

"Still
The Second
Best Thing
About Payday"

The NIH Record

Health Seminar Series Examines Domestic Violence

By Carla Garnett

The known facts were frightening: Every 12 seconds in the United States a woman is battered. Domestic violence kills 4,000 women a year. Fifty percent to 70 percent of men who abuse their wives and girlfriends will also batter their children. Forty-five percent of battered women are abused during pregnancy.

Comparing the prevalence of domestic violence to such past public health epidemics as bubonic plague and smallpox, NIDDK's Dr. Nancy Cummings, chair of the women's health seminar committee, put the problem in perspective: "During the period 1979 to 1988, according to FBI statistics, 30,000 women were murdered by men who once claimed to love them."

But as alarming as that documented information is, what may be even scarier is the unknown. And, according to speakers at the recent Women's Health Seminar Series, there is a vast unknown about the effect of domestic violence and abuse on the health of the nation.

If researched more widely and deeply, said Dr. Mary P. Koss, professor of family and community medicine, psychiatry and psychology at the University of Arizona and an NIH grantee, domestic violence could be found to be more influential on health than smoking, drinking and age.

"Compared to other factors—age, marital status and other stressors, for example, which are known to influence morbidity and mortality—victimization severity is still the most powerful predictor of medical services utilization," she said, citing findings from a Cleveland Clinic long-term-health study of several thousand women up to age 70. Koss's presentation was on the "Health Burden of Rape."

In another trial, she said, 6,000 women who belong to a health maintenance organization in
(See DOMESTIC VIOLENCE, Page 4)

Center for Population Research Marks 25 Years

By Anne Blank

Today, 25 years after organized contraceptive research began in this country, we have a greater array of safer, more effective contraceptives than ever before, including low-dose oral contraceptives, Norplant, and the female condom.

Yet, contraceptive failure remains undesirably high for all of these and other methods (with the exception of sterilization), and unplanned pregnancy continues to be a major problem, especially among teenagers. At the same time, many sexually transmitted diseases (STDs), including AIDS, are increasing in the United States, where there are more than 1 million HIV-infected individuals, and an estimated 12 million occurrences of STDs other than AIDS each year.

Approximately 3 million unintended pregnancies—more than half of all pregnan-
(See POPULATION, Page 5)

'Action Frees Our Dreams'

NIH Program Celebrates Women's History Month

By Anne Barber

"Action frees our dreams," said Lucretia Coffey, NIH Federal Women's Program manager, at a program held in recognition of Women's History Month on Mar. 24 in Masur Auditorium.

"The celebration of Women's History Month is now going on 12 years," said Office of Equal Opportunity Director Diane Armstrong.

"Today's program is only one of the many programs planned by NIH's advisory committee for women. The title, 'In Every Generation, Action Frees Our Dreams,' allows us to see our connection to the past and provides vision into the future. Our history belongs to all of us. We share a common heritage."

In introducing keynote speaker Brig. Gen. (Ret.) Clara Adams-Ender,

NIH director Dr. Harold Varmus said the objective of the women's program is to give women as much chance to succeed as the white male had in the past. He said women can learn from today's speaker [Adams-Ender] because "she has done what we hope women will do everywhere—do what is not expected."

Adams-Ender rose from a staff nurse in the U.S. Army Nurse Corps to become its chief,
(See WOMEN'S HISTORY, Page 6)



Clara Adams-Ender

Hormone Expert Speaks

Donahoe To Give NIH Lecture, Apr. 21

An expert on a key hormone that promotes the development of the male reproductive tract by inhibiting the development of the corresponding female structures in the embryo and possibly initiating testicular differentiation will deliver the next NIH Lecture.

Dr. Patricia K. Donahoe, chief of pediatric surgical services and director of the pediatric surgical research laboratories at Massachusetts General Hospital, Harvard Medical School, will deliver the lecture, titled "Regulation and Downstream Pathways of Growth Inhibitors," on Thursday, Apr. 21, in the Clinical Center's Masur Auditorium at 3 p.m. She is a grantee of NICHD and NCI.

Researchers led by Donahoe were instrumental in the isolation and sequencing of Müllerian inhibiting substance (MIS), a fetal differentiating protein that induces testicular differentiation in the male embryo and brings about regression of the structures that would otherwise give rise to the female reproductive tract. MIS is homologous to TGF- β and its broad family of differentiation peptides.

(See NIH LECTURE, Page 5)



Dr. Patricia K. Donahoe

All NIH'ers To Receive HIV/AIDS Training

Starting next month, all NIH employees will be required to complete a training course on HIV/AIDS in the workplace. President Clinton announced this government-wide training effort in conjunction with World AIDS Day, Dec. 1, 1993. At NIH, two types of training sessions will be presented—one geared to managers and supervisors and the other designed for non-supervisory employees.

"This is a major undertaking," said Dr. Jack Whitescarver, deputy director of the NIH Office of AIDS Research (OAR), which is responsible for NIH compliance with the White House directive mandating AIDS in the workplace training for all federal employees.

OAR and the NIH Training Center will be assisted in conducting the training by staff from Whitman-Walker Clinic, the largest AIDS service organization in the Washington area. The courses, which will begin in May, will consist of approximately 2 1/2 hours of training, and will be coordinated by the NIH Training Center, Division of Personnel Management. The goals of the training are: awareness of HIV/AIDS; understanding of HIV transmission routes and prevention methods; reduction of fears and stigma regarding HIV; sensitivity in responding to the needs of
(See AIDS AWARENESS, Page 2)

AIDS AWARENESS TRAINING IS MANDATORY FOR ALL NIH'ERS (Continued from Page 1)

employees living with or affected by HIV/AIDS; and understanding of federal workplace policies regarding HIV/AIDS. Federal workers will be encouraged to share the information gained in these training sessions with their families and communities.

Whitescarver chaired a 9-person NIH committee to establish the HIV/AIDS in the workplace training program for NIH. He explained that the course for nonsupervisory personnel will focus on AIDS awareness and prevention issues. The training designed for supervisors and managers will include specific guidance regarding NIH policies and procedures relating to HIV-infected employees. "NIH has a high general awareness level about AIDS," he observed. "You gain knowledge almost by osmosis around here. Some managers and employees will be comfortable in dealing with issues that arise, but others may need more support. A cadre of NIH'ers will also receive special training to serve as a resource within the ICDs. It is terribly important to have a system in place which provides information and referrals for individuals who require more advice and guidance."

A Receptive Audience

Whitescarver expects the NIH community to be particularly receptive to HIV/AIDS training. "We find that there is so much interest in HIV/AIDS," he noted. "We're a close-knit community. The staff of NIH is a caring group of people dedicated to public health service."

Dr. Harold Varmus, director of NIH, announced the initiative in a letter to all NIH employees dated Mar. 24 and expressed his support for this important training effort. In his letter, he stated, "The NIH plays an essential role in the nation's battle against HIV/

AIDS, and the health of our own employees is of utmost importance. We all share in the responsibility for maintaining a safe, healthful and productive work environment where all employees are treated fairly and without discrimination."

Desk-to-desk flyers and cafeteria table-tent cards will provide specific course and registration information. For more information about the training, contact the NIH Training Center, 6-3115. □

Information Wanted by Police

The NIH Police and Secret Service are currently investigating credit card frauds in relationship to stolen biographical data from NIH. Anyone who has experienced unexpected credit inquiries and/or receipt of credit cards they did not apply for or calls from credit card companies since June 1990, is asked to call Det. Jody P. Luke, NIH Police, 6-3211. □

Chamber Concert Set, Apr. 24

The Rock Creek Chamber Players will present a program featuring a Quintet for flute, oboe and strings by J.C. Bach, the Copland Duo for flute and piano, and the Schubert Quintet for piano and strings ("the Trout") at 3:30 p.m. on Sunday, Apr. 24 in the 14th floor assembly hall, Bldg. 10. This concert, sponsored by the Clinical Center rehabilitation medicine department, is free and open to the public. For information, call 6-9350 or 493-5729.



In an effort to better understand the causes of bone loss and osteoporosis, NIA and NIDR cohosted a workshop on new approaches and in vitro systems for studying the aging human skeleton. The workshop immediately preceded the Third International Symposium on Osteoporosis held in Washington, D.C., recently. Standing are Dr. Richard J. Hodes (l), NIA director, and Dr. Harald Loe, NIDR director. Seated are Dr. Pamela Gehron Robey (l), chief, skeletal biology section, NIDR, and Dr. Sherry Sherman, chief, endocrine and musculoskeletal section, Geriatrics Program, NIA.

