance.

Also noted were three stages that lead to failed dieting: lapse, relapse and collapse.

"It is important to recognize that a lapse is not a collapse," Brownell emphasized, likening lapses to chutes in the popular children's game "Chutes and Ladders."

In the game, players climb ladders in an effort to reach the top of the playing board first. An unfortunate roll of the dice can land a player on a slide or chute that propels the player downward instead of upward.

"One of the most important things to teach a dieting individual is to keep playing the game, even after hitting a chute," said Brownell.

Brownell also mentioned the detrimental effects of advertisements and attitudes that encourage the "perfect" body and society's preoccupation with thinness.

"We are pushing the body toward unrealistic standards," he said, gesturing toward a slide of 1950's sex symbol Marilyn Monroe. "Today, even Marilyn Monroe would be put on a diet."

Citing a questionnaire that asked respondents what they fear most, Brownell related, "One hundred ninety four persons out of five hundred said getting fat was their greatest fear.

"Childhood obesity is a big problem and it must be dealt with aggressively. As clinicians, we must adopt a cautious approach to weight loss. As researchers, we need to know which children need to lose weight. And from a public health point of view, we need to promote a

more reasonable body shape."

Perhaps the most promising news of the seminar came from the final speaker, Dr. Steven Blair, director of epidemiology at the Institute for Aerobics Research, who addressed prevention of childhood obesity through regular exercise.

"We need first to develop acceptable standards for physical fitness," said Blair. "The P.E. (physical education) industry's and (its) teachers' efforts have really not been improved in the last decade."

To prove his point, Blair called to mind the U.S. Presidential Fitness Awards that are given nationally to school-age youths who rank high in such events as the 50-yard dash and the long jump.

"These tests have to do with speed and power, which are genetically determined," he said. "They have nothing to do with the public's health."

Blair asserted that the presumption that American children lead basically inactive lifestyles is a myth.

"Most American children are not sedentary, not terribly unfit. The wrong message has

"Basically, the fittest of the fat are getting fatter faster."

—Dr. William Dietz

Tufts University School of Medicine

been delivered in the last 30 years, in my opinion. America has bought the propaganda that Americans are sedentary couch potatoes."

All speakers agreed, however, that the best way to combat adult obesity is to prevent it in the first place and the time to start this prevention is in childhood. □

Volunteers Needed at NHLBI

The Cardiology Branch, NHLBI, needs normal healthy volunteers between 20 and 70 years to participate in a study assessing the causative mechanisms of certain cardiovascular diseases. Volunteers must not be taking any medication. The study includes one 24-hour inpatient admission and placement of a small needle in the brachial artery. Participants will be paid. For further information, call Dr. Julio Panza, 496-0021, Monday through Friday between 9 a.m. and 6 p.m. □

NHLBI Launches National Asthma Education Program

A new national health education program, the National Asthma Education Program (NAEP), was launched last month with the inaugural meeting of its coordinating committee. Representatives of 21 professional, patient and voluntary health organizations met to set objectives for the program and to discuss its first major project, the creation of an expert panel report on modern methods of asthma treatment and patient management.

Convened by the National Heart, Lung, and Blood Institute, NAEP will be similar to the institute's other national education programs on high blood pressure, cholesterol and blood resources. Like the other programs, the asthma program will be built on the shared activities and education efforts of the coordinating committee organizations.

"The National Asthma Education Program has two broad goals," explained Dr. Claude Lenfant, director of NHLBI and chairman of the NAEP coordinating committee. "The first is to raise awareness of patients, health professionals and the public that asthma is a serious chronic disease. The second is to ensure effective control of asthma by encouraging a partnership among patients, physicians and other health professionals to carry out modern treatment and education programs."

The NAEP and its coordinating committee are outgrowths of years of exploration of trends in asthma morbidity and mortality by several organizations and of development of

effective asthma education programs, especially for school-age children. The Asthma Mortality Task Force (a joint effort of four of the coordinating committee organizations) identified increased incidence, deaths and hospitalizations for asthma patients over the past several years in the United States and in other countries as well. The task force subgroup on asthma education identified educational factors that can help the situation and improve quality of life for persons with asthma.

