

*"Still
The Second
Best Thing
About Payday"*

The NIH Record

Hispanic Heritage Month

Panel Critiques Access to Health Care in U.S.

By Anne Barber

October has been designated Hispanic Heritage Month, and as part of the observance, NIH's Hispanic American advisory committee and the OEO Hispanic Employment Program sponsored "Hispanic Access to Health Care: The Impact of NIH Programs" on Oct. 8 in Wilson Hall.

Speakers included Dr. Janie Menchaca-Wilson, past president of the National Association of Hispanic Nurses and professor, department of nursing, San Antonio College; Dr. Ciro Sumaya, associate dean for affiliated programs and continuing medical education at the University of Texas Health Science Center; Dr. Roberto Valdez, associate professor of health policy and management, UCLA; Dr. Hipólito Niño, associate director for clinical laboratory programs, Center for Devices and Radiological Health, Office of Science and Technology, FDA; and Dr. Ciriaco González, director, Minority Biomedical Research Support (MBRS) Program, NIGMS.

The moderator, Dr. Milton J. Hernández, director of NIAID's Office of Scientific Training and Manpower Development, stated that the Hispanic community is "large, viable, and proud. We are not just another minority group. There is no such thing as a typical Hispanic. There are vast differences in foods and languages. We come from Spain, Puerto Rico, Mexico, Central and South America."

While several names are used to describe these various groups such as Hispanic-Latino and Mexican Americans, the committee chooses to use the term Hispanic Americans.

Eye Institute Leads

NIH Begins Combined Federal Campaign '93

NIH inaugurated the annual Combined Federal Campaign charity fundraising season on Oct. 6 with rousing speeches, festive jazz, a picnic on the lawn in front of Bldg. 1, and the traditional 5,000-meter run and 1-mile walk. The agency's 1993 CFC target is just over \$1,000,000.

Quoting a popular song title from the 1950's, NIH acting director Dr. Ruth Kirschstein told an assembly of several hundred NIH'ers who had gathered on a sunny fall afternoon, "Only you can mend a broken heart...You have a choice of more than 1,800 organizations to make our hearts whole."

The lead institute for this year's campaign is the National Eye Institute, whose director Dr. Carl Kupfer said, "We're delighted to lead this year's NIH CFC. This is NEI's 25th anniversary."
(See CFC KICKOFF, Page 4)



Dr. Janie Menchaca-Wilson delivered the keynote address at NIH's Oct. 8 program observing Hispanic Heritage Month.

According to the report of the Surgeon General's National Hispanic-Latino Health Initiative, Hispanic-Latinos make up about 9 percent of the nation's population, numbering 22 million. It is estimated that by the year 2000, Hispanic-Latinos will become the largest—and one of the youngest—of ethnic

(See HERITAGE, Page 6)

Five 1993 Nobel Laureates Received Grants from NIH

Several researchers funded by NIH were among the winners of 1993 Nobel Prizes:

Two longtime NIH grantees will share the Nobel Prize in Physiology or Medicine. Dr. Phillip A. Sharp, head of the biology department at the Massachusetts Institute of Technology, and Dr. Richard Roberts, director of research at New England Biolabs in Beverly, Mass., will share the prize worth \$842,000 this year.

Dr. Kary B. Mullis, an independent scientist in San Diego whose early training in biochemistry was supported by NIH, will share the \$825,000 Nobel Prize in Chemistry with former NIGMS grantee Michael Smith of the University of British Columbia in Vancouver, Canada.

Dr. Robert W. Fogel, a University of Chicago economist with ties to NIA, will receive the Nobel Memorial Prize in Economic Science for 1993.

Working separately, Sharp and Roberts discovered in 1977 that rather than being long, single, continuous units, genes may break into shorter, segmented pieces during the coding process. Before this revelation, scientists had thought genetic coding was unbroken. In addition, the Nobel-winning work identified what has been described as a "molecular editor," which finds the apparent nonsense in an RNA chain, weeds it out, and reconnects the important parts of the chain.

How the editing apparatus, called a "spliceosome," is able to read the chain

(See NOBELISTS, Page 5)



Racers bolt from the start of the 5K race, which was won by John Crowley in 16:43. He also won last year's race in 16:40. Eighty-three racers finished the run, organized by NIH's Health's Angels.

Mast Cell Suicide: A Target for Allergy Therapy?

Mast cells, which release chemicals that cause the symptoms of allergies and certain inflammatory conditions, commit cellular suicide—apoptosis—when deprived of a needed growth factor, according to NIAID researchers. A second growth factor appears to prevent mast cell apoptosis, the researchers found. The findings, reported in the Oct. 1 *Journal of Immunology*, suggest that allergic symptoms might one day be reduced by using these growth factors to control the number of mast cells.

“For people with allergic diseases, treatment strategies that enhance apoptosis might deplete mast cells to levels that are less likely to cause symptoms,” says coauthor Dr. Dean Metcalfe, head of the mast cell physiology section in NIAID’s Laboratory of Clinical Investigation. “Such an approach might be used to treat not only people with allergies but also those with the chronic inflammation seen in diseases such as mastocytosis, caused by an abnormal increase in mast cells.”

Although apoptosis has been recognized for decades and studied extensively in other cells, the NIAID report is the first to describe definitively the phenomenon in mature mast cells. Apoptosis normally occurs in cells that are no longer needed or that function abnormally. During apoptosis, a cell shrinks and its nucleus condenses. Within a few hours, the cell dies as the nucleus and other cell parts break into fragments, to be quickly consumed by

scavenger cells.

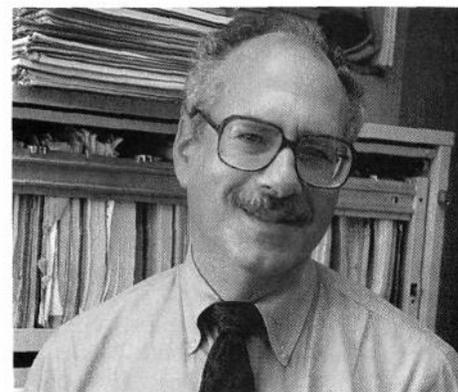
“A further understanding of mast cell apoptosis and its regulation by growth factors in local tissues could lead to novel approaches to combatting allergies and other inflammatory processes,” says Metcalfe. “Possible treatments might include drugs or cytokines that block the effects of SCF (stem cell factor, a mast cell growth factor). Alternately, one might selectively block the action of SCF by using antibodies that bind to its receptor, or perhaps fragments of the receptor itself that act as decoys for SCF.”

Mast cells are found in every tissue throughout the body, although they are concentrated in those tissues exposed to the outside world—the skin, linings of the nose and lungs, gastrointestinal tract and reproductive system. They play an important role in helping defend these tissues from disease. By releasing chemical alarms such as histamine, mast cells attract other key players of the immune system to areas of the body where they are needed.

Mast cells seem to have other roles as well. Found to congregate around wounds, the cells may play a part in wound healing. The itching typically felt around a healing scab may be caused by histamine released by mast cells. Researchers think mast cells also may have a role in the growth of blood vessels.

In concert with antibodies known as IgE, mast cells have a pivotal role in causing the symptoms of allergies. IgE sits on the surface

of mast cells, and after encountering an allergen such as pollen, triggers the mast cell to release histamine and other chemicals. These chemicals cause changes that lead to typical allergic responses such as hives, itching, abdominal cramping and even shock.—Greg Folkers □



Dr. Paul Levine, senior clinical investigator in the NCI Viral Epidemiology Branch, Epidemiology and Biostatistics Program, has been elected president of the American Association for Chronic Fatigue Syndrome and its national advisory council. His appointment took effect Oct. 1 for a 2-year term. The association is a professional organization devoted to disseminating an exchange of ideas and results of research to investigators, physicians and patients through conferences and public information materials.

Study Aims To Prevent HIV Transmission to Children

NHLBI has announced the beginning of a \$14 million, 3-year study of the effects of an immune system supplement on the transmission of AIDS from HIV-positive pregnant women to their offspring.

The trial is being conducted in collaboration with NICHD and NIAID. It will examine the effectiveness of HIVIG, an immune globulin preparation containing large quantities of antibodies to the HIV virus, in preventing HIV infection in infants born to HIV-infected women. Participants also will receive zidovudine (ZDV), an antiviral agent commonly known as AZT. A control group will receive a non-HIV-specific immune globulin (IVIG) and ZDV.

According to NHLBI director Dr. Claude Lenfant, “This trial is a unique collaborative effort among three institutes at NIH to use a blood product, immune globulin, to try to limit the spread of HIV from HIV-infected women to their infants. It represents one of the first concerted efforts to try to bolster the immune system’s own response to HIV in this patient population, rather than to attack the virus with an antiviral drug alone.