Research Volunteers Needed

Healthy women ages 18-45 with normal menstrual cycles are needed for a study. Subjects should not be taking any hormones and should have had at least one pregnancy. Endometrial biopsy and blood draws will be performed. Compensation is available. For more information call 6-4244. □

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A conference on "Health and Biomedical Research and Training Programs at the NIH," was recently held in San Juan, Puerto Rico. There were 80 participants from 15 campuses in Puerto Rico, representing seven universities. The NIH representatives gave an overview of NIH research and training opportunities in extramural programs with an emphasis on minority support. The conference was suggested by a former NIH extramural associate, Dr. Arnaldo Alzerreca (r), and arranged by NIH associate director for extramural affairs Dr. George Galasso (5th from l) and Dr. Estelle Lopez, vice president for academic affairs of the Inter-American University of Puerto Rico (IAUPR). Also shown are (from l) Drs. Elizabeth Scalley, IAUPR; Sharlene Weiss, NINR; Walter Schaffer, OER/OD; Anthony René, NIGMS; Donald Kaufman, IAUPR; and Ernestine Vanderveen, NIAAA.

Consensus Panel Shows

Drug Combinations Effectively Cure Peptic Ulcer Disease

By Leslie Curtis

Use of a combination of antibiotics to eradicate a stomach bacterium may finally offer a cure to the 25 million Americans who at some time in their lives develop peptic ulcer disease.

According to a 14-member independent panel recently convened by NIDDK and the Office of Medical Applications of Research, ulcer patients who test positive for *Helicobacter pylori* infection (*H. pylori*) should be treated for at least 2 weeks with a combination of bismuth and antimicrobial drugs. Antimicrobial drugs kill microorganisms such as *H. pylori*, a bacterium said to infect 80 percent of patients with stomach ulcers. Dual and triple combinations of bismuth and antimicrobial drugs successfully cure *H. pylori* infection and reduce the rate of ulcer recurrence in up to 90 percent of ulcer patients, said the panel.

Triple Therapies Most Effective

Of the several drug combinations presented during the 2-day conference, the panel said that triple therapies, consisting of bismuth plus the antibiotics metronidazole (Flagyl) and tetracycline (Achromycin), were the most effective. In some cases, resistance to metronidazole may require a substitution of amoxicillin. The panel also identified several effective dual therapies, one of which combines amoxicillin with omeprazole (Losec), a proton-pump inhibitor. Mild side effects occur with each drug combination, but they do not normally prevent patients from completing their treatment. The panel added that standard acid-suppressing drugs should be added to the antimicrobial regimen to relieve ulcer symptoms.

Until now, the traditional treatment for peptic ulcer disease involved minimizing and suppressing acid secretion with drugs called H-2 blockers, which interfere with the release of histamine and thus reduce acid production in the stomach. The most commonly used H-2 blockers are ranitidine (Zantac) and cimetidine (Tagamet). Although H-2 blockers successfully heal ulcers, if the patient stops taking these drugs, he or she has a 50 to 80 percent chance of the ulcer recurring.

But since the 1982 isolation of *H. pylori* by Australian researchers Barry Marshall and Robin Warren, many have believed that the spiral organism plays a significant causal role in peptic ulcer disease, and there has been growing interest in using antibiotics to treat ulcers.

Peptic ulcer disease, estimated to affect 4.5 million people each year in the United States, is a chronic inflammation of the stomach lining or of the duodenum. While few people die from peptic ulcer disease, it is responsible for substantial human suffering and staggering economic costs. Every year, 4 million people report missing approximately 6 days from work because of their ulcers. Now the panel believes

that their recommended treatments will not only alter the way doctors treat ulcers but also lower health care costs and reduce human suffering.

Research indicates that *H. pylori* infects approximately 6 in 10 people in the U.S. by age 60, while the infection rate in developing countries is 8 in 10 persons by age 5. Although uncertainty remains about how the infection is spread, person-to-person contact appears to be a significant means of transmitting the bacteria. Whether or not *H. pylori* infection can be transmitted through contaminated food and water, and how often, requires further study.

To prevent the development of bacterial resistance to antimicrobials, the panel stressed that an accurate diagnosis should be made before a patient starts any antimicrobial treatment. The panel cited several invasive and noninvasive tests that are useful in diagnosing *H. pylori* infection.

Endoscopic biopsy and cell culture are invasive tests that provide direct visualization and details about the status of the gastric and duodenal lining. Sensitivity and specificity of these procedures range from 85 to 100 percent.

However, the panel said that excellent diagnostic sensitivities and specificities are also produced with noninvasive tests. These include blood tests to measure *H. pylori* antibodies and breath tests that measure *H. pylori*'s urease-secreting properties.

Although a number of highly accurate diagnostic tests are available, the panel said that some now used only in research studies will soon be available for commercial use. Despite these diagnostic tools, the panel noted that there are no readily available, inexpensive, and accurate noninvasive methods to monitor eradication of *H. pylori*. Without such tools, routine monitoring for relapse, reinfection, or treatment failure cannot be recommended.

Link to Gastric Cancer

The panel also found an association between *H. pylori* infection and gastric cancer. Considered a slow and insidious disease, the incidence of gastric cancer increases with age and occurs more frequently in Blacks and Hispanics than whites. Despite the fact that gastric cancer appears to occur more frequently in some populations with higher rates of *H. pylori* infection, the panel found no conclusive evidence that treating the infection reduces cancer risk. They contend that there are factors other than *H. pylori* infection such as geography, socioeconomic status, and ethnicity that cause the development of gastric cancer.

Finally, the experts called for future research to determine the mechanisms and natural history of *H. pylori* infection, whether *H. pylori* eradication prevents gastric cancer, and to analyze the comprehensive cost and impact of treating versus not treating all patients who are infected with *H. pylori*. □

Researchers Plot Battle Against Tropical Diseases, Apr. 27-29

Tropical diseases affect an estimated one quarter of the world's population. To address ways to combat these diseases, world experts will combine forces in the third annual meeting of NIAID's International Centers for Tropical Disease Research. The 3-day symposium, to be held in Lister Hill Auditorium at the National Library of Medicine, will begin on Wednesday, Apr. 27. "While the immediate burden of these diseases falls most heavily on the people of developing countries, their true impact is of global concern," says meeting coordinator Dr. Stephanie James, chief of the Parasitology and Tropical Diseases Branch of the institute's Division of Microbiology and Infectious Diseases.

Living in an economically advantaged country does not confer immunity to the threat of tropical diseases. The escalation of international travel, for example, places more and more people in direct contact with the sources of these diseases. Moreover, ecological changes in developed countries—in addition to lapses in the enforcement of public health regulations—may provide conditions that permit the emergence or reappearance of these diseases. The recent rash of illnesses reported in the northwestern United States illustrates this potential. An outbreak of deadly infections from intestinal bacteria resulted from inadequate supervision of meat-handling procedures in a group of fast food restaurants, and in Milwaukee, health officials linked changes in the city's water supply with an outbreak of cryptosporidiosis, a debilitating infection caused by intestinal parasites. Both of these diseases typify infections prevalent in tropical countries, where diarrheal illness is a major cause of illness and death in children.

Obstacles to the prevention and treatment of these diseases continue to stymie intervention measures. While obtaining funds for prevention programs is a universal problem, the effects of tropical diseases are felt most severely in areas that have the fewest economic resources. Also, the greatest proportion of tropical diseases are caused by parasites, yet there are currently no vaccines to prevent parasitic infections. To complicate matters further, some parasites, along with the vectors that carry them, have become resistant to preventive drugs or eradication measures.

In the upcoming meeting, the challenges of drug development and vector control will head the agenda. Attendees will share recent findings with the hope of stimulating continued efforts and opening up new perspectives. A fundamental goal of these meetings is to increase interaction between U.S. and foreign scientists. For more information or early registration, contact Dr. Michael Gottlieb, 6-7115.

DOMESTIC VIOLENCE (Continued from Page 1)

Cleveland were interviewed. The study population included typical urban working women with an average age of 35; one in five, or 20 percent, had been victims of rape.

"I'm no longer shocked by the prevalence numbers," she continued, "but I can still be shocked by the fact that the majority of these forced, unwanted sexual experiences were perpetrated by men known to the women, the largest single category being boyfriends and husbands."

Sheila Wellstone, a domestic violence intervention advocate for the last 3 years and wife of Sen. Paul Wellstone (D-Minn.), echoed her concern and explained what prompted her activism on the issue.

"I find it completely intolerable that a woman and children's home

can be the most violent, the most dangerous and very often the most deadly place there could be," she said. Last year, Wellstone developed two family violence bills, which her husband introduced in Congress. Both bills were passed. "We hear so much about the violence that's going on around us, but all too often we don't hear enough about the violence that's going on behind closed doors."

One category of domestic violence that goes on behind closed doors, is seldom reported, but is nevertheless on the increase, is elder abuse.

