

"Still  
The Second  
Best Thing  
About Payday"

# The NIH Record

## Prevention Campaign Launched

### **NHLBI Marks Hypertension Education Month**

May is National High Blood Pressure Education Month, and NHLBI has launched the first nationwide campaign to help Americans prevent the disease. The campaign features a toll-free telephone line—1-800-575-WELL—to inform Americans quickly and easily about how to prevent and treat high blood pressure.

But the recorded telephone messages are only part of the campaign, which also uses television, radio, and print public service advertisements, and distributes free publications.

"We are trying to reach everyone with the message that hypertension can be prevented," said NHLBI director Dr. Claude Lenfant.

"We've made great progress in increasing the awareness, treatment, and control of hypertension," he continued. "But treatment is not enough because of complications that can begin early and the expense and risks associated with chronic drug therapy, as well as the problems of adequately detecting and treating all Americans. The best health insurance we have is prevention."

(See **HYPERTENSION**, Page 6)

### **NIH Holds Health Fair for Employees**

NIH will hold a health fair for all employees on May 17-18 in the Visitor Information Center, Bldg. 10. This will be the largest health fair on campus in 6 years.

Called "NIH Health Odyssey—Discover What's Good for You," the fair will provide information on how NIH'ers can take the initiative to improve and maintain their health. "The emphasis of this health fair is on prevention," said Susanne Strickland, fair coordinator and program manager for the NIH Worksite Health Promotion Program. "Just because we work in a medical and behavioral research environment doesn't mean that we practice good health. Most of us have some habits we could change to improve our health outcomes."

The health fair is sponsored by the Office of Disease Prevention, in cooperation with the ICDs and R&W, and is an initiative of the Worksite Health Promotion Program. Twenty-three booths will feature literature, videos (captioned), and demonstrations. Topics range from mental health, cancer detection, safety, exercise and ergonomics, to prevention and control of common diseases. Anyone wishing to bring a favorite recipe to the nutrition booth can get suggestions on how to prepare it with less fat, salt and sugar. Guest speakers will present information on two timely

(See **HEALTH FAIR**, Page 8)

## CC's Acting Director Interviewed

### **Saul Rosen Retires from Clinical Center**

By Sara Byars

Dr. Saul Rosen, with his easy laugh and musical metaphors, has guided the Clinical Center as acting director since 1990. His professional life is tethered inextricably to this place.

After earning undergraduate and medical degrees from Harvard and a Ph.D. from Northwestern, he interned and took residency training in internal medicine at the University of California, San Francisco Medical Center.

He first traveled here in 1958—the Clinical Center's doors had been open for 5 years—for a 2-year stint as a clinical associate in the then National Institute of Arthritis, Metabolism and Digestive Diseases. He returned here to stay in 1961. He served as a senior investigator in the institute's Clinical Endocrinology Branch from 1961-1984, and was named deputy director of the Clinical Center in 1984. He retires in June.

*How has the focus of medical research changed since you came here as a clinical associate in 1958?*

(See **ROSEN**, Page 4)

### **NIDR Director Harald Loe To Retire**

Dr. Harald Loe, director of the National Institute of Dental Research, will retire from the federal government on June 1. The fifth director of NIDR, he has served in this position since Jan. 1, 1983.

During his tenure, he fostered the growth of oral health science from a narrow concern with teeth and gums to a broader discipline encompassing all the oral and craniofacial tissues, as well as behaviors associated with the cause and prevention of disease and the maintenance of health. In supporting this agenda, NIDR has promoted the use of comprehensive research centers in which multidisciplinary teams of investigators conduct basic and clinical research in areas of high priority. Loe expanded and diversified the institute's network of

(See **LÖE RETIRES**, Page 7)



Dr. Harald Loe

### **NIAID's Gallin Appointed Clinical Center Director**

Dr. John I. Gallin has been named

director of the Warren Grant Magnuson Clinical Center and NIH associate director for clinical research; he assumed both posts on May 1.

He has served as director, Division of Intramural Research, NIAID, since 1985, and as chief of the institute's Laboratory of Host Defenses since 1991.