“This study is a direct outgrowth of our earlier successful work in using an immune globulin, HBVIG, to prevent the transmission of hepatitis B from infected women to their offspring.”

The annual incidence of AIDS among women of childbearing age in the U.S. has been increasing dramatically during recent years, and transmission of HIV from mother to child during pregnancy or at birth accounts for more than 80 percent of the AIDS cases among children. The Centers for Disease Control and Prevention estimates there are approximately 3,500 children with AIDS in the U.S. and an additional 7,000 to 10,000 who are HIV-positive. The CDC further projects that approximately 1,800 infected infants are now being born annually.

The HIVIG trial will enroll and follow 400 pregnant women with documented HIV infection who are receiving ZDV because of the advanced stage of their disease. Most will be African American and Hispanic American. They will be recruited through more than 40 participating NIAID and NICHD clinical trials units throughout the country.

Researchers hope the HIVIG trial also will provide more information about how and when the HIV virus is transmitted from mother to infant. They also will evaluate the sensitivity and specificity of early diagnostic tests for identifying the virus in the newborn. The new tests include polymerase chain reaction detection of HIV DNA and HIV-specific immunological assays.

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Vitamin K Poses No Cancer Risk for Newborns

Contrary to recent reports from Great Britain, injections of vitamin K given shortly after birth do not increase the risk of childhood cancers, according to a United States study published in the Sept. 23 issue of the *New England Journal of Medicine*. The vitamin has been routinely given to nearly every child born in the U.S. for the past 25 to 30 years, and is routinely used in Canada and much of Europe as well.

Researchers at NICHD and the Center for the Future of Children at the David and Lucile Packard Foundation in Los Altos, Calif., found that children who developed cancer were no more likely to have received vitamin K than those who did not. This was true for all cancers grouped together, as well as for leukemia.

In 1961, the American Academy of Pediatrics recommended that all newborns receive injections of vitamin K to prevent deficient blood clotting, which can result in life-threatening bleeding, particularly into the brain. This practice has been called into question with the publication of two British studies that suggested an association between the injection of the vitamin and an increased risk of cancer during childhood. The NICHD study, however, found no evidence of such an association.

"We had very detailed information on vitamin K use, and we were able to follow a large number of children for 7 years with thorough searching for all cases of cancer," said the report's first author, Dr. Mark A. Klebanoff of the Division of Epidemiology, Statistics and Prevention Research, NICHD.

Symposium Explores Inflammation

The healing mechanism of inflammation can be triggered to harmful ends: While it can help resolve an infection or disease, or heal damaged tissue, it also may contribute to loss of organ function and aggravate injured tissue.

On Nov. 29 and 30, NHLBI will host a symposium on the latest discoveries about "Inflammation in Cardiovascular, Lung, and Blood Diseases." The symposium, to be held in the Clinical Center's Masur Auditorium, will cover both the mechanisms involved in inflammation and possible treatment approaches.

More than 20 presenters from across the United States will participate in six sessions that explore leukocyte-tissue interactions, signal transduction, cytokines, effector mechanisms in lung diseases, inflammation's role in cardiovascular diseases, and genetic manipulation.

The symposium is the 20th and final in NHLBI's popular Frontiers in Basic Sciences series, begun in 1983. The series has promoted improved approaches to disease prevention and control, particularly for heart, lung, and blood diseases, by informing clinical investigators about current advances in basic science.

For more information, contact Carol Sadler of Prospect Associates, (301) 468-MEET. □

In the study, the researchers reviewed the records of 54,695 children born from 1959 to 1966. During this time, Klebanoff explained, the administration of vitamin K changed from being rare to routine. The study records included detailed medical histories up to the ages of 7 or 8.

From the records, researchers identified 48 children who later developed cancer. Each of these children was compared to five children who did not develop cancer; those with cancer were no more likely to have received vitamin K.

The investigators also reported that neither of the two brands of vitamin K (Aquamephyton and Konakion) currently approved for U.S. infants was associated with increased cancer risk. They added, however, that the Konakion preparation used in Great Britain was slightly different from the one used in the U.S. The researchers could not say whether the British formulation posed any cancer risk, as none of the U.S. children they studied received it.

Since the number of cancer cases studied was relatively small, the researchers conceded that their study might have failed to detect a small increase in the overall cancer risk, as well as small increases in particular types of cancer. However, their study did rule out an increase in risk of all cancers and of leukemia of the level found in the two British studies.

"Because of the well-documented benefits of vitamin K prophylaxis," the researchers wrote, "we support the American Academy of Pediatrics recommendation that newborns receive intramuscular vitamin K unless other, more compelling data demonstrate an increased risk of childhood cancer."—Robert Bock □

Blood Donors Needed

Thanksgiving is a time to remember the less fortunate; donate a unit of blood at the NIH Blood Donor Center for critically ill patients at the Clinical Center. Call 61048 to set up an appointment. The center is located in Bldg. 10, Rm. 1N416. □

Routine Ultrasound Screening Rapped in Low-Risk Pregnancy

A large federal study has shown that there is no benefit derived from the routine use of ultrasound in low-risk pregnancies. The project, the largest study ever conducted on ultrasound's potential benefits, found that for low-risk women, routine ultrasound screening does not improve pregnancy outcome.

The 6-year, \$7 million study, supported by NICHD, was published in the Sept. 16 *New England Journal of Medicine*.

"This study shows that physicians need not perform ultrasound screening in all pregnant women but should recommend the test selectively based on their clinical evaluation of the woman," says Dr. Bernard Ewigman, associate professor of family medicine at the University of Missouri and lead author of the *NEJM* article. "While routine ultrasound is advocated widely by many in medicine, we found the test is not necessary for normal pregnant women. Our study shows that most normal pregnant women will have a healthy baby regardless of ultrasound screening." It is estimated that low-risk pregnancies account for up to 80 percent of the 4 million births that occur in the United States each year.

Ultrasound examinations are very useful when problems arise, including uncertainty about when the baby is due or when twins are suspected, Ewigman says. However, he stresses, the test adds considerably to the cost of care. The cost of an obstetrical ultrasound test in the U.S. averages \$188 for the physician's fee, plus an additional fee if the scan is conducted in a hospital, according to Medirisk Inc. of Atlanta. The test often is performed two to three times over the course of a pregnancy. Health insurers generally cover the cost of ultrasound when ordered by a physician. The investigators estimate that up to \$1 billion could be saved each year if ultrasound examinations were limited to high-risk pregnancies or when problems arise. □



NIAID director Dr. Anthony S. Fauci (3rd from l, standing) recently honored eight employees with NIH Merit Awards to recognize their leadership, competence and creativity. The recipients are (seated from l) Dr. Giuseppe Pantaleo, Dr. Nava Sarver, Dr. Andrea Barnes, and Steven J. Berkowitz. Standing are (from l) Gregory J. Pryor, Dr. Regina N. Rabinovich, Fauci, Dr. Stephen M. Rose, Marilyn E. Kunzweiler, Michael P. Hedderman and Victoria Davey.

CFC KICKOFF

(Continued from Page 1)

sary, and vision is our mandate. CFC is about vision—the ability to see the suffering, the needs and the potential of others.”

Victims of disaster, he said, “can be blind to hope. CFC will be there only if you share that vision of hope. Give the gift of hope that those in need will appreciate.”

HHS personnel chief Tom McFee said that NIH and CFC “belong together. You share the caring and concern that are the very heart of CFC. We at the department admire your compassion for others and your passion for excellence.”

McFee, who was an entrant in the 1-mile walk, related that just a few years ago, he



NIH acting director Dr. Ruth Kirschstein signals runners at the start of the footrace around campus.

shattered his leg in a fall from a ladder. “My walk today is a symbol of what can be done through the benefits of CFC,” he said. “The secret truth of CFC is that, sooner or later, we all need help. The Catalog of Caring (which lists CFC-eligible groups) is really a circle of caring. Let’s keep it unbroken.”

As jazz music performed by the Al Maitland Questet filled the air, Kirschstein started the runners off on a 5K ramble across the boundaries of the campus; some 83 NIH’ers finished the contest, which was run by volunteers from the NIH Health’s Angels Running Club under the direction of FDA’s Phil Snoy.



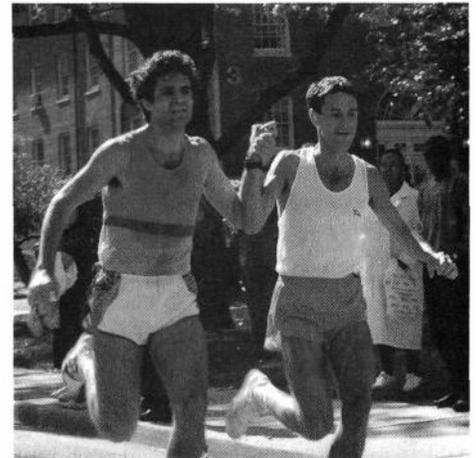
NEI director Dr. Carl Kupfer, whose institute will lead NIH’s 1993 CFC effort, said it takes vision to empathize with those in need.