Dr. Georgia Anetzberger, associate director for community services at the Benjamin Rose Institute and 20-year veteran of the field, characterized the issue.

Elder abuse takes many forms, she said, including physical abuse; physical neglect, or not attending to nutrition and other basic needs; psychosocial abuse, which includes social neglect and isolation; exploitation; violation of rights; and finally, self-neglect, in which the elder gives up on himself or herself. Victims are most likely to be female, she added, citing a 1991 study that found 68 percent of the cases were women. About 71 percent of abuse occurs to victims over age 70. Most perpetrators of elder abuse are adult children or relatives of the victim.

In 1991, there were 227,000 reports of elder abuse, but estimates of unreported abuse rose to 2 million. About 51 percent were categorized as self-neglect, 27 percent were perpetrated by service providers and 18 percent by health professionals.

Only 5 percent of victims report abuse, Anetzberger said. Most do not speak up for fear of reprisal, because they are ashamed and because they feel reporting the situation would

not bring about positive change.

Bringing home the point that elder abuse is probably happening to someone close to everyone, Anetzberger during her presentation intermittently described a victim in detail.

Florence, for instance, is 102 years old, is partially blind, hearing-impaired and uses a walker. Her husband died some years ago, leaving her about half a million dollars to live on. Recently, family members who were supposed to be looking out for Florence told her she was out of funds and would have to be institutionalized. Florence is a victim of elder abuse.

Anetzberger told about several more such



Dr. Georgia Anetzberger

"There is no single bullet answer to the problem of abuse."

women and, in concluding, revealed that in all those cases she knew either the victim or the perpetrator personally.

Koss, whose research has been supported by NIMH and NIH's Office of Research on Women's Health, presented other study data: Victimized women see themselves as less healthy. Women who had been raped or physically assaulted visited their primary health physician twice as much as women who had never been abused. Victimized women were 2½ times more costly to the health care system than women who had never been victimized. The more victimized a woman is the more likely she is to have negative health.

Another interesting finding worthy of more research, she said, is that the year following the year of an attack is when most women who've been abused begin to increase their use of medical services.

"This is something I find most hopeful," Koss said, because it presents an opportunity to sharpen the focus of intervention efforts.

Koss stressed that empirical data is crucial to the understanding and acceptance of domestic violence as a health problem.

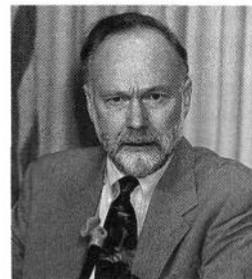
"You can't get physicians interested in this topic if they believe it's a criminal justice problem," she said. "You have to show physicians that it's a health problem starting with the fact that these women are in their [doctor's] office."

These frequent doctor's visits by women who've been abused often are prompted by a number of chronic health complaints including pelvic pain, gastrointestinal symptoms and such behavioral problems as eating disorders, alcohol dependence and high-risk sexual behaviors.

Koss also outlined a proposed basic research agenda: increase the epidemiologic data bank for domestic violence, develop multivariate studies that examine rape's impact on various chronic illnesses and explore the way diverse cultures interpret and treat rape victims and perpetrators. The Navajo people, she noted as an example, focus a healing ceremony not on the victim, but on the rapist, who is thought to be "out of harmony." The victim is not seen as having played any role in the assault and is therefore not subject to any stigma because of it. Koss noted that there would be no point in bringing a victim-oriented solution to people who do not view the problem as victim-

oriented.

"There is no single bullet answer to the problem of abuse," agreed Dr. K. Daniel O'Leary, professor of psychiatry at the State University of New York, Stony Brook. "What we're talking about here is a multifac-



Dr. K. Daniel O'Leary

eted problem with what has to be a multifaceted solution."

O'Leary's presentation, "A Model of Wife Abuse and Implications for Change," focused on the causes and roots of abuse within intimate relationships. He said his research shows that physical aggression in relationships is an extremely common problem from high school to marriage and that the problem should be viewed on a continuum.

"Physical abuse is normative in our society," he said, "even in engaged young couples."

O'Leary divided abuse into three broad categories: verbal, physical and severe. Verbal abuse is characterized by taunts and insults; physical abuse is pushing or slapping; severe abuse involves punching, kicking and beating.

He cited NIMH-funded studies of 1980 and 1986 in the Long Island, N.Y., area that found 12 percent of women say they have suffered physical abuse by partners.

One part of the solution, he said, is to increase awareness of abuse and its definition, from verbal to physical to severe.

"We need to start early," O'Leary concluded, "at ages 16, 17 and 18 years old, to change attitudes to be less accepting of physical aggression."

Sponsored by ORWH, the seminar was the third of four in the series. The final seminar, on breast cancer, will be held May 19. □



Sheila Wellstone



Dr. Mary Koss

POPULATION RESEARCH CENTER CELEBRATES 25 YEARS

(Continued from Page 1)

cies—occur annually in the U.S. among women who either do not use contraceptives, do not use them effectively, or experience contraceptive method failure. With population growth considered one of the major environmental threats facing the planet today, the problem of unintended pregnancy is becoming more critical. Unfortunately, there is no easy answer as to why there are still so many contraceptive failures, or, to rephrase the question, why so many people still fail at effective contraceptive use. The continued high rate of unintended pregnancy has some experts calling for more research into developing effective, safe contraceptives that prevent pregnancy, as well as STDs. Others feel that more effort must be put into educational campaigns to teach people how to be more effective users of the various contraceptives that already are available. What they do seem to agree on is that unintended pregnancy is a complex problem in need of a multifaceted solution.

As the primary federal agency responsible for population research, the Center for Population Research (CPR) of NICHD supports studies in a variety of areas related to human reproduction, including basic reproductive biology; fertility and infertility; contraceptive development and evaluation; reproductive behavior; and causes and consequences of population change. In addition, CPR supports programs for population research training, helps coordinate federal population research programs, enhances the communication of research information in the population sciences, and advances international cooperation in population research.

Assistant secretary for health Dr. Philip Lee was instrumental in establishing CPR in 1968, under a presidential directive from Lyndon B. Johnson. At a recent scientific symposium celebrating CPR's 25th anniversary, Lee met with other experts in contraceptive research to look back over a quarter-century of research challenges and advances, as well as forward to future directions. Dr. Florence Haseltine, director of CPR, organized the symposium.

In 1968, CPR's mandate was to develop new contraceptives, recounted Dr. Philip Corfman, who was CPR's first director and is currently supervisory medical officer for fertility and maternal health drugs with the Food and Drug Administration. Since that time, contraceptive development has been and continues to be a major focus of CPR's research, which ranges from the synthesis and evaluation of new contraceptive chemical compounds to the development of new barrier contraceptives. Investigators are working to develop spermicide-releasing and disposable diaphragms, as well as stronger, more effective condoms using various new compounds such as polyurethane, modified latex, and polymeric film.

In addition, increasing knowledge about the molecular basis of fertilization has facilitated studies of promising new contraceptive

methods such as testosterone-induced azoospermia and contraceptive vaccines. Studies have shown that persistent azoospermia can be achieved in more than 90 percent of men with hormonal contraception using steroids, said Dr. Christina Wang of the Center for Reproductive Medicine at Harbor-UCLA Medical Center. The benefits of testosterone

"We need to be considering a life, not just a reproductive body."

therapy are that it may improve sexual function, and it increases bone and muscle mass. At the same time, however, there are potential risks that need to be quantified, including benign prostatic hyperplasia and prostatic neoplasms. Wang says that she is optimistic about the chances of developing a male contraceptive based on azoospermia within the next 25 years.

In the area of contraceptive vaccines, one approach is to identify agents that will block sperm-egg adhesion and fusion. Dr. Paul Primakoff of the University of Connecticut Health Center and his colleagues are conducting studies of an anti-sperm vaccine that would directly interfere with fertilization. "There's substantial new knowledge about the molecular mechanisms in fertilization," he said. "When you understand the molecular basis of sperm-egg adhesion and sperm-egg fusion, a whole array of new contraceptive methods can be envisioned and developed."

While this experimental vaccine worked in both male and female animals in preliminary tests, however, many questions remain to be answered before an effective vaccine can be marketed for use in humans.