"The Clinical Center has long been at the

(See **GALLIN**, Page 2)

### **NIH Offers Buyouts/Early Outs to GS-13's, Above**

By Anne Barber

NIH has received authorization from DHHS to offer separation incentives (buyouts) and early retirements (early outs), and the ICD directors have agreed to offer them during the month of May," says Stephen Benowitz, director of the Division of Personnel Management. Buyouts are payments made to certain employees who resign or retire voluntarily during a specific period. The amount of the buyout will be either \$25,000 or the amount of your severance pay entitlement, whichever is less.

"Letters offering these separation incentives have been given to NIH employees at grades

(See **BUYOUTS**, Page 5)

## Seamstress, Scholar

### **Acker Tailor-Made For Stetten Fellowship**

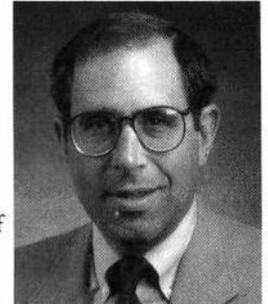
By Rich McManus

A year ago, Caroline Jean Acker could be found Saturday nights walking the streets of a seedy neighborhood in San Rafael, Calif., wearing a blue backpack stuffed with condoms, clean syringes, alcohol wipes, and a "sharps" box to keep the dirty needles traded in by junkies from poking through her satchel.

A few weeks ago, Dr. Caroline Jean Acker stood in the spotlight at Lipssett Amphitheater amid a corps of scholars that included acting NIH deputy director for intramural research Dr. Michael Gottesman to present a symposium on "Synthetic Opiates and Opioids: Drugs as Medicines, Drugs as Research Tools."

It would seem that the subjects of these vastly different tableaux might be two different people. And, in a sense, they are. The Acker

(See **ACKER**, Page 10)



Dr. John I. Gallin

## GALLIN

(Continued from Page 1)

forefront of modern, investigative medicine," said NIH director Dr. Harold Varmus, who made the appointment. "Dr. Gallin's scientific and clinical expertise make him ideally suited to lead this one-of-a-kind hospital, with its commitment to quality patient care in an innovative research environment."

As director of the 450-bed Clinical Center, Gallin will oversee a staff of 2,000 health professional, administrative, and support personnel. About 9,300 patients are admitted to the CC each year, and nearly 75,000 outpatient visits are conducted annually. Patients who participate in studies there help investigators learn more about what causes diseases and disorders and how to better treat and diagnose them.

As NIH associate director for clinical research, Gallin will be a principal advisor to Varmus on clinical research issues.

Gallin lectures internationally on inflammation and topics of host defense. He currently serves on the NIH board of scientific directors, the director's long-term facilities planning group, and the NIH executive board for Clinical Center modernization.

Among his awards are the June 1992 Distinguished Service Award from the Public Health Service, the 1994 Young Investigator Award of the American Federation for Clinical Research, and the 1987 Squibb Award of the Infectious Diseases Society of America. In

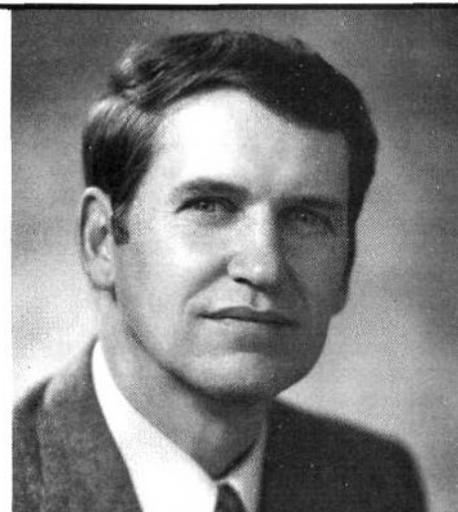
1991, he received the PHS award for orphan product development, an honor that recognizes work in finding treatments for diseases and disorders that affect a small number of patients worldwide.

Gallin's primary research interests center on how phagocytes—the body's scavenger cells—function. When the cells fail to produce the oxygen-rich chemicals such as hydrogen peroxide and bleach that normally kill germs, a rare hereditary immune disorder called chronic granulomatous disease (CGD) of childhood results. Gallin's laboratory has pursued gene therapy for the treatment of CGD. He also has helped lead investigations demonstrating that the immune stimulant interferon-gamma reduces infections in CGD. Currently, he and his colleagues are pursuing the use of interferon-gamma in the treatment of other infectious diseases such as tuberculosis.