Participants in the 1-mile fun walk around campus leave the starting line in front of Bldg. 1 on Center Drive. NIH is challenged to meet a \$1,000,000 contribution goal in this year’s CFC.

While employees sampled pizza, Chinese food and sodas arranged for by R&W, the association’s General Manager Randy Schools called out winners in the free CFC raffle. Winning a 20-inch color TV, courtesy of Geico, was Joan Boxell of NCI-Frederick, who is a relative newcomer to NIH. Winning tickets to a Washington Capitals hockey game was NCI’s Timothy Benjamin. Free movie tickets at Cineplex Odeon theaters went to John Van Horn, who works in Bldg. 10.

Photos: Ernie Branson



Finishing in a tie for third place in the 5K run were Jean-Yves Chatton (r) and Eric Santon-Rugio.

CFC Kickoff 5K Run Results

| Name | Overall Place | Time |
|---|---------------|-------|
| Men, 39 and under | | |
| Richard Crowley | 1 | 16:43 |
| Greg Folkers | 2 | 17:17 |
| Jean-Yves Chatton and Eric Santon-Rugio | 3 (tie) | 17:38 |
| Men, 40 and over | | |
| John Kusek | 5 | 18:00 |
| Milan Basta | 13 | 19:10 |
| Bill Elzinga | 17 | 20:04 |
| Women, 39 and under | | |
| Patricia Day | 18 | 20:32 |
| Carolyn Bouma | 22 | 20:57 |
| Debbie Trout | 37 | 23:10 |
| Women, 40 and over | | |
| Alison Wichman | 26 | 21:23 |
| Pat Earl | 45 | 24:48 |
| Pat Turner | 52 | 26:42 |



“Hoops,” the team mascot of the Washington Bullets, helped lend a festive air to the CFC kickoff. Here he embraces NCI’s Myra Eckstine.

Remember NIH Charities During the Campaign

The NIH R&W Association reminds employees that at least three of the many organizations to which CFC contributions may be directed have close links to the NIH campus. They are Friends of the Clinical Center (#7277), The Children’s Inn (#7215), and Camp Fantastic (#7197). These are all charitable, nonprofit groups to consider when...“You Make It Happen!” □

NOBELISTS FOR 1993 HAVE NIH CONNECTIONS

(Continued from Page 1)

accurately and perform its cut-and-paste duties is still not fully understood; Sharp's current research, which he described here during a 1992 NIH Lecture, is in this area. Since 1965, he has been the recipient of grants from several institutes, centers or divisions including NIGMS, NCI, NIAID, DRG, and NCRR. He also served as chair of the PHS virology study section from 1984 to 1986.

British-born Roberts began serving as cancer center director at Cold Spring Harbor laboratories in the early 1980's. He has received grants since 1972 from NCRR, NLM, NCHGR, NCI and NIGMS.

In another aspect of genetics, Mullis will be awarded the chemistry Nobel for his development in 1985 of the polymerase chain reaction, or PCR, a technique that enables scientists to make millions of copies of a scarce sample of DNA. Mullis's ties to NIH date back to 1967 when he began receiving grants from NIGMS for his studies at the University of California at Berkeley. More recently he has received funding from NIAID and NHLBI for work with Specialty Laboratories, Inc. His colareate Smith was funded by NIGMS in the mid-1980's for research on site-directed mutagenesis, which was the work honored by the Nobel Prize.

Fogel, the Charles R. Walgreen professor in Chicago's Graduate School of Business, department of economics and committee on social thought, and director of the university's center for population economics, was cited for his application of economics and statistics to the analysis of history. His research pioneered statistical methods to look at the ways the slave system operated in America and was expanded to look at the demographics of slaves them-

selves and the politics of the struggle to end slavery.

For NIA, Fogel is taking his methods a step further, for a historical perspective on health, chronic disease, and longevity. He is currently principal investigator for a 5-year project examining profiles of 40,000 Union Army Civil War veterans, whose medical records are the most accurate of their time and represent a treasure trove of socioeconomic information of men born between 1822 and 1845. The study will evaluate the course of disability and longevity in the group, including a focus on nutrition, height/weight, and longevity. The \$3 million project is designed to examine the aging process and mortality, comparing the experience of Civil War pensioners to the current population to see if the historical data can provide clues to decreases in mortality rates that have occurred in recent decades.

Initial findings from Fogel's work are of great interest, according to Dr. Richard Suzman of NIA's Behavior and Social Research Program. Comparing chronic morbidity of Fogel's group of pensioners over age 65 in 1910 with estimates from today's population indicates that there has been a 6 percent drop per decade in chronic disease since the beginning of this century.

"Findings about such dramatic reduction in morbidity have important implications in several areas, and are being looked at especially closely for possible application in predicting the future of the Social Security trust funds," Suzman said.

Bob Moore of DRG's special projects and presentations unit, and Vicky Cahan of NIA's information office, contributed information on the awardees in this article. □

Clinical Center Hosts Nursing Conference, Nov. 15

"Making Every Moment Count: Life with Cancer and HIV Disease" is the theme for the 8th annual oncology nursing conference slated Nov. 15 in Masur Auditorium, Bldg. 10, sponsored by the Clinical Center nursing department cancer nursing service.

Dr. Barbara Gennino, University of North Carolina at Chapel Hill, will present the keynote address on "Cancer and HIV: A Challenge to Family Dynamics."

Morning plenary sessions include "From Pediatrics to Geriatrics: Lessons in Pain Management," Karen Kaiser, University of Maryland, and "Oncology and HIV Nursing: Cultural Influences," Dr. Marjorie Kagawa-Singer, University of California-Los Angeles.

Two concurrent sessions will be offered that afternoon. Session A includes "Adolescence, Sexuality, and HIV: What Do We Know?," Dr. Maureen Lyons, Children's National Medical Center; "Late Effects: What's Around the Corner for Your Pediatric Patient?," Dr. Ki Moore, University of Arizona; and "Surviving Pediatric Cancer: A First-Person Account," Anita Fusco, a graduate student at Emerson College, Boston.

Session B offers "Surviving Cancer as an Adult: A First-Person Account," Susan Leigh, a cancer survivorship consultant; "When Cancer Therapy Results in Disease: Secondary Malignancies," Mary Fraser, CC; and "Sexuality and Cancer: Are They Compatible?," Naomi Ballard, CC.

Registration is set for 7:30-8 a.m. Poster sessions run 9:45-10:45 a.m. and 11:45 a.m.-1 p.m. Tours of the cancer nursing service follow the conference.

There is no registration fee. Mail-in registrations must be postmarked by Nov. 1. Registration is limited. Call 65661 for more information. □

Study Seeks Healthy Men

The USUHS department of medical psychology seeks healthy, normotensive, nonsmoking men between ages 18 and 45 for a behavioral health study. Participants will be paid \$140 for completion of two 5 1/2-hour laboratory sessions, scheduled from 7 a.m. to 12:30 p.m., during which blood samples will be taken. If interested, call (301) 295-3263 for more information. □

Gold Key Award to Gordis

The National Council on Alcoholism and Drug Dependence, the country's oldest nonprofit organization combating alcoholism, other drug addictions, and related problems, has named NIAAA director Dr. Enoch Gordis recipient of the 1993 Gold Key Award. He accepted the award Oct. 22, in Charlotte, N.C.

The award honors a highly visible contribution that improves national recognition of alcoholism and other drug problems and furthers general understanding that these are treatable and preventable conditions.

"The 1993 award signifies the critical role of scientific research in reducing stigma and undergirding treatment efforts,"



Dr. Enoch Gordis

said NCADD director Dr. Paul Wood. "Dr. Gordis' work as a researcher, educator, clinician, and administrator exemplifies the links between scientific research and alcoholism treatment and prevention."

Gordis received his M.D. degree from Columbia University. While training in internal medicine at Mt. Sinai Hospital, he was a research fellow in the laboratory of Dr. Solomon Berson at the Bronx Veterans Administration hospital. He also spent 10 years at New York City's Rockefeller University in the laboratory of Dr. Vincent Dole, conducting research on lipid metabolism, alcohol metabolism, and alcohol withdrawal, among other subjects. He has published on the clinical evaluation of alcoholism treatment, biological markers of alcohol consumption, pharmacotherapy, and the relationship between research and social policy. Gordis is a member of the Institute of Medicine of the National Academy of Sciences, as well as other professional and honorary organizations.