Although scientists are understandably excited about these potential new contraceptives, they concede that efforts to control population involve much more than biomedical aspects. Symposium panelists emphasized that research must also address social, moral, and other factors. The decision to use one particular contraceptive rather than another, or, in some cases, not to use one at all, is affected by a whole host of conditions. Safety concerns, legitimate or not, may also interfere with effective contraceptive use. A recent poll commissioned by the American College of Obstetricians and Gynecologists and conducted by the Gallup Organization, found that 65 percent of women surveyed believe, erroneously, that oral contraceptive use is more risky or as risky as childbirth. In fact, women are more likely to die giving birth than they are from using oral contraceptives. Finally, for many people the major obstacles to effective family planning are inadequate information and poor access to health-care services. Because noncontraceptive users (which include those who use contraceptives sporadically) are often

young, poor, less educated, and minorities, they may not be receiving adequate education about family planning or the services they need to be effective contraceptive users, explained Dr. Faith Mitchell, senior coordinator for population in the U.S. Department of State's Bureau for Refugee Programs.

Furthermore, even if access to services is not a problem, the expense of some contraceptive methods may be prohibitive for some people, while other methods may not be as easy to use or may not be acceptable to a sex partner. "I think in many cases people who are not able to use contraceptives well... are facing a whole panoply of problems," said Dr. Jane Menken, director of the population studies center at the University of Pennsylvania. "We need to be considering a life, not just a reproductive body." □

NIH LECTURE

(Continued from Page 1)

Donahoe and her colleagues were responsible for determining the mechanism of action of MIS in male development. The hormone is secreted during embryogenesis by the Sertoli cells of the fetal testes. This results in the regression of the Müllerian ducts, the primordial structures capable of differentiating into the female reproductive tract. Shortly thereafter, androgens produced by the testes spur the development of the Wolffian ducts, the primordial structures capable of differentiating into the male reproductive tract.

In contrast, MIS is not produced in the developing female reproductive tract until after birth. Development of the female Müllerian ducts occurs autonomously, while the Wolffian ducts atrophy.

Donahoe and her colleagues have also determined that MIS apparently plays a role in reproductive function after fetal development. In males, MIS levels remain high until after puberty, when they fall to baseline levels. In females, MIS levels remain undetectable in serum until puberty, when they reach the baseline levels of males. The Donahoe research team has also found that MIS inhibits oocyte meiosis, perhaps until an oocyte is mature enough for ovulation and subsequent fertilization.

MIS was also found to inhibit certain human cancers. In cell culture assays, soft agar assays, and in mice, MIS inhibited the proliferation of human endometrial and ovarian carcinomas, as well as ocular melanoma. Most recently her team cloned the type I and II receptors for MIS.

In the lecture, Donahoe will focus on the cascade of reactions that occur after MIS binds to its newly identified type I and II serine/threonine kinase receptors, and discuss the downstream pathways that it shares with other members of the TGF- β family. She will also discuss the possibility of developing therapeutic interventions based upon the structure of MIS, antibodies to the hormone, its receptors, receptor antibodies, downstream products, or transcription factors. □

WOMEN'S HISTORY MONTH PROGRAM URGES ACTION

(Continued from Page 1)

with the rank of brigadier general. As the director of personnel for the surgeon general, Adams-Ender managed policy development for more than 100,000 health care professionals. Today, she is president of The Rock, Inc., whose purpose is to provide professional development and mentorship to young, aspiring military officers. She serves as a member of the board of directors of the American Red Cross and the advisory committee of the Women's Research and Education Institute.

"Women's history has not always been considered important," Adams-Ender began. "We knew women were involved [in history] because we saw them in photographs and heard their lone voices.

"This year's theme reinforces that we always have been dreamers," she continued. "We need to free our dreams in order to make distinct contributions to today's life."

She outlined several ways women can go about freeing their dreams. The first is through modifying behavior—specifically, fear of taking action. "It is not a real physical fear such as leaping off tall buildings," she says, "but an illusory fear. A fear of failure, success, the unknown, and talking to your boss. Illusory fears must be overcome. They are not real. They only exist in our minds. They are self-defeating. They stop us from being successful. We need to overcome these fears."

The cure, she suggests, "is to do what you fear anyway. After you have done it a few times, it will become less and less fearful.

"Illusory fear is something to be moved through and not turned from," she stressed. She gave examples: Harriet Tubman, who ran the Underground Railroad to free slaves; Dr. Mary Walker, who dressed like a man to serve as a doctor during the Revolutionary War; and the nurses who served in World War I. "With the impossible assignment [the nurses] were given, they had little time for fear."

Procrastination is another obstacle women must face and do something about. "This will keep you from meeting your goals," Adams-

Ender pointed out. "Putting off life. Not living life to the fullest." The cure, she stated, is, "Do the things you always wanted to do now. To be successful in accomplishing goals, give up procrastination now."

She then named the third obstacle—negative thinking. "What you do with a situation determines whether you are a negative or positive thinker," she explained. Using a dying plant to make her point, Adams-Ender said, "A negative thinker would say: 'Oh, the plant has died. They always die on me. I must have something in me that kills plants.' A positive thinker would say: 'Maybe the plant needs some water. Maybe I should change the location. Or maybe I need a heartier plant.'"

Continuing to stress her point, she said, "The negative becomes internalized into the person

"Remember, it's not what's happening that is the real problem, but how you are reacting to the problem."

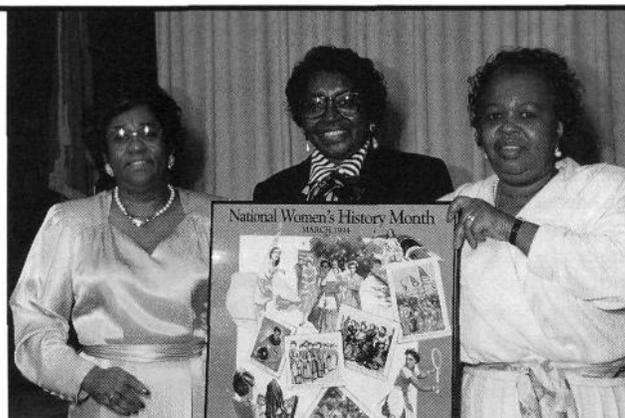
while the positive person keeps everything external. A negative person is waiting for impending doom at all times."

The cure: "Start noticing when you are saying things negatively. Remember, it's not what's happening that is the real problem, but how you are reacting to the problem.

"Stamp out the negative, free up your dreams. Do not be afraid to act upon your dreams. Believe in yourself and refuse to put off life."

Entertainment during the program was provided by the Greek Echoes, a musical/dance group headed by Rena Papapostolou. She and her three daughters sang songs and performed dances native to the Greek islands.

In closing, Coffey said that while "we continue to face obstacles, we can draw inspiration from other women who are also struggling. By working together we can do what none of us can do alone—bring about changes. Action frees our dreams." □



Lucretia Coffey (l), NIH Federal Women's Program manager, and Jean Harris (r), chairperson for the Women's History Month observance, presented keynote speaker Brig. Gen. (Ret.) Clara Adams-Ender with a framed poster depicting various women throughout history.

Photos: Bill Branson

NEI's Bates Says Thanks

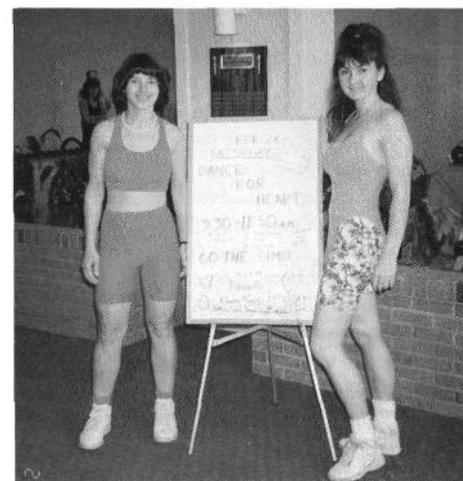
Recent retiree Elijah Bates of NEI, who put in more than 41 years of federal service, tips his hat to the many who honored this career milestone. "I very much wish to thank everyone for their contributions to my retirement send-off, whether it was kind well wishes, or monetary gifts, or the wonderfully attended luncheon, and all of the nice gifts," he said. "The whole occasion was so well received by me and my family that I shall never forget." Bates worked in NEI's Division of Intramural Research in Bldg. 10. □

R&W Board Members Sought

R&W is looking for a few good candidates to run for its board of directors positions. This year the offices of president, 1st vice president, 3rd vice president and treasurer are open. These offices require assisting R&W staff in various policy matters and monthly meetings. Make a positive contribution to the community! For more information or to offer a nomination, call Jodi DeOms, 6-6061. □



The Greek Echoes, a musical/dance group led by Rena Papapostolou (second from r), along with her three daughters, performed songs and dances representative of the Greek islands.



Dawn Daniel (r) of NIAID and Michelle Scala of NCI recently participated in a 2-hour aerobic fundraiser benefiting the American Heart Association. Scala was the event's lead fundraiser for the second year in a row. The event, held in Kilmarnock, Va., raised \$1,300.