Asthma affects almost 10 million persons in the U.S., of whom more than 3 million are under age 18. In a recent year there were 454,000 hospitalizations for asthma, 149,000 of which were for children under age 15. Prevalence, death rates and hospitalizations are higher for blacks than for whites. In addition, many urban families rely solely on emergency rooms for asthma control and do not have regular medical care.

Dr. Suzanne Hurd, director of NHLBI's Division of Lung Diseases, summed up what the new program hopes to accomplish. "The good news is that patients and families can take many positive steps to control asthma and to make it a less disruptive part of life. We want to get these messages to asthma sufferers of all ages. We also want to educate physicians on modern concepts in the medical management of asthma and in the need for ongoing rather than episodic care."



Representatives of the 21 organizations present at the first meeting of the National Asthma Education Program coordinating committee convened recently to set objectives and discuss its first major project.

Free Concert of Classical Music

The York Symphony Chamber Singers will present a free concert in Masur Auditorium, Bldg. 10, at 4 p.m., on Sunday, Apr. 30.

The program will feature works by Monteverdi, Bach, Mozart, Dvorak, Morley, Franck, Passereau and others.

The concert is sponsored by the Foundation for Advanced Education in the Sciences. □

Volunteers Needed

The National Institute of Dental Research is looking for individuals who have cold sores or fever blisters for research studies. For more information call 496-0309. □

PEER REVIEW

(Continued from Page 1)

For 18 months, a blue-ribbon NIH panel that included five BID directors sifted through the results of those meetings and reported to Wyngaarden on the status of peer review.

They focused their attention on four aspects: underlying philosophy, administration of review, the reviewers themselves and the review process.

The Underlying Philosophy

Peer review originally gained prominence as a method of controlling the quality of research that made its way into the scholarly literature. It took for granted that scientists were pursuing their own ideas out in the field, remote from a central authority dictating paths to follow. Advances deemed worthy of wider dissemination were published after they had passed muster with eminent reviewers.

Publication in a journal was the payoff for surmounting the peer review hurdle in the 17th century. With the advent of agency-sponsored research (1902 in the United States), the peer review mechanism was adopted for making funding decisions and the payoff became more literal—grant money.

Today's peer reviewers, like their editorial counterparts three centuries ago, rely for the most part on investigators to initiate and propose their own projects. Studies that look promising get funded (and probably published down the line) while those found wanting are rejected.

Not all projects are initiated by investigators. NIH attempts to influence the direction of research by issuing RFA's—requests for applications. These too are subject to peer review. RPG's—research project grants—which arise solely from the imaginations of scientists in their laboratories, come to NIH at the rate of some 19,000 a year.

Today, the Division of Research Grants has 68 chartered study sections that review and evaluate these RPGs; subcommittees of the sections boost the total to 92. Some 1,500 reviewers belong to these groups, which meet three times a year to vote on the current "cycle" of grant applications.

The workload these groups face is staggering. Between 1970 and 1988, the number of new and competing research project grant applications more than doubled—7,570 to 19,205. At the same time, NIH's ability to fund research found worthy has diminished. Whereas in the early days following DRG's establishment in 1946, the top 90 percent of approved applications could be funded, today's percentage is much lower, about 35 percent.

The result is that more and more investigators proposing better and better research are competing more and more actively for the available dollars.

The Peer Review Committee, while endorsing the mechanism overall, notes two problems that are frequently alleged. First, some believe there is a tendency to shy away from innovative research and lean instead toward the tried and true. Second, critics charge it doesn't lend enough weight to an applicant's research record.

The Peer Review Committee attempted to address these concerns by testing a 4-element paradigm for research proposals that considers concept, investigator, protocol and resources.

To encourage more innovative research (though no one has yet defined "innovative"), NIH is offering longer-term awards to free new and established investigators to pursue novel leads. Already, the mean duration of research grants has lengthened from 3.2 years in 1979 to 4.1 years in 1988.

Special grant programs have been created, for example FIRST and MERIT awards, that have provisions for more flexible use of funds and a 5-year award period.

Lenfant reported that institute-specific awards such as the Outstanding Investigator Grant for NCI, the Javits Award for NINDS, and the NHLBI's Program of Excellence in Molecular Biology (a 7-year award) also extend average award lengths.