"While I am personally gratified to receive the Gold Key Award," he said, "I am more heartened by this tangible acknowledgement that NIAAA's scientific endeavors have fostered public understanding and public health gains." □

Comparison Subjects Needed

Neuroimaging research project requires subjects between ages 18 and 45 who will receive limited radiation exposure as part of single photon emission computed tomography (SPECT) procedures. Study, which involves screening evaluation, two SPECT scans and one MRI scan, is located on the campus of St. Elizabeths Hospital in Washington, D.C. Payment provided for participation. Ample parking available. If interested, call Dr. Eric Watsky at the Neuropsychiatric Research Hospital at St. Elizabeths, (202) 373-6112. □

HERITAGE

(Continued from Page 1)

minority groups with an estimated 31 million members.

"Hispanic Americans are our nation's fastest growing group," noted Dr. Ruth Kirschstein, acting NIH director, in her opening remarks to the audience, numbering close to 100. She pointed out that NIH is committed to serving the needs of all Americans and working to ensure equal opportunity for all citizens. Kirschstein also noted that several programs have been developed for Hispanics—NCI on breast cancer and NHLBI on blood disorders and diseases.

Keynote speaker Menchaca-Wilson served as a member of the Surgeon General's National Hispanic-Latino Health Initiative. She is also one of the few Hispanic nurses who went on to receive a doctorate in nursing. "In 1990, there were approximately 40 Hispanic nurses with doctoral degrees," she noted. "And in the past 3 years, we have added only four more."

In response to the obvious question as to why enrollments of Hispanic nurses have not increased significantly, Menchaca-Wilson gave this answer: "There are barriers that deter us—some arise from the educational system and some from within ourselves." She listed financial, personal/family problems, transportation problems, academic institutions' expectations, and health problems as some of the personal deterrents.

Health care service barriers included poverty, cultural dissonance with the dominant culture, Hispanic medical folklore, language differences and educational achievement.

Outlining ways NIH could help Hispanics pursue health careers, Menchaca-Wilson noted involvement in committees, review groups, and providing mentors to students.

"We need research about Hispanics and research by Hispanics," she emphasized.

Sumaya, who is considered an expert on viral diseases in children, served as a member of the task force on national health care reform. His talk centered on NIH's minority representation, status and opportunities for Hispanics.

"At NIH, there is an underrepresentation of Hispanics," he noted. "Hispanics at NIH are not represented in significant numbers nor are they represented at higher levels in health outside of NIH. Some of the problems are within ourselves. Networking, mentoring, and advocacy need to be strongly urged.

"We need to improve education in our schools," he continued. "We have the lowest rate of high school graduates and teachers. We need to be involved in health reform—the cultural aspects and how that relates to Hispanics."

Sumaya is hopeful that the National Service Initiative proposal by President Clinton and MBRS's Hispanic Centers for Excellence will prompt Hispanic students to seek enrollment in these programs. "We then need to set up mentorships to help the students overcome obstacles," he said. "MBRS's efforts tend to be disproportionately low [for Hispanics] in relation to other minorities."



Panel moderator Dr. Milton Hernández stressed the rich diversity among Hispanic Americans.

Panelist Valdez recently formed a Society for Latino Research that will work with the Congressional Hispanic Caucus on medical care access for Hispanics. "The majority of Hispanics do not have insurance coverage," he stated. "And only a small portion are covered by Medicaid.

"While we have the highest minority employee rate in every state, we also have the lowest health insured rate," he continued. "We have often ignored deliverance of care, disease prevention and other issues while we focused on quality of care. The providers are not in our community and therefore we receive inappropriate care. Lack of primary care leads to expensive hospitalization," he concluded.

Discussing MBRS's Hispanic Centers of Excellence, Niño stated that since the centers were mandated by Congress on Jan. 3, 1990, only 15 centers have been created—7 in 1991 and 8 in 1993. "Resources are not equal nor equitable compared with those available to other minorities, therefore Hispanics must compete with these other minorities," he stated.

González, continuing to discuss the MBRS program, said that to make the program more equal, more Hispanics are needed at policy levels where funds are being allocated and decisions are being made. "We don't want a band-aid approach."

To go about solving the problem, he says, "We need to focus at the institutional level. Minority institutions are the ones educating our future leaders. If we don't focus on these, we are making a big mistake."

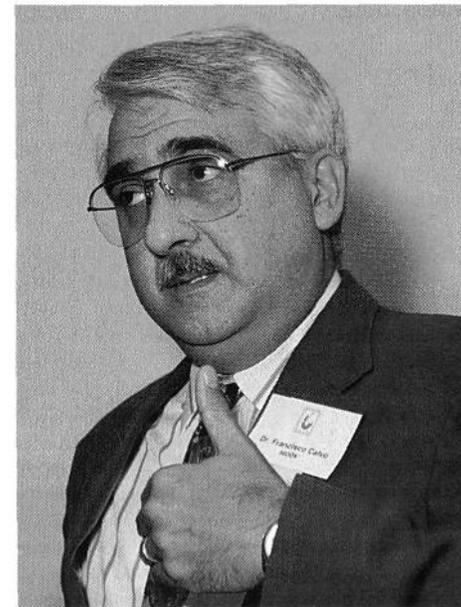
Hernández pointed out that allocations for minority research were only 1.5 percent of NIH's extramural research budget.

Dr. Francisco Calvo, chair of NIH's Hispanic American advisory committee and chief of the special emphasis section in NIDDK's Review Branch, gave an overview of the committee's work for the past year. "While we have made excellent progress in some areas, we still have a long way to go toward achieving one of our

primary goals—the equal and adequate representation of Hispanics in the NIH workforce. In 1987, the ratio was 1.1 percent and in 1992, it was 1.6 percent." According to the committee, Hispanics number only 212 out of more than 16,000 employees at NIH.

On the positive side, Calvo listed increased participation of Hispanic employees on advisory boards and task forces. Also, NIH's Hispanic scientists have joined forces with a local program called "Raising Hispanic Academic Achievement (RHAA)," where they have participated as tutors, special lecturers and mentors.

The committee also met with Kirschstein to voice again its concerns regarding the low representation of Hispanics in the NIH workforce and the lack of effective efforts in the recruitment, hiring, training, retention and promotion of qualified Hispanics. (The committee had previously met with Dr. Bernadine Healy, former NIH director, and presented a position paper titled, "Proposals for Improvement of Hispanic Representation and



Dr. Francisco Calvo, chair of NIH's Hispanic American advisory committee, summarized the committee's accomplishments during the past year.

Participation in NIH Programs.")

"Both of these meetings were very productive in that many of these issues are being addressed in an honest and effective fashion," Calvo said. "We would like to thank Dr. Healy [in absentia] and Dr. Kirschstein for their efforts and commitment to improving the representation of not only Hispanics but all minorities at the NIH."

After the speakers concluded their remarks, awards were presented to various individuals. OEO Director Diane Armstrong presented awards to Sandra Occhipinti of NICHD and Dr. Gilbert Meier of DRG for their support and work on the Hispanic American advisory committee.

The committee presented awards to: Sol del Ande Eaton, PHS Hispanic Program manager, for her outstanding contributions to the



Calvo thanked NIH acting director Dr. Ruth Kirschstein for her support of the Hispanic community.

Photos: Bill Branson

Hispanic community; Samuel Sanchez of Hughes Aircraft, for his outstanding contribution in starting the RHAA tutoring program; Dr. Henry Stevenson-Perez of NCI, for his unselfish dedication to furthering the advancement of Hispanics at NIH and the community at large.

Framed posters were presented to Kirschstein, all the speakers, the awardees and also to Victor Canino, who is leaving his post as Hispanic Employment Program manager after 9 years to pursue another assignment within the Office of Equal Opportunity.

NCI's video on breast cancer was running continuously during breaks for all to review (copies were also available upon request). Brochures and other information were also available. □

Employee Assistance Program Hosts 'Tuesdays at the Little Theater'

Starting in November, the NIH Employee Assistance Program (EAP) will begin its 1993/1994, "Tuesdays at the Little Theater" video workshop series: Work, Career, and Personal Growth. These workshops are unique in their two-part approach: first a segment of videotape featuring an expert speaker is shown followed by group discussion about the focus topic. The group discussion is led by EAP staff. The topics were selected because they are typical workplace issues faced by NIH employees such as self-esteem, negotiating, communication skills and setting limits.

The lunch-time, drop-in format is planned to make attending simple. The series is free and open to all employees. No registration is required.

The schedule at right gives the topics and dates for the series, which will be held from noon to 1 p.m. in the Visitor Information Center's Little Theater, Bldg. 10. For more information, call EAP, 63164.