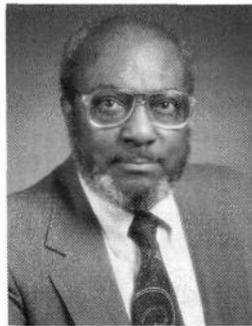
Counts To Head NIAID Office of Research on Minority, Women's Health

Dr. George W. Counts has been named director of the Office of Research on Minority and Women's Health within the Office of the Director, NIAID.

In announcing the appointment, NIAID director Dr. Anthony S. Fauci, said, "Dr. Counts brings to his new position considerable experience and interest in minority and women's health issues, particularly those related to involving underrepresented persons in clinical trials. I know that Dr. Counts will be an enthusiastic advocate in his new capacity, and he will play an important role in our interactions with other institutes, NIH and outside groups."

Counts will make recommendations to the NIAID director and the senior scientific staff on clinical trials participation and training programs as well as provide a focal point for coordinating research in minority and women's health. He will serve as the liaison to counterparts at the NIH level and with other ICDs.

He and his staff also will create initiatives to enhance the research efforts targeted to minority and women's health, increase the effectiveness of outreach and education programs and help develop the research infrastructure at minority institutions. The office will also assist the NIAID director in reviewing and assessing the institute's activities regarding clinical trials involving minorities and women.



Dr. George W. Counts

An authority on infectious diseases, Counts has been at NIH since 1989, serving as chief of the Clinical Research Management Branch in the Division of AIDS, NIAID. In that capacity, his main responsibility was management of the clinical trials

units of the AIDS Clinical Trials Group. Concurrently with that appointment, he served as assistant director for minority affairs, Office of the NIAID Director, since 1992, which included serving as NIAID minority health coordinator.

Prior to coming to NIH, he was professor of medicine at the University of Washington, Seattle, where he had been on the faculty since 1975. From 1985 to 1989, he also directed the clinical microbiology laboratory at the Fred Hutchinson Cancer Research Center in Seattle.

Counts has published more than 100 scientific articles, primarily focusing on hospital-associated infections, infections in immunocompromised patients, and the role of antimicrobial agents in the prevention and treatment of bacterial, fungal and protozoan

infections. He is a member of the editorial board of the *American Journal of Infection Control*.

He has received a number of honors and awards, including election to Alpha Omega Alpha, the Leinfelder Award from the University of Iowa, a citation in *Who's Who Among Black Americans*, and the Public Health Service Superior Service Award.

A diplomate of the American Board of Internal Medicine, Counts is a fellow of the Infectious Diseases Society of America and a member of the Society of Hospital Epidemiologists of America.

In 1983, he served as president of the 6,000-member Association for Practitioners in Infection Control. While in that office, he directed the process that resulted in a national certification examination for infection control practitioners.

A native of Oklahoma, he received his bachelor of science degree in 1957 and a master's degree in microbiology in 1960 from the University of Oklahoma. He earned his medical degree in 1965 from the University of Iowa. His postgraduate training was completed at Ohio State University Hospital in Columbus and the University of Washington in Seattle. He was assistant professor of medicine and pathology at the University of Miami in Florida before accepting a position with the University of Washington. □

Four Join National Advisory Allergy and Infectious Diseases Council

Four appointments to the National Advisory Allergy and Infectious Diseases Council were announced recently. The new members are: Dr. Janet S. Butel, professor and head of the division of molecular virology at Baylor College of Medicine; Dr. Howard M. Johnson, graduate research professor in the department of microbiology and cell science at the University of Florida; Orvalene Prewitt, president and cofounder of the National Chronic Fatigue Syndrome and Fibromyalgia Association in Kansas City; and Dr. Judith M. Thomas, director of the histocompatibility laboratory at East Carolina University School of Medicine.

Butel earned her doctorate degree with honors in virology from Baylor University. She is also director of Baylor College of Medicine's AIDS Research Center. Her research interests focus on mechanisms of viral pathogenesis and tumor induction. Recently, she has been involved in the development of gene therapy for treating HIV infections.

Johnson holds a doctoral degree in immunology from Ohio State University. He has extensive research experience in immunology and allergic diseases with a special interest in antitumor and antiviral properties of interferons and superantigens in disease.

Prewitt has experience in the areas of public health, public policy and management. She has served as secretary of the National Chronic Fatigue Syndrome Advisory Council. As the



NIAID director Dr. Anthony S. Fauci (seated, r) welcomes new members to the National Advisory Allergy and Infectious Diseases Council. They are Orvalene Prewitt (seated, l) and (standing, from l) Dr. Howard Johnson and Dr. Judith Thomas. New council member Dr. Janet Butel is not pictured.

author of numerous brochures and other educational material, she attempts to build a bridge of understanding between the medical and lay communities.

Thomas received her doctoral degree in

biology and immunology from New York University. She is professor of surgery, microbiology and immunology at East Carolina School of Medicine. An expert in the field of transplantation immunology, she focuses on research involving the mechanisms of allograft survival, especially the induction of immunological tolerance. □

Study Participants Needed

Molecular biologists are sought to participate in an information retrieval study for the National Center for Biotechnology Information, NLM. Subjects will read pairs of MEDLINE abstracts and rate the degree of relatedness between abstracts. Subjects should have advanced training and/or experience in molecular biology. Pay is \$15 an hour for approximately 100 hours. Duration of project is 6-10 weeks, beginning as soon as possible. Contact Dr. Susan Vazakas, (301) 588-6000; fax (301) 588-1777. □

Herpes Vaccine Study Recruits

Healthy men and women age 18 or older are sought to participate in a research study of an experimental vaccine for prevention of genital herpes. Individuals are needed who do not themselves have genital herpes, but who are in a stable relationship with a single sexual partner who is known to have the disease. Both partners will be screened to confirm study eligibility. For more, confidential information, call 6-1836. □

Course Offers Orientation to Extramural Staff at NIH

The Extramural Staff Training Office, Office of Extramural Programs, OER, OD, will present an NIH orientation course entitled "Fundamentals of NIH Extramural Activities" on Wednesday, July 27, and Thursday, July 28.

All new extramural staff are welcome and encouraged to attend; intramural staff will be accepted if sufficient space is available. The course will be held in Bldg. 38A, in Lister Hill Auditorium. Registration is at 8 a.m. each day. The course will conclude at 5 p.m. on July 28.

The course will include an overview of NIH organization and history; missions and goals of the ICDs; the process of extramural grant and contract support; and a discussion of special issues and programs.

Participation will be limited to 150 people. Course applicants are to submit: form HHS-350 (Training, Nomination and Authorization) through the appropriate ICD channels and to the HSA Development Programs Office (Bldg. 31, Rm. 5B-35); and a self-addressed return envelope in order for your notification of application status to be sent to you.

To complete the form HHS-350: item 10, list your complete office address, not your home address; item 14, "no cost"; item 18, send vendor's copy to C. Powell, Bldg. 31/5B-35; item 20a. type "8" b. "8" c. "1" d. "N/A." Be specific in items 16 and 17 and indicate how long you have been in the NIH extramural area; item 21, "N/A"; item 22, "9998". All other instructions are on the back of the HHS-350.

To be considered, applications must be received in the HSADP office by Wednesday, June 15. Applicants will be informed of the decision concerning their application, provided the self-addressed return envelope has been included with the vendor's copy of HHS-350.

For more information, call 6-1736. □

Intramural NIAID Restructured

A reorganization in NIAID's Division of Intramural Research has created a hub for molecular immunology research within the institute.

The new Laboratory of Molecular Structure includes the former Biological Resources Branch as a section. The laboratory, headed by Dr. John E. Coligan, includes the following sections: molecular immunology section, which conducts research on the molecular recognition and destruction of virally infected cells by thymic-derived lymphocytes and molecular recognition mechanisms utilized by these lymphocytes to regulate differentiation and trafficking; biological resources section, which provides flow cytometry analyses and cell sorting, peptide synthesis and purification, protein sequence analyses and mass spectrometric services for the institute's scientists; and a structural biology section, which includes state-of-the-art facilities in protein crystallography utilized to study proteins such as cytokines and their receptors involved in the regulation of the immune response. □

Carl Kuether Retires After 32 Years of Government Service

Dr. Carl A. Kuether retired recently after 32 years of government service, 28 of which he spent with the National Institute of General Medical Sciences. At the time of his retirement, he was program administrator for the biorelated chemical processes grants in the Pharmacology and Biorelated Chemistry (PBC) Program Branch.

"Dr. Kuether is known around the country for the service he has provided to the chemistry community," says Dr. Michael Rogers, acting PBC director. He credits Kuether's "steadfast support and exemplary stewardship of grants in biorelated chemistry" with being a "significant factor in the impressive growth and development of the field of synthetic organic chemistry over the last quarter of a century."