Other options considered include a special study section for risky research, specific set-aside of funds for support of innovative research and increased use of small grants and biomedical research support grants for pilot studies.

Administration of Review

"Unduly cumbersome and burdensome" are the polite adjectives used in the report to describe what faces both the scientist applying (or reapplying) for the grant and the scientist who has to read and pass judgment on that (re)application. Prescription? Electronic mail.

Reviewers

"Implicit in the concept of peer review," reads the report, "are the notions first that peers can be identified and agreed upon, and second that peers will participate in the reviews." Not so easy, said witnesses at the regional meetings. Many "questioned the availability of adequate expertise" in certain areas of research, particularly the interdisciplinary ones. As a solution, NIH allows applicants to suggest appropriate study sections and, when necessary, ad hoc sections are convened.

Charges that NIH study sections are popu-

lated by cronies and subject to the influence of "old boy" networks beg the question of how to recruit and retain competent reviewers, an issue NIH continues to examine. As a point of reference, however, fewer than 13 percent of the reviewers in a recent survey had prior service on a DHHS committee of any type.

"It is recognized that service on a study section currently entails a substantial commitment," the report says. "Efforts to raise the awareness among the community of their obligation to serve may have some effect on increasing the rate of participation."

The number of reviewers who belong to chartered study sections has doubled since 1982. At present, the average age of study section members is 45, a figure that has remained constant over the years. The proportion of M.D.'s on study sections is declining and currently stands at about 35 percent. Minority representation is now 15 percent, more than double the 5.7 percent in 1976.

"The scientific community owes a great debt of gratitude to minority scientists who have served on study sections and advisory committees of the NIH," said Dr. Bernadine Healy, a discussant at one of the regional meetings and research director at the Cleveland Clinic Foundation. "Minority scientists are devoting triple the amount of their time to such service as the majority scientists."

Review Process

Here we encounter "Wigmops," the phonetic acronym of the Working Group on the Movement of Priority Scores.

One of at least three subcommittees examining peer review in addition to the NIH Peer Review Committee set up by Wyngaarden in June 1987, Wigmops addressed the problem of drifting priority scores.

What's a priority score? A way of grading approved grant applications using multiple criteria to determine which projects are worthy of support. Because the trend in recent years has been for reviewers to judge larger and larger percentages of their applications as having high priority for funding (but, curiously, lower actual scores since low scores mean high quality), a modification called "percentiling" was adopted.

Percentiling "provides information about the relative position of an application within a specified comparison group," the report says. It is a way of ranking applications that have been favorably recommended by a particular review group. "The scoring performance of the review process should continue to be subject to ongoing monitoring and evaluation," the report concluded.

"It keeps us on our toes to keep these self-monitoring efforts going," said Lenfant.

DRG Director Green also assured that

monitoring would continue as he gently chided the assembly: "It is regrettable that many who go from conducting research to administering research lose their fondness for careful experimentation and tend to accept their intuitions about the process of review."

Peering into the future, it seems that, as is true for the intramural side of NIH, research on methods and procedures will continue in extramural NIH as well. □

Skin Conference, May 8-10

Some sunlight exposure is beneficial to the body and, in fact, is essential for the body's production of vitamin D in the skin. Overexposure to sunlight and artificial sources of ultraviolet light, however, has the potential for acute and chronic adverse effects on the skin and its functions. Some of these effects may include the development of skin cancers, immune system alterations, damage to blood vessels in the skin and premature aging of the skin.

Considerable controversy remains, however, concerning the specific adverse effects caused by various wavelengths of ultraviolet radiation, the magnitude of these effects and potential strategies for the prevention and treatment of photodamaged skin. To address and reach agreement on these issues, the NIAMS and the NIH Office of Medical Applications of Research will cosponsor an NIH Consensus Development Conference on "Sunlight, Ultraviolet Radiation, and the Skin," May 8-10. The conference will be held in Masur Auditorium, Clinical Center. Other sponsors are the NCI, NICHD, the Food and Drug Administration, and the Environmental Protection Agency.

This 2½ day conference is open to the public. The first 2 days of the conference will consist of presentations by medical experts and discussion by the audience. On the third day, after weighing the scientific evidence, a consensus panel will present a draft statement.