Normal and Dyslexic Men Sought

The Child Psychiatry Branch, NIMH, seeks males ages 18-40 to participate in a PET study of how the brain functions during reading in normal readers and dyslexics. Volunteers must be healthy, right-handed, and native English speakers. They will be asked to come to NIMH twice over 2-3 months for neuropsychological testing and a PET scan. Payment is estimated to be approximately \$140. For more information, call Kristy Nace, 69070. □

Dialysis Conference Set, Nov. 1-3

An NIH Consensus Development Conference on the Morbidity and Mortality of Dialysis will be held Nov. 1-3 in the Clinical Center's Masur Auditorium. For agenda and registration, call Denise King-Miller, Technical Resources, Inc., (301) 770-3153. □

| Tuesday Dates | Topic |
|-----------------------|--|
| Nov. 2, 9, 23, 30 | The Psychology of Self-Esteem with Julie White on videotape |
| Jan. 4, 11, 18, 25 | Self-Esteem and Peak Performance with Jack Canfield on videotape |
| Mar. 1, 8, 15, 22, 29 | Negotiate with the Pros with John Dolan on videotape |
| May 3, 10, 24, 31 | High Impact Communication Skills with Ann Ronan on videotape |
| July 5, 12 | How to Speak Up, Set Limits, and Say No with Maria Arapakis on videotape □ |

Women Recruited for Study

The Cardiology Branch, NHLBI, needs postmenopausal volunteers for a study of vitamins and hormone replacement. Participants must not be currently taking estrogen. Certain other medications are okay. Volunteers will be paid. If interested, call Diane Badar, 68033, or pager 104-3741-7 (digital). □

Destiny of Cobblestone Driveway Uncertain, DES Solicits Advice

Someone once said, "Form and space is not architecture. Architecture occurs only when there is a person to experience it." The problem is that no two people experience the same thing—be it architecture or events—in the exact same way. This leaves the Division of Engineering Services (DES), ORS, with a difficult decision concerning the fate of the cobblestone circle drive in front of Bldg. 10's clinic wing.

For some, the cobblestone drive may bring to mind the distant past when streets were paved with bricks, ballast stones, or granite cobblestones. For others, it serves as a friendly reminder that NIH is a unique federal enclave with the benefits of a college campus atmosphere.

For many of the most frequent users of the clinic, however, the drive represents a continual safety and handicap accessibility concern. The rough and uneven surface of the granite cobblestones presents yet another obstacle to the disabled and sick who must exit their vehicles there; and for the wheelchair bound, it is nearly impossible to traverse. The area has also proven to be a hazard for the hearty. In the winter, the rough surface makes it impossible to fully clear the roadbed of ice and snow. The Grounds Maintenance and Landscaping Branch of DES must "float" the snow plow blades over the cobbles leaving a thin coating of ice that must be heavily salted. This can be tricky for anyone to negotiate.

Due to these concerns, DES is proposing replacement of the cobblestones with an asphalt surface. Before a final decision is made, DES would appreciate your comments and thoughts on this matter. Please register your opinion by faxing the DES Hot Line, 20017. □

STEP Committee Forum Examines Science Education

The Staff Training in Extramural Program (STEP) committee will present a STEP Forum entitled "NIH, Science and the Schools: Science Education" on Nov. 16, from 1 to 3 p.m. in Wilson Hall, Bldg. 1.

The program is designed for those interested in knowing what NIH and other scientific organizations are doing to enrich science education at the elementary and secondary school levels.

The speakers will be Dr. Ruth Kirschstein, NIH acting director; Bonnie Kalberer, director, Office of Science Education Policy, OD, NIH; Dr. Mary McCormick and Gloria Seelman, Office of Education, OD, NIH; and Donna Gerardi, board on biology, commission on life sciences, National Academy of Sciences. There will also be several short presentations from teachers and NIH volunteers active in science enrichment programs.

No advance registration is required. Attendance will be on a first-come, first-served basis. Sign language interpretation will be provided. For more information call 61493. □

NEI's David Cogan, World-Renowned Vision Scientist, Dies at 85

By Bob Kuska

Dr. David G. Cogan, a world-renowned vision scientist and senior medical officer at the National Eye Institute, died on Sept. 9 following a heart attack. He was 85 years old.

During a recent memorial service at Lipsett Amphitheater, many of Cogan's friends and colleagues remembered him as a dedicated scientist who considered retirement as an "optional term," and who once said of vacations, "The cruelest thing you can do to a man is to expect him to sit on the beach and leave his work back in the laboratory."

But, according to those in attendance, Cogan will also be remembered as a great humanitarian, a man who possessed the boundless humility, curiosity, erudition, and wisdom of an old-time, family doctor.

"The field of vision research has suffered a tremendous loss," said Dr. Carl Kupfer, NEI director, who spent 8 years training with Cogan at the Howe Laboratory in Boston. "Through his achievements as a clinical ophthalmologist, biomedical researcher, teacher, and medical scholar, Dr. Cogan almost single-handedly transformed ophthalmology from a surgical specialty into a full-fledged scientific discipline."

Born in Fall River, Mass., Cogan earned his M.D. degree from Harvard University in 1932 and aspired as a young man to follow in his mother's footsteps as a practicing ophthalmologist.

But in 1934, while he served his residency in ophthalmology at the Massachusetts Eye and Ear Infirmary, he began volunteering in the Howe Laboratory of Ophthalmology, part of the Harvard Medical School and one of the nation's first ophthalmic research laboratories.

There, the 26-year-old Cogan whetted his appetite for the basic sciences under Howe director Dr. Frederick Verhoeff, a pioneer in physiologic optics. "The Verhoeff stamp was curiosity and originality—unsupported pretension was anathema," Cogan recalled.

These qualities were inculcated during "the daily lunch," an idea that Cogan would later adopt to stimulate his own staff. "The daily lunch, with Dr. Verhoeff at the head of the table, was always a challenge to us and to him," he said. "He made us feel important while being intermittently devastated by his blanket criticisms."

Although Cogan felt drawn to the intellectual challenges of research, he grappled for years with the practicality of a career in vision research. In the 1930's, ophthalmology was a surgical specialty with few links to the basic sciences. An up-and-coming ophthalmologist, like Cogan, was expected to earn his keep wielding a scalpel—not a test tube.

For a few years, he succeeded in balancing both of his ophthalmic pursuits. To supplement his \$600-a-year salary as a Howe clinical assistant, he filled in periodically for a Boston ophthalmologist.

Although the extra money helped to pay the

rent, he felt uncomfortable juggling both careers. "I soon realized that the two—private practice and research—are not compatible. You can't devote undivided attention to basic scientific questions when the telephone rings and somebody has an acute problem. If you have your shingle out, you're morally obligated to drop everything in emergencies. I found I couldn't accomplish anything from a research point of view while in private practice."

To ponder his future, Cogan accepted a 1-year Moseley travelling fellowship to Europe in 1937. While he visited with pathologists in Germany, France, England, and other nations, Cogan said he was "introduced to the idea that a prolonged incubation in ophthalmic research was a respectable thing to do." Nine months later, he returned to Howe and published a paper on color fatigue in the visual field, a product of his overseas observations. By 1939, his star had risen sufficiently at Howe that he was selected to write a review article in the *New England Journal of Medicine* on medical progress in ophthalmology.

In 1940, with the retirement of Verhoeff, Cogan was selected at the age of 32 to head the Howe Laboratory. Starting with a modest team of four scientists, he would eventually expand the laboratory to more than 30 researchers and broaden its research interests to cover all aspects of vision. In so doing, he began to bridge the chasm that then separated clinical and basic vision research.

Under Cogan's leadership, the Howe Laboratory thrived as a training ground for the nation's top vision scientists. The Howe alumni list today reads like a who's who of vision research—Drs. Abraham Spector, V. Everett Kinsey, David Donaldson, Leo Chylack, Sidney Futterman, Jin Kinoshita, Robert Reinecke, Shirley Wray, Toichiro Kuwabara, Morton Grant, Carl Kupfer, and Gerald Chader.

"Today, it's all teamwork, and that's why it's important to have people with diverse interests," Cogan said then of conditions in the laboratory. "We work intimately, have lunch together, discuss our investigations over coffee and sandwiches. There are clinicians, biochemists, anatomists, embryologists, resident fellows with new ideas. And as we share information, who's to say that one person's idea isn't the sum total of ideas suggested by others?"

After World War II, Cogan was one of the first scientists to tour Hiroshima and Nagasaki, Japan after the nuclear explosions. This trip established his reputation in Japan as one of the world's preeminent pathologists and in 1952 attracted a young scientist named Dr. Toichiro Kuwabara to the Howe Laboratory. Cogan's association with Kuwabara would prove to be one of the most prolific in vision research,

generating 84 journal articles over 34 years of collaboration.