He is an author of more than 250 publications and is a coeditor of the widely acclaimed text *Inflammation*.

Gallin serves in an advisory capacity for several medical schools, and is president of the International Society of the Immunocompromised Host.

A New York native, he graduated with honors from Amherst College, where he received an honorary doctor of science in 1988. He earned an M.D. degree at Cornell University Medical College in 1969. He was an intern, resident, and senior chief medical resident at New York University-Bellevue Hospital Medical Center. □



*Dr. F. Terry Hambrecht, director of the NINDS Neural Prosthesis Program, recently received the Goldenson-Goldenson Technology Award from the United Cerebral Palsy (UCP) Research and Educational Foundation. Hambrecht, who is both a research physician and an electrical engineer, was honored for his scientific leadership in the restoration of function to the injured nervous system. "His program has given direction and promise to the universal wish that 'the blind will again see, the deaf will again hear and the disabled will again walk,'" said the foundation. The award was presented at the UCP Association's annual conference in Chicago.*

## NIAAA Symposium on Alcoholism Set, May 25

"The Neuroscience of Alcoholism: Advancing Hope in the Decade of the Brain," is the theme of a May 25 symposium sponsored jointly by NIAAA and the National Foundation for Brain Research.

To be held 8 a.m. to 5:30 p.m. at the National Press Club in downtown Washington, D.C., the symposium will highlight research findings critical in understanding alcohol abuse and dependence.

NIH director Dr. Harold Varmus will give opening remarks. Other NIH speakers include NIAAA director Dr. Enoch Gordis and NIAAA intramural research director Dr. Markku Linnoila.

Featured investigators include Dr. Henri Begleiter (symposium chairman), State University of New York Health Science Center at Brooklyn; Dr. Ivan Diamond, University of California, San Francisco; Drs. George Koob and Floyd Bloom, Scripps Research Institute; Dr. Ting-Kai Li, Indiana University School of Medicine; Dr. Adolf Pfefferbaum, Stanford University; and Dr. Roger Meyer, George Washington University Medical Center.

NIH scientists, clinicians and other interested persons are encouraged to attend. For registration information, phone (202) 293-5453. □

## The NIH Record

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*The Division of Research Grants recently held its annual award ceremony during which director Dr. Jerome Green presented the NIH Merit Award to 11 employees. Shown are (from l) Judith Baier, Fred Wong, Virginia Shifflett, Anne Brigham, Green, Dolly Sparkman, Marilyn Cuzzolina, Dr. William Branche, Jr., Seu-Lain Chen, and Miriam Gershfeld. (Drs. Ramesh Nayak and Adolphus Toliver are not pictured.)*

## Fluoride Offers Hope for Treating Osteoporosis

Treatment with fluoride and calcium supplements prevents new spinal fractures and helps rebuild spinal bones in patients with osteoporosis, according to interim results from an ongoing clinical trial at the University of Texas Southwestern Medical Center at Dallas. The results offer hope for a new means to slow or possibly reverse this common disorder.

"Our findings show that this approach can greatly reduce new fractures, and they support the hypothesis we've had since the very beginning of this work," said Dr. Charles Y.C. Pak, distinguished chair for mineral metabolism and principal investigator for the university's Clinical Research Center. "That is, given in proper amounts with adequate calcium, fluoride is a means to form normal bone."

"Current therapies for osteoporosis put a brake on the bone loss but don't make it stop, so they really work best as preventives. These preliminary findings show that fluoride safely rebuilds already weakened, fragile bones," said NCRR director Dr. Judith L. Vaitukaitis. "If this therapeutic effect is sustained, fluoride will yield the first effective means to reduce the risk of fractures once osteoporosis sets in."

"There are currently very limited treatment options for women or men with established osteoporosis. If the bone-forming capacity of fluoride can be harnessed to build healthy new

bone, it will provide an important alternative therapy," said Dr. Joan McGowan, chief of the NIAMS Bone Biology and Bone Diseases Branch.