There is no charge for registration. The NIH has certified this conference as meeting the criteria for 14 credit hours in Category I of the Physician's Recognition Award of the American Medical Association.

To register for the conference, contact Andrea Manning, Prospect Associates, Suite 500, 1801 Rockville Pike, Rockville, MD 20852, 468-MEET. □

Attention EP and Westwood'ers

Occupational Medical Services has scheduled additional cholesterol screening times for the Executive Plaza and Westwood buildings:

Executive Plaza North,
Rm. 103 Apr. 20, 8:45-10:45 a.m.
Westwood, Rm. 11 Apr. 24, 9-11 a.m.

Lab slips for cholesterol screening can be purchased for \$3.75 at any R&W store between the hours of 9 a.m. and 3:30 p.m., Monday thru Friday, or from Audrey Frank in Executive Plaza South, Rm. 635, 496-8603. □

Discovery Offers Hope in Understanding Alzheimer's

By Marian Emr

Two NIA-sponsored neuroscientists have combined their research interests and uncovered a critical piece of information on why brain cells die in Alzheimer's disease.

Dr. Carl W. Cotman at the University of California at Irvine and Dr. Dennis J. Selkoe at Harvard Medical School and Brigham and Women's Hospital in Boston, Mass., have found that a fragment of the protein in neuritic plaques may possess the ability to regulate growth of nerve cells in the healthy human brain.

Neuritic plaques, which are dense, insoluble deposits of amyloid protein, are among the major pathological hallmarks of Alzheimer's disease. Until now, scientists have not known what role amyloid protein plays, if any, in healthy brain tissue or why an increasing number of large clusters of amyloid appear in the brains of Alzheimer patients.

Earlier NIA-supported studies revealed that the abnormal amyloid protein is made up of fragments of a larger protein that is normally spread across nerve cell membranes. Scientists also have discovered the approximate location of the gene for the fragment, called the amyloid precursor protein, and have identified the building block amino acids that constitute it.

In the current investigations, Cotman and

Selkoe synthesized the first 28 amino acids of the amyloid protein and tested the effects of this synthetic peptide on nerve cells grown in tissue culture. Nerve cells grown in tissue culture do not survive long, but in the presence of the synthetic peptide, the cells stayed alive for longer periods of time. These results demonstrated that amyloid has a trophic, or growth enhancing, effect on nerve cells.

On the basis of these experiments, the investigators speculate that plaque formation in Alzheimer's disease may signal the nerve cells' attempt to mount a defense against the degenerative process and to compensate for the damage that occurs as the disease progresses. The researchers also speculate that events in the early stages of Alzheimer's disease may lead to the production of an abnormal amyloid protein that malfunctions and contributes to the progress of the disease.

Scientists at NIA are hopeful about the results of this work, as well as recent research on nerve growth factor, one of several known trophic factors that enhances the survival of injured nerve cells. As scientists learn more about how and why cells die in Alzheimer's disease, it may become possible to slow the progression of the disease using nerve growth factor or similar substances. □



Dr. Jerome G. Green, DRG director, recently presented the NIH Merit Award to six employees at the Division of Research Grants' staff meeting and awards ceremony. The six awardees are pictured (front, l to r): Mary L. Collins, editorial assistant, Information Systems Branch (ISB); Caroline Grabner, grants clerk, Referral and Review Branch (RRB); (back, l to r) Charles McL. Hadley, III, personnel officer; Dr. William C. Branche, Jr., health scientist administrator, bacteriology & mycology 2 study section, RRB; Dr. Patricia A. Straat, deputy chief for referral, RRB; and Sheila Andrew, computer programmer, ISB.

NIH Holds Modeling Conference

An NIH conference, "Modeling in Biomedical Research: An Assessment of Current and Potential Approaches—Applications to Studies in Cardiovascular/Pulmonary Function and Diabetes," will be held May 1-3 in Masur Auditorium, Clinical Center.

The conference, open to the public, will be held from 8:30 a.m. to 3:20 p.m. on May 1; 9 a.m. to 3:20 p.m. on May 2; and 9 a.m. to 11 a.m. on May 3.

Continued innovation and refinement in model systems is crucial to rapid progress in biomedical research. The conference continues NIH's evaluation of biomedical modeling and its efforts to identify promising nonanimal and invertebrate animal models.