As Dr. Jin Kinoshita, former NEI intramural scientific director and a member of the Howe Laboratory, recalled, "They (Cogan and Kuwabara) were always looking through the microscope. They were addicted to it, like children today are addicted to Nintendo."

Of their many important studies, Cogan and Kuwabara performed pioneering investigations on the eye's enzyme histochemistry. These studies allowed them to produce a "map" of the distribution of the many enzymes that make energy in the retina, the eye's light-absorbing tissue. This advance led to a flurry of metabolic studies of the retina in laboratories worldwide that have yielded many significant findings.

However, the scientists may be best recognized for their landmark studies of diabetic retinopathy, a sight-threatening disease that affects about 7 million Americans with diabetes. Cogan and Kuwabara showed that the mural cell (pericyte), a specialized cell that controls capillary contraction, is degraded selectively in people with diabetes. This finding clarified greatly the disease process in diabetic retinopathy and other vascular complications of diabetes.

Early in his career, Cogan developed an abiding interest in the neurology of vision, then a largely uncharted frontier in ophthalmic research. By the 1950's, he had compiled numerous case studies and filed them neatly away on notecards, a Cogan trademark. This led to important findings on the pupillary changes in people with diabetes associated with ophthalmoplegia, paralysis of the eye muscles; to journal articles on the visual symptoms of patients with parietal and temporal lobe lesions; and to pioneering work on many other aspects of the neuroscience of vision.

These case studies also inspired him to write two textbooks on the subject, *Neurology of the Ocular Muscles* (1948) and *Neurology of the Visual System* (1966). Both became classics and solidified his reputation, along with Dr. Frank Walsh of Johns Hopkins, as one of the "fathers" of American neuro-ophthalmology.

As Dr. Muriel Kaiser, chief of NEI's Ophthalmic Genetics and Clinical Services Branch, remembered, "When I first got interested in ophthalmic research, I was told that if I wanted to succeed I needed to get Dr. Cogan's books and memorize them—put them by my bedside and read them at night and pore over them when I woke up."

In 1973, Cogan left the Howe Laboratory on sabbatical to help conduct a 6-month, NEI clinical trial. In Bethesda, the 65-year-old scientist rejoined Kuwabara, then chief of NEI's Laboratory of Ophthalmic Pathology.

Cogan would never return to Howe, remaining at NEI—an institute he helped



Dr. David Cogan

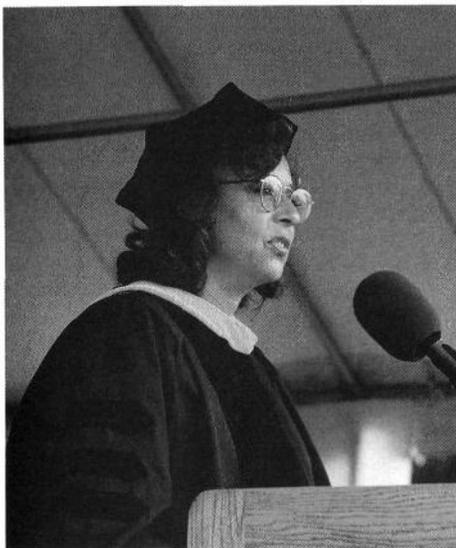
establish—for the next 20 years. He served first as chief of the institute's intramural neuro-ophthalmology section (1973-1985) and later as NEI senior medical officer (1985-1993).

In the late 1970's, Cogan and Kuwabara established weekly pathology rounds for NIH staff. These sessions, like the legendary daily lunches at the Howe Laboratory, proved to be invaluable for NIH fellows.

At NEI, Cogan remained extremely productive, publishing nearly 150 books and articles. In fact, when he suffered his fatal heart attack at the Detroit airport, he carried with him an armload of new projects that he planned to undertake in the coming weeks.

Over his nearly 60-year career, Cogan published more than 500 books and articles and received virtually every major award in vision research, including the Proctor Medal from the Association for Research in Ophthalmology, the Howe Medal from the American Ophthalmological Society, and the Hektoen Silver Medal of the American Medical Association.

He is survived by his wife, Frances, daughters Polly Parsons of Seattle, and Dr. Priscilla Cogan of Mechanicsville, Md., four granddaughters, and his sister, Prof. Mary C. Bromage of Ann Arbor, Mich. □



Dr. Vivian W. Pinn, director of NIH's Office of Research on Women's Health, recently received several honors. The National Medical Association (NMA) honored her twice, first as Outstanding Woman in Medicine 1993 "in appreciation of your dedication to improving the health of women." NMA's House of Delegates also honored Pinn for her "inspiring dedication to the health concerns of women and the general populous." Pinn previously served as the 88th president of NMA (and the second woman president) during the year 1989-90. Pinn also received two honorary doctor of science degrees—one from the College of the Holy Cross and the other from Tufts University. Above, Pinn presents the commencement address at Holy Cross; she also gave the commencement address to Tufts University School of Medicine, where she had previously served as a faculty member.

Theatre Group Prepares for Fall Musical

The Masur Auditorium stage is teeming with singers and dancers who are just finishing a chorus number. The song ends with a flourish, the director makes some changes, and the cast is asked to repeat the number again. And again. It's a typical Saturday afternoon rehearsal for the NIH R&W Theatre Group production of *Oh, What a Beautiful Evening!*

Two or three times a week, plus Saturdays, the cast rehearses for this year's show that includes favorite selections from the Rodgers and Hammerstein musicals *Oklahoma!* and *Carousel*.

"One of the reasons I wanted to direct a show at NIH is because the theatre group here has a real sense of community," says director Gretchen Luttrell, a local singer/actress. She performed in her first NIH show last fall although she has been involved in many theatrical productions elsewhere. "It was obvious when I was in the musical last year that this group was full of talented, helpful people."

"The camaraderie is the best part of being in the show," says Tammy Lauer, an assistant office manager at InterOffice in Bethesda, who plays Ado Annie in the *Oklahoma!* sequence. "It's fun to meet people with the same interests as yours," she says. "It's also heartening to know that those in need are benefiting from your efforts." Lauer is referring to the donation the theatre group makes annually to

the NIH Patient Emergency Fund—a donation that has exceeded \$3,000 each year for the past several years.

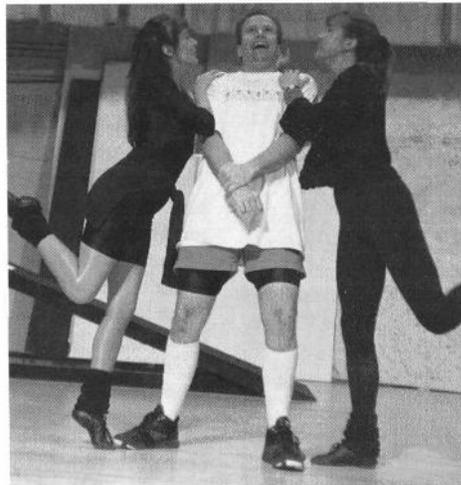
Dr. John Spouge joined the theatre group 5 years ago because he wanted to try something new. An NIH scientist with an M.D. and a doctorate in mathematics, he also cites the

esprit de corps and the friends he's met as reasons he keeps coming back. "Performing in these shows gives me a chance to meet people I wouldn't otherwise meet," says Spouge, who has enjoyed playing a variety of parts during the last 5 years. "I'd recommend the theatre group to any scientist at NIH."

After a 10-minute break, the rehearsal continues until the cast has been working almost 4

hours. Luttrell admits the rehearsals can be long and tiring and the list of things to do endless. But, she says, "When the show opens, you know it was all worth it."

Oh, What A Beautiful Evening! runs in Masur Auditorium, Nov. 5, 6, 12, 13, 19, and 20 at 8 p.m. and Nov. 7 and 14 at 3 p.m. Tickets are \$8 for adults, \$5 for seniors, and \$3 for children. Proceeds go to the NIH Patient Emergency Fund. Tickets are available at the R&W desk or at the door. Patients and their families are invited to attend any performance free of charge. For more information call Brenda, (301) 253-3511. □



Performers (from l) Ann Wilson, John Prue, and Laura Knouse rehearse a dance sequence from *Oklahoma!*



NIDCD and the American Speech-Language-Hearing Foundation recently sponsored a conference entitled, "Research Mentorship and Training in Communication Sciences and Disorders" at NIH. It addressed issues, strategies and approaches that promote research mentorship and training across settings and disciplines. Leaders within and outside the professions of audiology and speech-language pathology shared their insights and described their experiences with mentoring. Attending were (from l) NIDCD director Dr. James B. Snow, Jr., W. David Kerr, Nancy J. Minghetti, Dr. Ralph F. Naunton, Dr. Fred D. Minifie, Dr. Judith A. Cooper and Lee J. Stebbins.