About 25 million Americans have osteoporosis, in which progressive bone loss and decay cause frequent fractures with associated disability and death. Physicians typically aim to prevent or control osteoporosis using estrogen replacement therapy, calcium supplements, and the drug calcitonin, all of which slow bone loss. Fluoride, in contrast, stimulates the body to produce new bone.

In their article, Pak and his colleagues report interim results from treatment of 99 postmenopausal women with osteoporosis, randomly divided into two groups. The first group—48 women treated an average of 34 months—received a two-part regimen with daily calcium citrate supplements and cyclic (12 months of taking the drug followed by 2 months off) treatment with slow-release sodium fluoride. The second, placebo group—51 women followed for an average of about 30 months—received calcium citrate and placebo pills on the same schedule.

During this period, patients in the placebo group developed more than twice as many new spinal fractures (26 new fractures) as patients taking the fluoride/calcium combination (10 new fractures). In addition, scientists found that bone mineral content, measured in the

spinal bones, rose by 4 to 6 percent among patients in the active treatment group after each fluoride cycle but did not change in the placebo group.

The interim results from the trial, supported by NIAMS and NCRR, appeared in the Apr. 15 issue of *Annals of Internal Medicine*.

Earlier studies have shown that high fluoride intake can lead to defective bone and cause such side effects as severe diarrhea, gastrointestinal bleeding, stress fractures, and increased nonspinal fractures. However, investigators in the current trial have not seen any significant side effects among treated patients. Moreover, they believe that the new bone was well formed, as indicated by the decrease in new spinal fractures.

Pak suggests that these results are due to better calcium dosing and use of slow-release sodium fluoride, which avoids high peaks in blood fluoride levels and passes through the stomach before breaking down. The fluoride preparation used in the trial is an experimental drug and is not available on the market.

Scientists will continue the study for about 2 more years to determine if benefits from the new treatment are sustained. They also plan a second study in women who have bone thinning but do not have fractures in order to assess the treatment's potential for fracture prevention in early osteoporosis.—Frances Taylor and Elia Ben-Ari □

## Status of Health Research on Asian and Pacific Islanders Examined

On May 25, the Asian/Pacific Islander American advisory committee will host a symposium on "Asian/Pacific Islander American (APIA) Health Issues." It will be held in Wilson Hall, Bldg. 1 from 9 a.m. to noon. All are invited to attend.

The program will focus on the status of health research on APIAs. According to the 1990 Census, there are more than 7.2 million APIAs, constituting about 3 percent of the total United States population. This figure represents a greater than 100 percent increase over the 1980 Census figure. Despite this enormous growth, the health of Asian Americans has not been studied in any significant detail. Part of the problem may be attributed to the myth of APIAs as the "model minority." This stereotype is based on the failure to take a critical look at statistics such as high average family income, years of education, and professional occupation that mask the very real social, economic and health problems faced by many segments of the culturally and ethnically diverse APIA population. Too often, the needs of the poorer, less successful immigrants are overlooked in the shadow of the more prominent, established APIAs. As a result, the health problems of APIAs as a whole have remained poorly understood. Only recently has a new journal, *Asian American and Pacific Islander Journal of Health*, emerged to provide

a vehicle for publishing results of studies on the health of APIAs.

Speakers at the May 25 symposium will discuss the status of health research from a variety of perspectives such as the myth of the model minority, the unique health problems of APIAs, the representation of APIAs in biomedical research, and recommendations for the future. Presentations will be given by: Dr. Peter Somani, Ohio department of health; Tessie Guillermo, Asian American Health Forum, San Francisco; Dr. Moon Chen, editor of the *Asian American and Pacific Islander Journal of Health*; Dr. Jane Lin-Fu, Health Resources and Services Administration; and Dr. Belinda Seto, Office of Research on Minority Health, NIH. Opening remarks will be made by Dr. Ruth Kirschstein, NIH deputy director, and Dr. Phil Chen, NIH associate director for intramural affairs. For more information, call Dr. Opendra Sharma, 6-8378. □

## Physicians Association To Meet

The NIH chapter of the Federal Physicians Association will meet on Monday, May 23 at 11:30 a.m. in Bldg. 31C, Conf. Rm. 8 for a brown-bag lunch and informal discussion with NIH director Dr. Harold Varmus regarding issues affecting NIH physicians. All NIH physicians are welcome at no charge, but call (703) 455-5947 to make a reservation. □



The First Environments Day Care Center, located on the north campus of NIEHS, has earned full accreditation by the National Academy of Early Childhood Programs. According to Donna McNeill, NIEHS day care liaison, the academy recognizes outstanding early childhood programs that meet national standards, and has set criteria that include: developmentally appropriate programming; a competent, qualified and trained staff; established health and safety standards; and parent involvement. The NIEHS site attained the highest scores possible in every category of evaluation for accreditation.