Kuether joined NIGMS in 1965 as a program administrator in the biochemistry section of the NIGMS Research Grants Branch.

At the time of his arrival, the institute was only 3 years old and a new director had just been appointed. During the years that followed, Kuether witnessed many changes. The institute shifted its organization from a funding mechanism orientation to a scientific program orientation. He says that the change gave program administrators a greater role because their portfolios contained not only research grants, but also training grants and fellowships.

"The reason I stayed so long," he says, "is that I had fun and enjoyed coming to work." He also feels that the caliber of people that he worked with had a lot to do with his staying at NIGMS. The portfolios that he managed included a large number of Nobel Prize winners and other top scientists.

The former director of the PBC Program Branch, Dr. Christine Carrico, remembers Kuether as being an invaluable source of "historical memory" in chemistry. "It always amazed me...that you could mention a chemist's name and [Kuether] could not only talk about [the person's] research but could usually come up with a personal anecdote as well."

Carrico also says Kuether "taught me most of what I knew about being a program administrator" and also "helped me train new program administrators."

While at NIGMS, Kuether received several awards, including a Special Act Award for developing a Lotus 1-2-3 spreadsheet that saved a great deal of time and effort in calculating the financial obligations of NIGMS trainees.

Prior to joining NIGMS, he spent 3 years at the National

Science Foundation. He was also a faculty member at Case Western Reserve University, the University of Washington, and Youngstown University in Ohio, and worked as a senior research biochemist at Eli Lilly and Co.

A native of Ripon, Wisc., Kuether received a B.A. in chemistry from Miami University in Oxford, Ohio; an M.S. in physiological chemistry from Wayne State University; and a Ph.D. in biochemistry from George Washington University.

He is a member of the American Chemical Society, the American Association for the Advancement of Science, and Sigma Xi.

Kuether and his wife have moved to Madison, Conn., to be near their daughter and grandchildren. He plans to spend his time getting "reacquainted" with his family, reading, and pursuing a hobby of building furniture out of kits.—Wanda Warddell □



Dr. Carl A. Kuether



A group of Syrian physicians and dentists visited NIH recently during a state visit to Washington, D.C., by Syrian President Hafez Assad. The visitors were on a U.S. health education tour on behalf of the Institute of International Education and the U.S. Information Agency. Giving the guests an overview of NIH, with an emphasis on prevention, were Dr. Jack Kalberer (standing, second from l), NIH coordinator for disease prevention and health promotion, and Hilda Madine (standing, third from r) of the Clinical Center's special events office.

NIH Employees with Disabilities TARGET'ed for Technology

NIH employees with disabilities or special needs will now find it easier to access the electronic tools they need to be most productive, thanks to a newly signed agreement between DCRT and the U.S. Department of Agriculture (USDA).

The pact allows NIH'ers to utilize USDA's TARGET Center, a state-of-the-art demonstration facility for enabling technologies.

Access to the TARGET Center will allow individuals with disabilities to conduct hands-on testing and evaluation of the best of the enabling technologies, which are computer and electronic tools specially designed for these employees.

The center's full-time staff is available to help users assess their requirements, identifying potential technologies that can help them achieve success. When needed, the center can also provide guidance to managers who wish to ensure that they are in compliance with departmental and federal guidelines on providing electronic accessibility to employees with disabilities.

"Enabling technologies have long been recognized as a boon to employees with disabilities," says DCRT's Bronna Cohen, whose initiative resulted in the agreement with USDA.

An employee with visual impairment, for example, can use a "talking terminal" to scan written documents and read them out loud; and a person with mobility impairment can dictate to the computer, rather than having to type or use a mouse.

Until now, however, finding the most suitable products for a given individual has often been difficult for NIH employees and their managers.

Dr. William Walker, vice-chair of the NIH advisory committee for employees with disabilities, expressed the committee's support of the new initiative.

"We are dedicated to identifying resources to assist persons with disabilities, and finding ways to get those resources into the hands of the NIH community. We are pleased to see the ICDs adopt programs that support this goal."

TARGET maintains a comprehensive library of product and vendor information for enabling and adaptive technologies. The library also includes information on federal laws, resource organizations, educational materials and available services. Material is available in various formats including print, Braille, diskette, CD-ROM, video and audio.

The TARGET Center, which is fully accessible, is located at USDA headquarters, South Bldg. in Washington, D.C., and is immediately adjacent to the Smithsonian Metro station.

NIH use of the center is by appointment only. To set up an appointment, or for more information, call 4-DCRT (TTY 6-8294), or send electronic mail to 4DCRT@nih.gov. □

Gene Cohen Retires from the Public Health Service

Dr. Gene D. Cohen, who served as acting director of NIA from August 1991 to June 1993 and as deputy director from 1988 to 1993, retired from the Public Health Service recently after completing 20 years of federal service. During the 2-year period he served as acting director, the institute experienced unprecedented growth.



Dr. Gene D. Cohen

Before coming to NIA, he was the first chief of the Center on Aging at NIMH, the first federally supported center on mental health and aging established in any country.

Cohen is a geriatric psychiatrist, board-certified in psychiatry and neurology, having received his M.D. from Georgetown University School of Medicine in 1970.

Throughout his career, he has received numerous honors and awards including the PHS Distinguished Service Medal, the PHS Outstanding Service Medal, the Surgeon General's Certificate of Appreciation, and the Lifetime Science Award from the Institute for Advanced Studies in Immunology and Aging. He was chairman of the HHS task force on aging research (1991-93) and executive secretary of the congressionally appointed advisory panel on Alzheimer's disease (1986-93). And he received honorable mention in the 1992 Blue Pencil Competition from the National Association of Government Communicators for a holiday season *St. Louis Post-Dispatch* article called "Depression Is a Dickens of a Problem."

Widely published, Cohen wrote *The Brain in Human Aging* (1988) and edited (with James Birren and Bruce Sloane) the *Handbook of Mental Health and Aging* (1992). His articles and book chapters include "How Old Is Too Old?" in the *American Journal of Geriatric Psychiatry* (1993), and "Linkages Between Public and Private Sectors" in *The Psychiatry of Old Age: An International Textbook* (1993). Cohen is editor-in-chief of *International Psychogeriatrics* and the *American Journal of Geriatric Psychiatry*.

He is returning to an academic appointment as founding director of the newly established Center for Aging, Health, and Humanities at George Washington University. The new center will give special emphasis to intergenerational research and creativity in later life. He is also developing a new think tank called the Washington, D.C. Center on Aging, which will serve as a national network for colleagues in the aging field who are interested in identifying creative approaches to program planning and problem solving.

Cohen's other retirement pursuits include writing a book on creativity and aging, with the twin goals of educating the public about creative potential in later life and illustrating some contributions of aging research. He has launched a company, called GENCO, to develop games that target an intergenerational audience. The company follows his development of an award-winning board game called W-W III (Word Wars), a cross between Scrabble and chess. It was a finalist in both the 1992 nationally juried Toy and Game Show and in an internationally juried art show, which is currently on a 3-year tour of 12 museums throughout the United States. Cohen will present a lecture on his game at the Smithsonian Institution on June 16. At this talk, he quips, he will remind people that since he holds the patent, it is now illegal for any person or country to declare WW III.—Virginia Morgan □

Cell, Molecular Neurobiology Interest Group Forming

A meeting to form a Cell and Molecular Neurobiology Interest Group is scheduled for Friday, Apr. 22 at 4 p.m. in Bldg. 36, Rm. 1B13.

Over the last 3 months, a number of neuroscientists have met and discussed mechanisms to improve communication among researchers in the neurosciences. This group proposes that the neuroscience community sponsor visiting professorships that are attractive to the entire neuroscience community. They also endorse the expansion of more focused interest groups in the neurosciences.

Neuroscience research at NIH falls into three major areas: system and integrative, computational, and cell and molecular. In each of these areas there are various groups that meet to discuss current research problems. It is proposed that these efforts be expanded similar to the efforts in other research areas such as immunology, cell biology, and structural biology. The goal is to open communication channels that will improve the quality of academic exchange at NIH.

If you are interested in these research areas and wish to discuss establishing interest groups in cellular and molecular neurobiology, you are urged to attend. If you wish to make your views known at another time, contact one of the following:

	Phone	Fax
Mike Brownstein	6-5351	2-1748
Monique Dubois-Dalcq	6-1645	6-0899
Hal Gainer	6-5468	2-1566
Mark Mayer	2-4775	2-4777
Ron McKay	6-6574	2-4738
Tom Reese	6-1296	6-1339

The NIH Life Sciences Education Connection

After being exposed to the conventional aspects of medicine and biomedical research throughout the 6 weeks of the Biomedical Research Advancement Saturday Scholars (BRASS) program, the middle school BRASS students and their parents had the opportunity to hear from the person at NIH who is heading up a more unconventional side of medicine—Dr. Joseph Jacobs, director of the Office of Alternative Medicine (OAM).