The NIH Life Sciences Education Connection



In November and December, many teachers across the country take time away from their busy teaching schedules to become active observers, gatherers of information and students themselves at one or more of the national science teacher conferences that occur during these months. If you have precollege science materials that you would like to share with the nation's science teachers, contact the Office of Science Education Policy, 22469, to find out about delivery instructions. OSEP coordinates the Public Health Service's science education exhibit at the following conferences:

Nov. 11-13 National Science Teachers Association, Midwestern Area Convention, Kentucky Commonwealth Convention Center, Louisville.

Nov. 17-21 National Association of Biology Teachers, National Convention and Exhibition, Marriott Copley Place Hotel, Boston.

Dec. 16-18 National Science Teachers Association, Eastern Area Convention, Orange County Convention/Civic Center, Orlando.

Mar. 30-Apr. 2 National Science Teachers Association, 42nd National Convention, Anaheim Convention Center, Anaheim. □

FAES Announces Health Insurance Open Season

FAES Health Insurance Program announces open season Nov. 1-30. The program is open to visiting fellows, full-time NIH employees not eligible for government plans, and full-time special volunteers and guest researchers. Open season is for those persons who did not enroll when first eligible and for current subscribers who want to make changes. FAES is offering two programs this year: Blue Cross/Blue Shield Preferred Advantage and Optimum Choice (M.D. IPA), a health maintenance organization. Information about rates and benefits, which will be effective Jan. 1, 1994, may be obtained from the FAES Business Office, Bldg. 10, Rm. B1C18. □

DCRT Computer Training Courses

| Classes | Dates |
|--|----------|
| DB2 Applications Programming | 11/03-05 |
| Running SAS Software in PC Environment | 11/08-10 |
| PC-Mainframe Communication | |
| w/ ProComm Plus | 11/08 |
| Topics Analytical Cytology | 11/09-10 |
| PC Viruses | 11/09 |
| Planning and Installing a LAN | 11/09 |
| Analysis of LIGAND Binding Data | 11/10 |
| Using the LIGAND Program | |
| REXX Programming for ISPF | 11/15-16 |
| QMF: DB2's Query Mgmt Facility | 11/15-16 |
| ISPF Dialog Workshop | 11/17-19 |
| Subase Client/Server Access to DB2 | 11/18 |

Classes are offered by the DCRT Training Program without charge. Call 62339 for more information. □

FOI Workshops Rescheduled for 1994

The October and November Freedom of Information workshops have been cancelled and are rescheduled as follows: Grants FOI workshops will be on Wednesday, Jan. 12, and Friday, Jan. 21. Contracts FOI workshops will be held Wednesday, Jan. 26, and Wednesday, Feb. 2. Nomination deadlines are Jan. 5 for grants and Jan. 19 for contracts. Questions should be directed to Nancy Comfort or Connie Caldwell, 65633. □

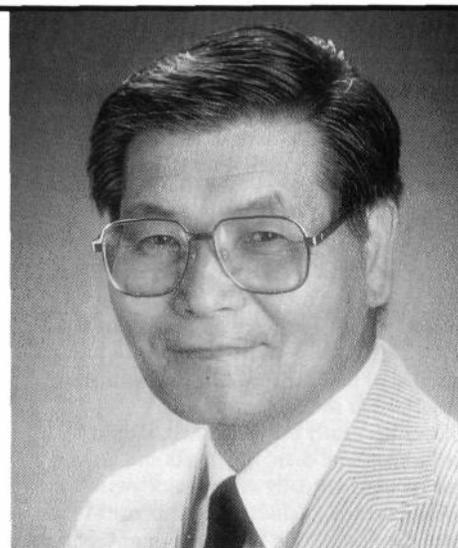
Viorst To Lecture in Masur

Author and poet Judith Viorst will give a talk on "Parenting Your Child from Newborn to Thirty and Beyond," on Saturday, Oct. 30 at 8 p.m. in Masur Auditorium, Bldg. 10. Her talk marks the 20th anniversary of PACE—Parents After Childbirth Education. Viorst's books will be on sale and available for signing. Tickets are \$8 in advance and \$10 at the door. For information call (301) 983-9133. □

Credit Union Opens Branch

On Oct. 4, the NIH Federal Credit Union opened its fifth full-service branch in the Rockville/Bethesda area. The new branch is located at Executive Plaza South, 6120 Executive Blvd., Rm. T43. The Rockville branch hours are from 8:15 a.m. to 4 p.m.

"As always, the credit union is committed to providing you with a wide range of value-oriented financial services with the highest level of personal service," said a spokesman. "Take advantage of the proximity, no-minimum-balance free checking, inexpensive Visa cards, ATM cards and other financial services." □



Dr. David J. Lim, director of NIDCD's Division of Intramural Research, was recently awarded the 1993 Award of Merit from the Association for Research in Otolaryngology for his outstanding research contributions in the fields of auditory neurobiology and otology. He is credited with pioneering the application of scanning electron microscopy to medicine, particularly in the field of ear morphology. His research on the micromechanics of inner ear sensory mechano-receptor organs led to the new concept of how auditory sensory cells tune to a particular frequency and how the mechano-receptor organs influence inner hair cell function. Lim's most recent research has concentrated on otitis media pathogenesis where he established the cellular and molecular basis for how middle ear infection and subsequent otitis media with effusion takes place.

Health Benefits Open Season Planned, Fair Set Nov. 10

The Office of Personnel Management has announced an open season for Nov. 8 through Dec. 13 under the Federal Employees Health Benefits Program (FEHBP). During that period eligible employees may change their plan, option, type of enrollment, or any combination of these. Also, eligible employees who are not currently enrolled may choose to enroll during the open season. In considering their options, employees should be aware that they may not be covered as an employee under their own enrollment and as a family member under someone else's enrollment in the FEHBP. Likewise, a member of one's family cannot be covered under more than one enrollment in the program.

Commissioned officers, employees serving under appointments limited to 1 year or less and intermittent employees are not eligible for enrollment in FEHBP. However, temporary employees who have completed 1 year of current continuous employment, excluding any break in service of 5 days or less, are eligible to enroll.

Employees eligible to participate in open season will receive a booklet entitled *1994 FEHB Guide*, from their personnel office.

This booklet contains open season enrollment instructions, general information about FEHBP, the major features of all plans, and general categories of coverage such as dental and vision care, outpatient and inpatient service, calendar year deductible, hospice care, etc.

Enrollees will be mailed a 1994 brochure by their current health benefits carrier. Employees who are eligible for enrollment and are not currently enrolled or covered by a federal plan should contact their personnel office for information on the program or plan brochures.

In conjunction with open season, the Recruitment and Employee Benefits Branch, Division of Personnel Management, is sponsoring a Health Benefits Fair. The fair will be held in Bldg 1, Wilson Hall on Wednesday, Nov. 10, from 10 a.m. to 2 p.m. Representatives from most of the plans that are available to NIH employees will be on hand to answer questions on their 1994 benefits. The advisory committee for employees with disabilities will be there to assist employees who need help getting information.



TRAINING TIPS

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

| Courses and Programs | Starting Dates |
|--|----------------|
| Management and Supervisory | 66371 |
| Intro to Supervision | 11/1 |
| Establishing Meaningful Performance Standards | 11/8 |
| Coaching for Results | 11/9 |
| Addressing Problematic Performance | 11/10 |
| Interacting With Difficult Employees | 11/16 |
| Recognition Secrets: Innovations for Rewarding Today's Workers | 11/19 |
| Performance Appraisal Workshop | 11/23 |
| Federal Budget Process | 12/6 |
| Changing Tomorrow Today | 12/8 |
| Working With Personal Differences: | |
| Intro to MBTI for Professional and Managerial Staff: MBTI Part I | 11/17 |
| Working With Personal Differences: MBTI: Part II | 12/15 |
| Office Operations and Administrative Systems Training | 66211 |
| Working With Personal Differences: for Technical and Support | 11/30 |
| Personnel Management | 66211 |
| Special Interest Courses | |
| Retirement Planning | 11/15 |
| Privacy Act Seminar | 11/16 |



Dr. Michael J. Kuhar, chief of the Neuroscience Branch at NIDA's Addiction Research Center (ARC) in Baltimore, has received the 1992 Otto Kraye Award in Pharmacology. Kuhar, who joined the ARC in 1985, received the award for his pioneering research on drug and neurotransmitter receptors in the brain. He directed a team of ARC investigators who identified cocaine receptors related to addiction. Given annually by the American Society for Pharmacology and Experimental Therapeutics, the Kraye Award recognizes mid-career scientists whose work has contributed significantly to understanding how drugs and other chemicals affect the human body.