## ROSEN

(Continued from Page 1)

There is much more attention to the protection of human subjects in investigative research. Those protections were always present at the Clinical Center, because the NIH then as now has been fortunate to have such a cadre of dedicatedly compassionate and talented clinical investigators. But the formal protections that have been developed and refined after such ethical milestones as the Nuremberg Code and the Belmont Report have been incorporated and codified in the protocol review process.

Other aspects that are tremendously different are the revolutions in molecular and cell biology, revolutions that have deepened and broadened our knowledge about basic processes. It's those more basic disciplines that are increasingly driving the clinical research that goes from the bench to the bedside. In the old days, what went from the bench to the bedside had more of a physiologic than a molecular basis.

Coupled with the revolutions in molecular and cell biology has been the explosion in our ability to image things. When I was a student and house officer, it was a great intellectual activity to try to discern the location of lesions in patients with, say, multiple sclerosis. Now it is possible to actually see some of the lesions by magnetic resonance imaging. We have powerful computed tomography to look for small tumors. We have positron emission tomography to look at the actual function of areas in the brain. These are dramatic and exciting advances. I suspect that 50 years from now people will look back at this as the golden era of biomedical research.

*Are there avenues of research that you find particularly astounding or surprising?*

The thing that knocks my socks from here to Prince George's County is the new work in gene therapy, work that was pioneered here at the Clinical Center. I remember the date—Sept. 14, 1990. The first gene therapy experiment in the world was carried out at the Clinical Center by French Anderson then of NHLBI and Mike Blaese and Ken Culver, then of NCI. Now, other investigators here and elsewhere are exploring gene therapy. Dr. Francis Collins at the Center for Human Genome Research will be heavily involved in pushing this technology forward.

*What are you proudest of having accomplished during your CC tenure?*

My overriding goal has been to help restore trust in the Clinical Center. It seemed to have undergone some erosion that led to a management retreat, Easton II. I have tried to extend the work [former CC director Dr.] John Decker began with total quality management, to open the institution internally with the continuous quality improvement process. We have tried to do that in a way that was inclusive, not heavy-handed. Through such efforts as the CC director's forums, I have tried to make the CC's management accessible to all employees. I have worked to enlarge the CC



Dr. Saul Rosen

senior management staff and to involve CC department heads more in decisionmaking processes.

I'm proud of the fact that we have tried—as a predominantly service ICD—to support the institutes, to be responsible fiduciaries to their money which supports us. We have stayed within the FTE and budget allocated to us by corporate NIH.

The Clinical Center's overriding goal has always been to provide the best and most compassionate patient care we can deliver in an open, collegial environment.

We have also tried to be flexibly responsive to the institutes' needs. We've tried to foster open communications with the institutes—open, honest communications—while putting everything on the table with no hidden agendas.

I believe that the institutes are partners with us in trying to develop a collective approach to taking advantage of this era's magnificent scientific opportunities.

The CC stands for more than the Clinical Center to me. It also represents competency and collegiality. And I hope that's what we have been. Competent and collegial.

*What has been the Clinical Center's primary contribution to medical research?*

Pulling together a critical mass of highly trained, highly skilled, highly intelligent, and highly dedicated people to move ideas from the bench to the bedside rapidly, effectively, and with appropriate protection of human subjects.

*What will be the Clinical Center's greatest challenge in the next decade?*

To sustain that excellence in changing times. Nostradamus is not my middle name, but I think the challenge will again be that almost oxymoronic mandate to do more with less.

There is a need nationally to decrease debt, to respond to the administration's and the public's requirements to downsize the federal workforce, especially middle managers. That means, on one hand, decreased resources, decreased FTEs. On the other hand, as we seek to take advantage of the new and remarkable biomedical opportunities, we are required to respond to daunting but understandable demands for more and more documentation, review, and audit. When the public hears about scientific misconduct, they are concerned. They respond in a way that's understandable—demands for

more controls, more regulations.