He was the keynote speaker at the Mar. 26 graduation ceremony of BRASS, talking to the students about his own background and why he entered the medical field. Jacobs said he did not have the advantage of coming from a family that valued education highly, and that his mother had never completed grade school. He said he became interested in science through two of his friends who were always building kit radios or trying experiments. Initially, his interest was primarily so he could have something to talk about with friends, but later it blossomed on its own. Jacobs emphasized that his academic career was not always a stellar one and that it took him a long time to decide what he wanted to do with his life. He closed by telling the students that even people from a



disadvantaged background such as his own can succeed at accomplishing their goals, and that he expected to be in an audience one day that featured one of the current BRASS students as the keynote speaker.

Jacobs has served as OAM director since October 1992. He received his medical training at Yale University School of Medicine and completed his pediatric residency programs at both Dartmouth and Yale. Most of his career has been spent working with various agencies within the Public Health Service, primarily the Indian Health Service, where he provided patient care and also helped develop a system for tracking Navajo infants who were at risk for developmental disabilities. A member of the Mohawk tribe, Jacobs is a past president of the Association of American Indian Physicians.

The BRASS program was initiated by the Office of Science Education Policy in the summer of 1991 to give seventh and eighth grade students, particularly females and minorities in the D.C. metropolitan area, a positive science experience and raise their awareness of the range of careers available in the life sciences.

Cancer Prevention Fellowship

The Division of Cancer Prevention and Control (DCPC), NCI, is accepting applications for the Cancer Prevention Fellowship Program. The purpose of the program is to train individuals from a multiplicity of health science disciplines in the field of cancer prevention and control.

The program provides for: master of public health training (at accredited university programs), participation in the DCPC cancer prevention and control academic summer course, working at DCPC directly with individual preceptors on cancer prevention and control projects, and brief field assignments at other institutions.

Funding permitting, as many as 10 fellows will be accepted for up to 3 years of training, beginning July 1, 1995. Applications are due Sept. 1, 1994. Benefits include selected relocation and travel expenses, paid federal holidays and participatory health insurance.

For more information, contact Dr. Douglas Weed, Executive Plaza South, T-41, 6-8640, fax 2-4863. □

Vydelingum Advises Workshop

Dr. Nadarajan A. Vydelingum, scientific review administrator in the technology and applied sciences review section, Division of Research Grants, recently participated on an advisory committee as part of a 2-day workshop on "Opportunities and Barriers for Small Firms in the Medical Device Sector" held at the Habib Center for Surgical Studies, Columbia University, New York.

Vydelingum addressed the issue of how medical device priorities among small firms are changing. The report of the advisory committee, presented to the National Academy of Engineering and the Institute of Medicine, is intended to promote better understanding of the range and nature of critical issues facing smaller high-technology companies. □

Magers Named Emergency Planning Coordinator

William T. Magers, Jr. has been selected as the NIH emergency planning coordinator within the Emergency Management Branch, Division of Safety. "He's a natural for the job," commented Richard E. Shaff, chief of EMB, "after 5 years as the NIH fire chief and over 20 years of emergency management experience."

Magers will manage all emergency preparedness initiatives and serve as a liaison between the NIH and other federal, state and local agencies in matters relating to emergency preparedness issues. One of his primary responsibilities is overseeing the NIH Occupant Evacuation Program, which is a collaborative effort between the ICDs and the Emergency Management Branch. Executive officers are responsible for the Occupant Evacuation Program within their ICDs and appoint occupant emergency coordinators (OECs), who manage site-specific plans for every NIH-occupied building. EMB provides applicable training and coordinates the activities of the Occupant Evacuation Program with other ORS components and emergency services organizations.

NIH employees are familiar with the OECs and their floor team coordinators, easily identified by a red badge, as they facilitate building evacuation during emergency calls and drills. They assist persons with disabilities, provide information to responding emergency units and help ensure efficient building evacuations.



William T. Magers, Jr. is NIH's new emergency planning coordinator. He appears here in his former role as NIH fire chief with Sparky the Fire Dog during a fire safety demonstration.

Magers noted, "I am looking forward to working with this program. With over 750 volunteers from all ICDs, they provide an invaluable service to the NIH, protecting the lives of employees and visitors in emergency situations."

If you have questions about NIH's emergency planning functions or are interested in the Occupant Emergency Program, contact Magers in Bldg. 13, Rm. 2E57 or phone 6-1985. □

DCRT Training Classes

Classes	Dates
Database Technology Seminar	4/15
C Language Fundamentals	4/18-22
Electronic Formats on PUBnet	4/18
Using the Internet	4/19-21
Image Processing on the Macintosh	4/19
FOCUS Query Language	4/20
Intro to Macromolecular Simulation	4/21
Intro to the Convex Supercomputer	4/20
Data Entry Applications with SAS/FSP	4/22
Using GOPHER	4/22
Intro to Computer Security	4/25
ENTER BBS: Mainframe Bulletin Boards	4/26
Advanced Network Topics	4/26
Network Services	4/27
Intro to Molecular Modeling	4/27
Global Electronic Communication with BITNET	4/28
BASIC Biomedical Computation	4/29
ROC Methodology	4/29
OS/2 2.1 Overview	5/3
Using Image 1.53 for Densitometric Analysis of 1-D Gels	5/3
Computer Data and the Privacy Act	5/4
RACF for IBM 370 Data Security	5/5
Pedigree Drawing Programs for Mac and PC	5/5



TRAINING TIPS

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

Courses	Starting Dates
Management and Supervisory, 6-6371	
Projecting an Effective Executive	4/14
Interviewing and Selecting: Getting the Right Person	4/14
Performance Appraisal Workshop	4/21
Practical Management Approaches	4/20
Total Quality Awareness	4/26
Readiness for Quality	4/27
Customer Centered Management	4/28
Congressional Operations for the NIH	5/2
Reviewing Other People's Writing	5/3
Interacting With Difficult People	5/5
Team Leadership Skills	5/5
Managing Stress, Maximizing Effectiveness	5/10
Project Management	5/11
Report Writing	5/16
Working With Personal Differences: MBTI I for Managers	5/17
Attitudes: How They Affect Productivity	5/25
Managing Workforce Diversity	5/26
Office Operations and Administrative Systems Training, 6-6211	
Working With Personal Differences: MBTI I for Technical and Support Staff	5/23
Leadership and Management Skills	5/18
Fundamentals of Grammar	5/9
Editing: An Introduction	5/11
Developing Assertiveness	4/26
Basic Time and Attendance	5/26
Domestic Travel	5/23
IMPACT A-Train (TMS)	5/5
Science and Medical, 6-6211	
Basic Statistics Using SAS/STAT Software	5/11
Special Courses, 6-6211	
Retirement Planning Seminar	5/18
American Sign Language - Level I & II	4/26

Additional courses are available by request. For more information, call the Training Center on 6-6211 or consult the NIH Training Center Catalog. Personal Computer training is available through User Resources Center (URC) self-study courses. There is no cost to NIH employees for these hands-on sessions. The URC hours are:
 Mon. - Thurs. 8:30 a.m. - 7 p.m.
 Friday 8:30 a.m. - 4:30 p.m.
 Saturday 9 a.m. - 1 p.m.

Fraternal Male Twins Sought

NIMH needs male fraternal (nonidentical) twin pairs for a study of brain function. Twins must be between ages 18 and 50. Participants must not be taking medications or have a history of major medical or psychiatric illness. Procedure involves mapping brain structure with magnetic resonance imaging (MRI), and mapping brain function with positron emission tomography (PET) while subjects perform various problem-solving tests. The PET scan involves exposure to an amount of radiation that is within both NIH and FDA guidelines. Volunteers will be compensated. For more information, contact Jill Ostrem, 2-3682. □

New Vaccine May Prevent Tooth Loss; Trials in Monkeys Effective

Researchers at NCCR's Washington Regional Primate Research Center in Seattle recently found that immunization significantly slows the progression of periodontal disease in monkeys. This offers hope for a human vaccine that could help thousands of Americans plagued by tooth loss caused by periodontal bone and tissue damage.

The study—headed by Dr. Roy C. Page, director of the Research Center in Oral Biology at the University of Washington School of Dentistry, and funded by the National Institute of Dental Research—is the first to show vaccination as a possible treatment for periodontitis, an infectious disease that destroys tooth-supporting tissue and bone.

The UW researchers, in collaboration with investigators at the University of Texas in San Antonio and the Bristol Myers Squibb Pharmaceutical Research Institute in Seattle, developed the vaccine using killed *Porphyromonas gingivalis* bacteria, a major cause of periodontitis.