NIDDK'S Kalser Retires After 25 Years with NIH

After 25 years with NIH, Dr. Sarah C. Kalser, program director of the liver and pancreas programs for NIDDK, is about to rediscover the joys of playing bridge. "In the past 40 years," she laughs, "I've been too busy to play."

When Kalser began working for NIH in 1968 as a health scientist administrator in the gastrointestinal program for what was then the National Institute of Arthritis and Metabolic Diseases (NIAMD), she was the only female scientific administrator. When she was appointed director of the Liver and Biliary Diseases Program in 1975, she became the first female program director for the division.

She quickly became recognized by the research community as one of the most knowledgeable and talented administrators in the field. "Sarah is a treasured colleague," said NIDDK director Dr. Phillip Gorden. "She put her heart into her work and we will miss her." Dr. Jay H. Hoofnagle, director of the Division of Digestive Diseases and Nutrition, calls her a model administrator. "She always gave grantees solid advice," he said.

As director of the liver and biliary diseases programs for NIAMD, Kalser began administering basic and clinical grants, program projects, center grants and career development and research training awards. "I watched this program and many of its investigators grow up," Kalser says.

She has also witnessed tremendous change. As critiques from grant study sections and the percentile rank funding scale have become standardized and funding levels have fallen, Kalser says she's "gone from negotiating award reductions over the telephone to funding grants from a computer print-out at either the 12th or 15th percentile." She also has less contact with postdoctoral researchers. "Now, I don't get to know them until they apply for their own research grant," she says.

Kalser has also been an impetus in many research advances in liver disease. Most striking has been the development of liver transplantation. She has been a constant supporter of Dr. Thomas Starzl, who in 1963 performed the first human liver transplant and who since that time has been continuously funded by NIDDK.

In June 1983, Kalser was on the planning committee for the consensus development conference on liver transplantation, which helped establish the procedure as a treatment for end-stage liver disease. "My work with Starzl and the transplant community has been very gratifying," she says. "It's added spice to the job."

"I doubt if anyone on center stage or behind the scenes has ever done more for the development of modern gastroenterology and hepatology than Sarah," said Starzl. "She's simply the best."

As an early proponent of chenodeoxycholic acid or oral bile acid therapy for cholesterol gallstones, Kalser served as project officer for

the 10-year (1971-1981) National Cooperative Gallstone Study. The study set the stage for the eventual licensure of oral bile acid therapy for the treatment of gallstones. "Fostering the field of biliary diseases was very challenging and I thank the research community for the opportunity," she says.

She has organized many research workshops, which in recent years included the biliary cholesterol transport and precipitation workshop (April 1989), the pancreatic duct cell: physiology and pathophysiology workshop (September 1991) and the consensus development conference on laparoscopic cholecystectomy (September 1992).

Kalser's experience and excellence have been recognized throughout her 25 years of service. She has received the NIH Award of Merit and



Dr. Sarah Kalser

the NIH Special Achievement Award. Most recently she received the 1993 American Gastroenterological Association Distinguished Service Award for her years of outstanding service to the research community.

But it is the people at NIDDK and within the research community she cherishes most. "They are my family and I will miss them," she says.

Kalser earned a B.S. in agricultural biochemistry at Penn State, an M.S. from Northwestern, and a Ph.D. in pharmacology from the University of Pittsburgh. Thereafter she was appointed instructor and then assistant professor in the department of pharmacology at the University of Pittsburgh, where she did basic research in drug metabolism and published more than 30 original research articles.

In retirement, she plans to volunteer at the Clinical Center and make jewelry. She also looks forward to perfecting her bidding. — Leslie Curtis □

Employees Needed for Study

Earn \$18 for participating in a study of campus use. Requires one 2-hour session. Primary work site must be on the main NIH campus. Call Dr. Paula Caplan, 63383, for more information. □

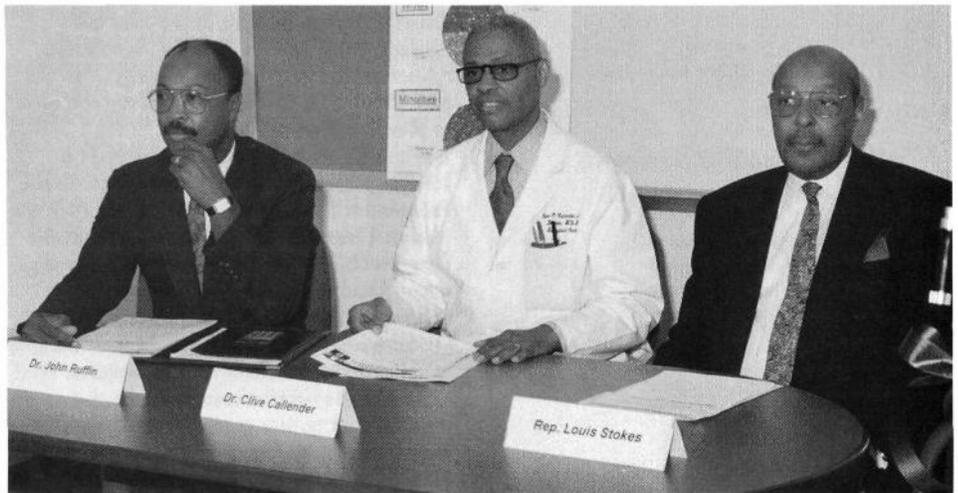
NIH Supports Program To Increase Minority Organ Donation

The Office of Research on Minority Health recently awarded a grant to the Minority Organ Tissue and Transplant Education Program (MOTTEP), to launch an education campaign aimed at increasing public awareness and minority participation in organ/tissue transplant activities.

Minority groups represent 40 percent of the nation's 31,000 patients awaiting organ transplants, yet only 15 percent of those donating organs are minorities. This widening disparity and scarcity of organs available is of critical consequence to minorities because organs and tissues are more likely to be suitable for transplantation when donors and recipients are of the same ethnic background.

At a recent press conference, ORMH director Dr. John Ruffin commented, "It is apparent that society as a whole and minorities in particular need to be better educated about the benefits of organ donation and the critical role they play in impacting the health status of our nation. By supporting MOTTEP, the NIH continues its commitment to addressing health problems that afflict minorities of all ages and ethnic backgrounds, and that help to narrow the gap between the health of the minority and majority populations."

Dr. Clive Callendar, principal investigator for the program, has been director of the transplant center at Howard University Hospital since 1973. While there, he helped develop the only



Press conference speakers included (from l) Dr. John Ruffin, NIH associate director for minority programs, Dr. Clive Callendar, director of the transplant center at Howard University Hospital, and Rep. Louis Stokes (D-Oh.).

minority-directed dialysis and transplant center in the country. Also under his direction, the hospital has an active kidney and liver transplant center with the only minority-managed histocompatibility and immunogenetics laboratory in the United States.

MOTTEP is an outgrowth of the pioneering efforts of the D.C. Organ Donor Program, sponsored by the National Kidney Foundation of the National Capital Area, Howard

University Hospital, and the Dow Take Initiative Program of the Dow Chemical Co. These initiatives laid the groundwork for the formulation of MOTTEP—the first national donor education program in this country.

MOTTEP's national office is at Howard University Hospital, with additional sites in Birmingham, Ala., and Cleveland. MOTTEP has plans for future expansion to New York and within the D.C. metropolitan area. □



Celebrating the 10th anniversary of the NIH R&W Fitness Center are members of the advisory committee that spent many hours making the center a reality more than a decade ago. They are (from l) Otis Watts, Janet Vizard, Jerry Kerkhof, Donna Spiegler, Bob Bingaman, Howard Hyatt, Edwin Becker, Randy Schools, and Barbara Wasserman.

Study Requires Women

Women, ages 19-44, on no hormone medications (includes oral contraceptives) with normal menstrual cycles, are needed for a 1-time clinic visit for an age-matched study. Volunteers will be paid. Call 64244 or fax name and telephone number to 24292. □

Original members of the NIH R&W Fitness Center were on hand for the anniversary. To this day, they continue to work out regularly there. They are (from l) Ernie Lunsford, Howard Hyatt and Lee Rosner.



Lynchburg College Honors Longfellow

Dr. David Godwin Longfellow is a recipient of Lynchburg College's Distinguished Alumni Award, which is given to those alumni who have distinguished themselves through outstanding achievement in professional life, academic life and in service to Lynchburg College.

Longfellow, a 1964 graduate of the college, is chief of the Chemical and Physical Carcinogenesis Branch, NCI. The award was presented Oct. 23 during the college's homecoming celebration. □