*What are your plans for retirement?*

I will probably become a student again. I would like to learn how to play the piano so I can read music. I cannot read a note, even though music, especially opera, is my muse. I would like to take some singing lessons one day. My wife is supportive and has even identified a baritone that she used to sing with at the New York City Opera, who is a voice teacher in this area. She'd like me to study with him, which I'd love to do, but I have to learn to read music first.

Another thing I'd like to do is to study some of the things I've never had a chance to learn about, attend lectures and classes with some of the leading teachers in the area. What I know about Russian novelists would fill a thimble. And even though I love romantic music, especially 19th century opera, I know little about the history and culture of that era. □

## Dunbar To Give Seminar

The next speaker in the NIH Director's Seminar Series will be Dr. Cynthia Dunbar, senior clinical investigator in NHLBI's Hematology Branch. She will speak on "Gene Transfer and Transgenic Mouse Model Approaches to Understanding Hematopoiesis," on Tuesday, May 17 at noon in Wilson Hall, Bldg. 1.

## Thrift Savings Plan Open Season

The Thrift Savings Plan (TSP) is having another open season from May 15 through July 31. FERS employees who were hired before Jan. 1, 1994, as well as CSRS employees have an opportunity to change their current election, or make an initial election.

Eligible FERS and CSRS employees may elect to contribute to the G Fund (government securities), C Fund (stocks), and/or F Fund (bonds). FERS employees may contribute up to 10 percent of their salary each pay period and will receive matching agency contributions on the first 5 percent. CSRS employees may contribute up to 5 percent of salary, but do not receive any matching contributions. FERS employees who do not contribute receive an automatic 1 percent agency contribution each pay period. They may choose to distribute this contribution among the three funds.

The features of the plan and directions on how to make a plan election or to change your current withholding are described in the *Thrift Savings Plan Open Season Update* pamphlet, which will be distributed to eligible employees by their ICD personnel office. More detailed information is provided in the *Summary of the Thrift Savings Plan for Federal Employees* booklet and is available in your ICD personnel office. □

## BUYOUTS, SEPARATION INCENTIVES OFFERED TO EMPLOYEES DURING MAY

(Continued from Page 1)

GS-13 and above, including SES'ers, in ICD's offering the program," says Benowitz.

The letter explains in detail the eligibility requirements, application procedures, health and life insurance, Thrift Savings Plan, annuity reduction if you are taking early out, credit or payment for leave accrued, charts showing how to calculate your annuity, and many other topics of concern.

Herb Casey, chief of DPM's Recruitment and Employee Benefits Branch, says the criteria that make one eligible for the buyouts are: continuously employed in the federal government for at least the last 12 months; not be a retired annuitant or be eligible for disability retirement; currently occupy a position at GS-13 or above, and not have a Schedule C or non-career SES appointment; resign or retire during the period the agency decides; and be in a position designated by the agency. In addition, to be eligible for the early out you must be at least 50 years of age with 20 years of service or any age with 25 years of service.

"These separation incentives are in response to the Federal Workforce Restructuring Act of 1994, signed by the president that calls for reducing the number of government employees," says Casey. "They were designed to help ease the downsizing efforts and help agencies avoid layoffs."

Benowitz states that "everyone meeting this criteria received a letter offering them the separation incentives, a total of about 4,000 employees."

Reducing the federal workforce by 252,000 workers by the end of FY 1999, Benowitz says, "is basically a 12 percent cut. At NIH for example, we have approximately 16,800 employees. In FY 1994 that equals to about 350 FTEs NIH has to cut back and for FY 1995, we estimate approximately 300. Out of that number, 10 percent must be in grades GS-14 and above. The basic intent," he says, "is to cut back on supervisory and management positions."

"However," Benowitz continues, "many of our scientists are not truly supervisors. You generally do not have to be a manager to acquire the higher grades if you are a scientist. They do not play the traditional supervisory role. Currently, nonsupervisory scientists make up nearly one-half of NIH's number of GS-14's and above. We have asked for an exception for this group through PHS and the department but we are still waiting for a response. Even though we have asked for reconsideration, we still mailed the letters to all scientists GS-13 and above."