The Washington scientists used 20 cynomolgus monkeys in the study, inoculating half with the vaccine and half with a placebo. The monkeys were vaccinated again at 3-, 6-, and 16-week intervals. After 4 months, the researchers wrapped silk thread around each monkey's teeth below the gumline to induce bacterial growth and periodontal disease.

Both groups had similar levels of bacterial buildup and gum inflammation, indicating that the vaccine had not cured the monkeys of bacterial infection.

However, additional tests and X-rays showed that the control monkeys had lost twice as much tooth-supporting bone as the vaccinated monkeys.

"We know enough already to say that a human periodontitis vaccine seems feasible, but it may be a decade before we see full-fledged clinical trials of such a vaccine," says Page.

In later tests, the scientists applied live *P. gingivalis* bacteria directly to the gums of three control and three test monkeys. The control monkeys displayed dramatic bone loss after this application, while the test monkeys remained protected from disease.

"It appears that immunization may in fact block bacterially induced bone loss," says Page. "Over the next 5 years we're going to study why the vaccine works, how it works, and whether we will be able to produce a vaccine that effectively reduces the level of bacteria in gum tissue."

"Periodontitis is a major cause of tooth loss for older Americans," says Dr. Judith Vaitukaitis, director of NCCR. "Dr. Page's vaccine research promises to reduce patient suffering, as well as the costs of treating this disease." —Kathleen Canavan □



Dr. Barnett Kramer, associate director for early detection and community oncology in NCI's Division of Cancer Prevention and Control, has been named editor-in-chief of the Journal of the National Cancer Institute. He did his undergraduate work at Johns Hopkins University and then went on to the University of Maryland Medical School where he graduated cum laude in 1973. In 1991, he received the M.P.H. from Johns Hopkins University School of Hygiene and Public Health. Kramer is board-certified in internal medicine and medical oncology. He also serves as editor-in-chief of the prevention editorial board of PDQ, is a professor at the Uniformed Services University of the Health Sciences and a senior investigator at the Navy Medical Oncology Branch located at the National Naval Medical Center.

Retrospective Honors Oroszlan

On Friday, Apr. 22, the ABL-Basic Research Program of the NCI-Frederick Cancer Research and Development Center is sponsoring a symposium entitled, "A Retroviral Retrospective in Honor of Dr. Stephen Oroszlan."

Speakers will include Drs. Mario Chamorro, John Coffin, Laszlo Fesus, Robert Gallo, Raymond Gilden, Hidesaburo Hanafusa, Louis Henderson, Alan Rein, and Nancy Rice.

The symposium will be held from 8:30 a.m. to 12:30 p.m. in Rosenstock Hall, Hood College, Frederick, Md. There is no charge but persons wishing to register should contact Margaret Fanning, (301) 846-5865. □

Ticket Warnings Are Real

Yes, those desk-to-desk *Security Watch* updates published by the Division of Security Operations should be read and heeded, not tossed aside, learned John Roberts, chief of the accounting and indirect cost section in the Division of Financial Management.

He recently visited the *NIH Record* office to warn fellow NIH'ers that the NIH Police are serious indeed about the rules governing proper display of the parking stickers. No, you can't stick them with scotch tape to the rear window. Yes, you will be fined if they are not permanently affixed. It's all spelled out in black and white in the March issue of *Security Watch*. But who reads any of those desk-to-desk memos anymore...

NIH Employee Opinion Survey Circulated

The NIH task force on fairness in employment practices is conducting an NIH-wide opinion survey that will provide important data for the NIH community. Specifically, the survey is designed to identify broad problem areas that may require the attention of management and to provide data on these areas from which to monitor changes in opinion following improvements to the Equal Employment Opportunity program. The survey results should give management a valuable tool for future periodic sampling of employee perceptions of the fairness of employment practices at NIH.

Approximately 260 randomly selected employees should receive the survey within the next 2 weeks, as part of a pilot. Upon completion and analysis of the pilot results, the survey will be sent to the remaining NIH community in the next few months.

The survey includes questions aimed at identifying whether employees are treated fairly on the job; recommending ways to reduce unfair treatment; determining how employees who file complaints are perceived; and measuring employee knowledge of the Federal Equal Opportunity Recruitment Program, Affirmative Employment Program and EEO complaints processes and their perceptions of how well each is working. The responses to the survey will be analyzed in combination with demographic data using race, gender and disability. The information obtained will enable NIH to take a reading on the current environment from both an NIH-wide and ICD perspective. □

Take Your Kids To Work, Apr. 28

The Office of Equal Opportunity and the advisory committee for women will sponsor their first annual "Take Your Children to Work Day" at NIH on Thursday, Apr. 28. The purpose of this event is to introduce school children, ages 9 and above, to the vital public services that their parents provide and to encourage future career decisions that will ultimately provide a quality work force for the 21st century. For more information and the permission slip for the NIH "Take Your Children to Work Day," contact Lucretia Coffey, Federal Women's Program manager, OEO, 6-9013. Participation will be strictly on a first-come, first-served basis with a limit of 85 children. □

Next NIH Director's Seminar Set, Apr. 19

The next speaker in the NIH Director's Seminar Series will be Dr. Jennifer Lippincott-Schwartz, head of the unit on organelle biology in NICHD's Cell Biology and Metabolism Branch. She will address "Membrane Traffic and Compartmentalization within Eukaryotic Cells," on Tuesday, Apr. 19 at noon in Bldg. 1, Wilson Hall. □

NIH Institute Relay Race, May 18

On Wednesday, May 18, the NIH Health's Angels Running Club will sponsor its 17th annual NIH Institute Relay. The relay will start at noon in front of Bldg. 1. All NIH employees and Public Health Service employees who work at the Parklawn Bldg. are invited to participate in this year's event.

The relay, which consists of five runners per team, each of whom runs a half-mile loop around Bldg. 1, has become one of the traditional "rites of Spring" at NIH. As usual, there will be team competition in five divisions: open (runners 39 years old and under), master (runners over 40 years old), all male, all female and mixed. The Allen Lewis NIH Memorial Trophy will be inscribed with the names of the members of the winning teams in each division. Additionally, all participants and volunteers will receive festive commemorative ribbons.

All runners, volunteers, and their friends are invited to attend a post-race party at the FAES House located on the corner of Cedar Ln. and Old Georgetown Rd., starting about 4:30 p.m.

There is a \$5 entry fee for each team participating in the relay. Entry forms and instructions will be available at the NIH R&W Activities Desk, located in Bldg. 31, Rm. B1W30, and at the Parklawn R&W, located in the Parklawn Bldg., Rm. 509, starting Apr. 18.

Teams must return their completed entry forms to an R&W Activities Desk by close of business, May 13. Team packets will be made available for pickup on May 17.

Those with questions about the relay and/or who are interested in volunteering their help, should call either Peter Pentchev, 6-3285, or Jerry Moore, 6-4606. □

Support Staff, Secretaries Week

In recognition of the dedication and perseverance of NIH support staff and secretaries in furthering the mission of NIH, the Office of Equal Opportunity and the advisory committee for women will sponsor an observance on Friday, Apr. 22, from 11:30 a.m. to 1 p.m., in Wilson Hall, Bldg. 1. The theme for the program is "Striving for Change: Support Staff of the 90's."

Dora G. Alcala, director of civilian equal employment opportunity training, Defense Equal Opportunity Management Institute, Patrick Air Force Base, Florida, will be the keynote speaker for this event. She began her career as a GS-3 clerk typist, and has an extensive background in personnel, equal employment opportunity and affirmative action programs. She will address strategies for coping with change and identify new skills that will be essential for support staff in the new office environment; she will also discuss the impact new technologies and downsizing will have on the current functions of support staff.

Sign language interpretation will be provided. For more information and reasonable accommodation, call Lucretia Coffey, Federal Women's Program manager, 6-9013. □



At the recent CFC awards ceremony, NIH celebrated its achievement of raising more than \$989,000 for the 1993 NIH CFC campaign. The figure tops any previous NIH campaign. Winners of the CFC raffle were announced immediately following the ceremony. Holding the CFC banner, they are (from l, seated) Anthony Conoway, NEI, winner of the TV/VCR, and Dr. Brian Safer, NHLBI, winner of 2 round-trip USAir tickets. (Not shown is Carol Florance, NICHD, also a winner of USAir tickets). Standing are (from l) Judith Duff, deputy executive officer, NEI, and 1993 NIH/ICD CFC coordinator; Randy Schools, general manager, R&W Association; Lindsay Alexander, president/CEO NIH Federal Credit Union; Steve Ficca, NIH associate director for research services; and Jody DeOms, R&W.