Employing a format similar to NIH consensus development conferences, a panel of expert scientists will review examples of several biomedical modeling systems as presented by invited scientists. The systems include cells, vertebrate animals, invertebrates, physical models and mathematical models.

The panel will prepare a draft summary statement of its conclusions, which will be presented for discussion at 9 a.m. on Wednesday, May 3, by the panel chairman, Dr. Gordon H. Sato, director of the W. Alton Jones Cell Science Center.

To provide a manageable discussion range, the presentations on May 1 and 2 will be limited to two areas of great importance to the nation's health: cardiovascular/pulmonary function (May 1) and diabetes (May 2).

However, the assessment will stress the model system's potential throughout biomedical research.

The conference is jointly sponsored by the Division of Research Resources, Division of Research Services, and Office of Medical Applications of Research.

For additional information, contact Michael Fluharty, DRR (496-5545), or James Doherty, DRS (496-5792). □

Run or Walk at Parklawn Classic

"Cross the Line in '89" is the theme for this year's Parklawn Classic 5-mile run and 2.5-mile health walk. The event is scheduled for Friday, Apr. 28 at 11 a.m., rain or shine. The run will be held in Rock Creek Park; the walk begins at the Parklawn Building in Rockville. Shuttle transportation will be available from the NIH campus. There is a \$5 registration fee for the run, and all finishers will receive a Classic T-shirt. The walk is free and all participants will be given a Health Walk button and ribbon. For more information, call the Parklawn Classic Hotline, 443-1918, or pick up a race application at the R&W Activities Desk. □

Clinical Center Observes Children and Hospitals Week

The 10th annual celebration of Children and Hospitals Week, sponsored by the Association for the Care of Children's Health, was held recently at the Clinical Center.

The goal of the week was to increase awareness of the unique needs of children and families in health care settings. This year's theme was "Commitment to Caring," and many staff members showed that they are indeed committed to the special needs of children at NIH.

The hospital's patient activities department marked the occasion by conducting a colorful balloon launch in front of Bldg. 10, followed by a visit from Ronald McDonald to the 1st floor playroom. A collaborative effort between Vera Sales of patient activities and nurse Stephanie Bordenick resulted in a week-long visual display shown in the 1st floor main hallway.

Conference on Emerging Viruses

A conference cosponsored by NIAID, the Fogarty International Center and Rockefeller University to examine the topic of "Emerging Viruses," will be held May 1-3 at the Hotel Washington in Washington, D.C.

Invited participants have responded enthusiastically, seeing this as an opportunity to review basic research findings and theoretical models within the context of the public health question: Can viral disease emergence be anticipated, detected and prevented? Dr. Joshua Lederberg, president of Rockefeller University, will give the keynote address.

The conference organizers include Drs. Stephen Morse of Rockefeller University, chairman; Richard Krause, senior scientific advisor at FIC (and former NIAID director); Thomas Monath, U.S. Army Medical Research Institute of Infectious Diseases; Neal Nathanson, University of Pennsylvania; Peter Palese, Mount Sinai Medical School, New York; Ann Schluenderberg, William P. Allen and John La Montagne of NIAID; and Robert Shope of the Yale University Arbovirus Research Unit.

For further information and registration, contact Judy Gale of Social & Scientific Systems, Inc., 7101 Wisconsin Ave., Suite 610, Bethesda, MD 20814, phone 986-4870. □

Cystic Fibrosis Symposium

This year the fourth annual Spring Cystic Fibrosis Symposium will be held on the following days: Part I "Secretion and Ion Channels" May 25, (8 a.m.-noon); Part II "Genetics and Development" June 1 (8 a.m.-noon).

The symposium will be held in Lipsert Amphitheater, Bldg. 10. For further information, call Dee Tyler, 496-3435. □

Pictures depicted such programs as the NIH Children's School, main playroom and nursing unit playrooms, as well as interactions between pediatric patients and staff.

During the week, four nurses from the 9th floor clinic presented a health-oriented program to 60 children ranging in age from 3 to 6 years. Garbed in scrub suits, lab coats or nurse's uniforms, the nurses told stories about going to the hospital or doctor, with time for discussion and hands-on roleplaying. This gave the children an opportunity to meet with medical personnel in a positive, non-threatening atmosphere.