Benowitz says this 12 percent reduction is a

hard goal to meet. "It certainly puts pressure on NIH."

Benowitz says although the legislation says the separation incentives can be offered through Mar. 31, 1995, NIH doesn't know whether the department will offer buyouts beyond FY 1994.

If there is a need to limit the number of buyouts due to availability of funds, the ICD directors have ranked their criteria in order of preference: SES position, less critical job, more critical job, and save the most money.

What are the chances for a RIF (reduction-in-force) at NIH if the numbers cannot be reduced through separation incentives and attrition?

Benowitz answers firmly: "The NIH has never had a RIF, and we are taking all possible steps to ensure that won't happen. Besides, they don't work well. We will work hard to avoid a RIF at all possible costs."

Casey says REBB has been doing a number of things to help expedite the group of employees who may wish to take the separation incentives. All ICD personnel staffs have been briefed and calculations of annuities have been prepared for many eligible employees.



Herb Casey, chief of REBB

The Training Center is also offering its regular 2-1/2 day retirement seminar to NIH employees who plan to take the early out/buyout offer during May. The dates are May 11-13. Call Phyllis Weisbaum, 2-3383 or Naomi Lewis, 6-8932, if you have any questions on how to enroll in the class.

"Anyone wishing to accept the buyouts/early outs package must apply by May 13," says

Benowitz, "and you must be off NIH's payroll by May 31."

If you have questions or need more information about the separation incentives, contact the ICD personnel office listed in your letter. □

### Quartet Performances Planned

The NIH Chamber Players will give a concert of string quartets at 12:30 p.m. on Wednesday, May 25 in Masur Auditorium, Bldg. 10. String quartets of Haydn and Dvorak will form the program. The concert is sponsored by the special events section of the Clinical Center, and the group thanks Al Rexroad of that section for his help. The concert is free and all are welcome. □

### Scholars Give Presentations

The Howard Hughes Medical Institute-NIH Research Scholars will give presentations on their work Wednesday, May 25 in the lecture hall of Bldg. 60 (the Cloister). Both poster and platform sessions will be given, starting at 9 a.m. and lasting until 5:30 p.m. □



Some 20 NIH'ers recently participated in the NIH Fitness Center's Indoor Triathlon, a 5-week term of dedicated exertion to three of these five indoor activities—running/walking, cycling, stairs, cross-country skiing and rowing. Among the finishers were (from l) Norwood Simmons, Newlin Morgan, Cleve Josey, Hari Conjeevaram, Stephen Finley, Lucy Adjei, Nancy Wright, Mary Ritorto, Cindi Brown. Brian Beddow (r) is assistant director of the center.

## HYPERTENSION

(Continued from Page 1)

About 50 million Americans have hypertension, with 2 million more developing the disease each year.

Hypertension often occurs without any warning signs, and is the main cause of stroke and a major contributor to heart disease and kidney failure.

Blood pressures at or over 140 mm Hg/90 mm Hg are high. But recent research has shown that even blood pressures not yet in the "high range" can produce health problems.

The new campaign is being organized through the National High Blood Pressure Education Program (NHBPEP), a coalition of more than 40 federal agencies and national professional and voluntary organizations that is coordinated by NHLBI.

The campaign is based on recommendations from the NHBPEP "Working Group Report on Primary Prevention of Hypertension." The working group reviewed scientific findings about the causes of hypertension and the gains possible from a nationwide campaign to educate Americans about how to prevent high blood pressure.

For instance, the report concluded that since most Americans have a blood pressure above the optimal range of <120 mm Hg/< 80 mm Hg, even a small reduction in the nation's average blood pressure could produce a significant decrease in cardiovascular risk.

A 3 mm Hg decrease in the nation's systolic blood pressure could reduce stroke deaths by 8 percent and heart disease deaths by 5 percent, the report states.

The new campaign is trying to reach all

Americans with its prevention message but especially those shown by research to have a particularly high risk of developing hypertension—minorities such as African Americans, those with high-normal blood pressures, those with a family history of hypertension, the overweight or physically inactive, and those with a high intake of alcohol or salt.