Children and Hospitals Week was successful in highlighting the unique health care needs of children, and focusing attention on the hospital's goal of a nurturing health environment at NIH. □

Russell Wins Gold Medal

Janette Russell, a clerk in OD's Office of Administration, won the gold medal in the women's figure skating competition at the International Special Olympics held recently in Nevada. She previously won the gold medal in women's figure skating for the State of Maryland's Special Olympics held in December 1988, which qualified her to participate in the



Janette Russell proudly displays the gold medal she won in the women's figure skating competition at the International Special Olympics held recently in Nevada.

international competition in Reno and Lake Tahoe. Representatives from 20 countries competed for the gold, silver and bronze medals.

Asked if she would like to participate again in the next Special Olympics, she responded, "Yes, but next time I might try gymnastics."

Russell's other interests include ballet, slimnastics, gymnastics, and a fierce devotion to the Washington Redskins. □

TRAINING TIPS

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

Courses and Programs	Dates
Management and Supervisory 496-6371	
Networking: Silent Politics	4/25
Dealing With Potential Conflict	4/26
Reviewing Other People's Writing	5/2
Managing Behavior in the Work Environment	5/17
Positive Influence & Negotiations	6/14
Office Operations Training 496-6211	
Introduction to Working at NIH for New Support Staff	5/4
Delegated Acquisition Training Program	5/8
Professionalism and the Office Secretary	5/15
Telephone Management and Positive Communication	5/16
Foreign Travel	5/17
Working With Personal Differences MBTI I for Support Staff	5/23

Training and Development Services 496-6211

Personal Computer training is available through User Resource Center (URC) self study courses. There is no cost to NIH employees for these hands-on sessions.

The URC hours are:

Monday-Thursday	8:30 a.m.-7:00 p.m.
Friday	8:30 a.m.-4:30 p.m.
Saturday	9:00 a.m.-1:00 p.m.

NOW AVAILABLE ON SHARE TRAINING FY 89 Training Center courses. Access Wylbur and enter SHARE TRAINING. First time users only, enter: x fr &ags2ugL.@@share(setup) on file37

Healthy Women Needed

The National Institute of Child Health and Human Development needs healthy female volunteers to test the pharmacokinetics of oral progesterone. Volunteers need to meet the following criteria: ages 18 through 39; 5'2" through 5'7" tall; medium build; regular menstrual cycles (every 26-35 days); on no chronic medication; using nonhormonal birth control or sexually abstinent. Two overnight hospitalizations and two outpatient visits will be required. Compensation is available. Contact Rene Kimzey on beeper 104-1733 or 496-6821. □

IRS Class Offered

Classes will be offered next month in the use of the Inquiry Reporting System (IRS), a software language often used to extract data from the IMPAC (Information for Management, Planning, Analysis and Coordination) data base.

Taught by Carol Bleakley, the classes will meet May 1, 2, 3, 8, 9, 11, 15 and 16 from 9:30 a.m. to noon in Westwood Bldg., Conf. Rm. 3.

Potential students should have completed the basic Wylbur course. Those interested in registering can call Bleakley, 496-7711. □

PEF Auction, May 16 in VIC

Mark your calendars for May 16, the date of the fifth annual Patient Emergency Fund (PEF) Auction.

The auction, to be held in the Visitor Information Center, Bldg. 10, features many interesting items at attractive prices. Among the items contributed so far to R&W, which is sponsoring the event, are a 7-day Caribbean cruise for two from Holland America Cruise Lines; ski lessons and lift tickets for three at Blue Mountain, Pa.; a month of Jazzercise classes; a horseback riding trip for four at Marriott Ranches, Va.; a Tangier Island cruise; a night's stay at the Annapolis Holiday Inn; a whitewater rafting trip; and tickets to the Washington Ballet.

The auction, which last year netted more than \$8,000, comes in two parts. A silent auction begins at 11 a.m. and lasts until 2 p.m. A live auction begins at 12:30 p.m. and lasts a half hour.

Food, including homemade desserts, pizza, submarines and frozen yogurt, are among the items for sale at the auction. Doris O'Brien, district manager of Guest Services, Inc., has graciously agreed to donate the food; all food proceeds benefit the PEF.

Donations to the auction may be made any time before the auction by calling R&W, 496-6061. □

PRAT Seminar Planned

Dr. Robert E. Handschumacher, a professor of pharmacology at Yale University School of Medicine, will present a lecture entitled, "Cyclophilin: A Bridge Between Protein Conformation and Clinical Therapy," on Monday, Apr. 24, at 10 a.m. in the Lipsett Amphitheater, Clinical Center. The speech is part of a seminar sponsored by the NIGMS Pharmacology Research Associate (PRAT) program. Each year, the program provides 11 recently trained scientists the opportunity to conduct 2 years of postdoctoral research in an NIH or ADAMHA laboratory.

In 1984, Handschumacher and his colleagues isolated and sequenced a cell protein, which, because it binds to the drug cyclosporin, they named cyclophilin. Cyclosporin is given to people who have had transplants because it suppresses the immune system and prevents it from destroying foreign tissue. However, cyclosporin has a relatively high toxicity.

Handschumacher's group is working toward a detailed understanding of the interactions of cyclophilin and cyclosporin. Such an understanding might lead to improvements in cyclosporin therapy.

Following the lecture, PRAT fellows will present informal poster sessions on the research they are conducting. □

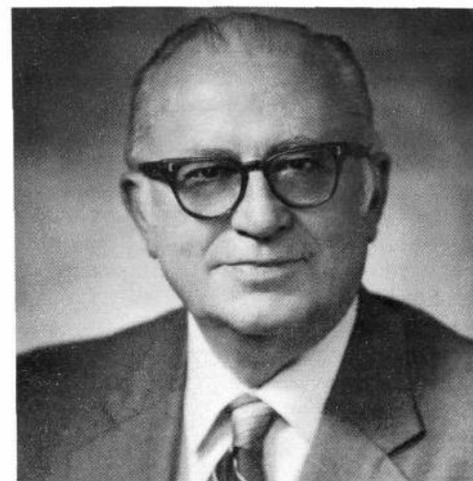
Dr. Theodore Tjossem, Formerly of NICHD, Dies

Dr. Theodore David Tjossem, retired chief of the Mental Retardation and Developmental Disabilities Branch of the National Institute of Child Health and Human Development, died Feb. 28 of an aneurysm.

Tjossem joined NICHD in 1965 to head its mental retardation research centers program. He became chief of the Mental Retardation and Developmental Disabilities Branch in 1966 and remained in that position until his retirement in 1987.

He was a graduate of Drake University in his native Iowa, and had a master's degree in psychology from the University of Iowa. He earned his Ph.D. in psychology from the University of Washington where he was a psychologist from 1949 until 1964. He left as chief psychologist of the clinic for child study there and came to the Washington area as special assistant to the chief of the U.S. Children's Bureau at the then Department of Health, Education and Welfare.

Tjossem won numerous awards during his career, including the Research Award from the American Association on Mental Deficiency, the Career Research Scientist award from the American Academy on Mental Retardation, and the Exceptional Meritorious Award from



Dr. Theodore Tjossem

the National Down Syndrome Congress.

He is survived by his wife Guinevere Tjossem of Arlington, Va.; three daughters, Linda L. Sullivan and Stacy E. Tjossem of Arlington, Va.; and Jill A. Watts of Boise, Id.; a son, Theodore Kirby Tjossem of Arlington, Va.; and a grandchild.

NIH Earns Third Title**Suzanne Burgess Wins PHS Nurse of the Year**

By Carla Garnett

NIH nurses may be the best in the business. After virtually curing the hospital's nursing shortage of a year ago by launching an aggressive, pioneering recruitment and retention campaign that inspired national pride and helped heal nursing's battered public image, NIH nurses can savor another smaller but no less important victory.

For the second year in a row, the U.S. Public Health Service Nurse of the Year is an NIH nurse.

Suzanne Burgess, NIAMS clinical research nurse on the Clinical Center's 9 East patient care unit, recently won the 1989 Mabel May Wagner Award, the highest award given to PHS nurses.

Established 10 years ago by former assistant surgeon general Dr. Carruth J. Wagner in memory of his mother who was a nurse, the Wagner award recognizes annually one clinical nurse who excels in helping to accomplish the mission of the Public Health Service.

Any PHS nurse in civil service or the Commissioned Corps may be nominated. This year marks the third time that an NIH nurse has received the title.

The award was presented by U.S. surgeon general Dr. C. Everett Koop at the annual meeting of the USPHS Professional Association in Louisiana. It included a plaque and a \$1,000 honorarium, which Burgess has donated to the Patient Emergency Fund in the names of the staff of 9 East.

"I feel very honored," Burgess said before her trip. "I admire Dr. Koop immensely and I'm excited about going to New Orleans."

A native Washingtonian who grew up in Rockville, Burgess claims nursing as her second career. Her work at the Clinical Center follows 10 years as a higher education student and 16 years working in the restaurant business.

When she decided to pursue a career in nursing at age 29, Burgess remembers the incredulous reactions of some of her friends.

"A lot of my friends said, 'You don't want to go back to school just to be a nurse, do you? Why don't you go into law or something?'," she recalls.

"I told them that nursing was an honorable profession and I wanted to be a nurse."

Burgess traces her commitment to public health back to when she was studying humanities and social sciences as an undergraduate at the University of Maryland.

"I've always been interested in health and patient care," she said. Her clinical work now mainly involves research on such arthritis-



Suzanne Burgess

related disorders as systemic lupus erythematosus and myositis.

"Sue is an excellent caregiver," said Madeleine Lindahl, 9 East nurse and author of Burgess's winning nomination. "She has given so much and continues to give many hours of her own time."

After completing her bachelor of arts degree in sociology in 1974, Burgess entered the master's program at the University of North Carolina School of Public Health.

During her graduate work and after earning an M.P.H., she held several health-related, administrative positions in the Montgomery and Prince George's county health departments and at the Hospital for Sick Children in Washington.

Still she wasn't close enough to patients.

"I like the actual patient care, the day-to-day dealing with the patients," she admitted. "I joined this unit and within a couple of weeks, it felt like home. This is the best job I've ever had."

The job she has is the only job she applied for after attaining her nursing credentials.

"I knew exactly where I wanted to work," she said. "I wanted to be here at NIH where I could combine patient care and research."

According to Lindahl and Dr. Paul Plotz, NIAMS senior attending physician who added his recommendation to the nomination, Burgess combines patient care and research in a manner worthy of the title she won: Nurse of the Year.

Lindahl wrote: "Suzanne has proven to be an example to her peers ... admired and respected by her patients, the nursing staff, the medical staff and other disciplines. Sue deserves recognition for her dedication ... her

compassion and thoughtfulness ..."

"We just try to help people live with the uncertainties of their prognoses and treatments," said Burgess. "The nurses here at NIH have the best reputation for primary nursing, they have the best quality of nursing care. I'm just proud to be one of them." □

Pacific Charm at NIH, May 5

In lieu of a soothing cruise to the Pacific, NIH'ers and the public are invited to immerse their winter-weary souls in the "Charm of the Pacific," an Asian/Pacific American Heritage Week celebration sponsored by the NIH Division of Equal Opportunity and the Asian/Pacific American Cultural Committee on Friday, May 5.

Activities include a luncheon feast from 11:30 a.m. to 1:30 p.m. on Bldg. 31's A-wing patio. Korean, Indian, Japanese, Chinese, Philippine and Thai food will be sold. Native music will accompany a Hawaiian dancer, and preparation of sushi and Japanese tea will be demonstrated.

That evening, at 7:30 in Masur Auditorium, Balinese, Hawaiian, Indian and Philippine dancers and musicians will perform. Such special dances as "Bhakti Marga," a token of welcome to important visitors to Bali—the island of the gods—and "Oleg Tamulilingan," an interpretation of two bumblebees in love, are featured.

Hoaloha is the Hawaiian word for friend and the name of a versatile Hawaiian entertainment group that performs extensively in the Washington area. Hoaloha will share with the audience the changes in Hawaiian music, which parallel that state's growth and have had dramatic influences on the lifestyles of Hawaiian people. Several dances and costumes will reflect different periods in Hawaii's history.

Sign language interpretation will be provided during the evening program. If accommodations for disabling conditions are needed, contact the DEO, 496-6301. There are no admission charges for the events. For further information, call Dinah Bertran, 496-1776. □