The campaign advocates the following four steps to help prevent high blood pressure:

● Step One—

Maintain a healthy weight. The overweight have a two- to sixfold higher risk of developing high blood pressure.

About 20 to 30 percent of hypertension in the United States is related to excess weight. Clinical research has shown that losing excess pounds reduces blood pressure in all persons—even those who already have hypertension.

● Step Two—Become physically active.

Studies have found that those who are active have less hypertension than the inactive, regardless of gender or age. People should try to get 30 minutes of activity, most days.

● Step Three—Limit salt and sodium use.

Research has documented a direct relationship between sodium intake and blood pressure. Total daily intake should not be more than 2,400 mg of sodium, or about 1 teaspoon of salt. That includes all salt and sodium consumed, whether at the table, in cooking, in processed food, or in over-the-counter medications such as antacids.

*Hypertension often occurs without any warning signs, and is the main cause of stroke and a major contributor to heart disease and kidney failure.*

● Step Four—Avoid excess alcohol. Anyone who drinks should do so in moderation, having no more than two alcoholic drinks a day. A drink would equal 1.5 ounces of 80 proof whiskey, or 5 ounces of wine, or 12 ounces of beer. Between 5 and 7 percent of hypertension in the U.S. can be attributed to consumption of three or more alcoholic drinks a day.

The prevention campaign will continue beyond May, but NIH employees should not wait to find out about high blood pressure. They can take advantage of free blood pressure tests given by the Occupational Medical Services at various NIH sites throughout May. A listing of the times and places appeared in the last *NIH Record* and is posted on bulletin boards around NIH.

They also can call 1-800-575-WELL for recorded messages about high blood pressure or write for materials to: Prevent High Blood Pressure, P.O. Box 30105, Bethesda, MD 20824-0105. □

### Guerra Is NHLBI Executive Officer

MaryAnn Guerra has taken up the post of executive officer at NHLBI.

She comes to NHLBI after a lengthy federal career, including nearly a decade at NIAID, where she served most recently as chief of both the Technology Transfer Branch in the Office of the Director and the Administrative Management Branch in the Division of Intramural Research.

Born in Niles, Ohio, Guerra graduated with a B.A. from Ohio State University then earned an M.B.A. in science, innovation, and technology from George Washington University.

Her work at NIH has included development of automated systems for acquisitions, budget, and personnel demands, and managing cooperative research and development agreements and other technology transfer-related efforts.

Guerra currently serves on numerous NIH committees and is membership chairperson for the Association of Federal Technology Transfer Executives, a new professional society that she helped establish. She also is a member of the National Technology Transfer Center's technology managers advisory board.

Among her honors are the NIH Award of Merit, the NIH Director's Award, and the Federal Laboratory Consortium Award of Merit for Technology Transfer. □



MaryAnn Guerra

### NHLBI Joins Partnership to Get America Moving

May is an active month: Besides being National High Blood Pressure Education Month, it is also National Physical Fitness and Sports Month.

And nothing could be more fitting—because a key step in keeping blood pressure healthy is becoming physically active.

That's why NHLBI has joined the President's Council on Physical Fitness and Sports (PCPFS) and other health and fitness groups in a special partnership to "get America moving."

In announcing the new partnership, PCPFS Cochairs Florence Griffith Joyner and Tom McMillen said the goal is to boost Americans' awareness of the health benefits of physical activity such as lowering blood pressure and reducing the risk of heart disease.

"President Clinton is committed to making physical activity more appealing to less active Americans," the cochairs added.

Members of the partnership met recently in Washington, D.C., to begin work on a longterm national strategy to increase Americans' physical activity. Additionally, member groups are sponsoring special events throughout May. These include "National High Blood Pressure Education Month,"

"Across America Tennis Day," "National Water Fitness Week," "National Senior Health and Fitness Day," and "National Bike Month."

NHLBI, which promotes physical activity through its education programs and initiatives, recommends people get 30 minutes of activity, most days.

Regular, brisk, and sustained exercises such as bicycling, jogging, or swimming will improve the efficiency of the heart and lungs and help burn off extra weight.

But studies show that even a little activity gives health benefits. Low-intensity activities such as gardening, housework, or leisure walking, can reduce the risk of heart disease and relieve tension.

So, those who don't have a half-hour period can still benefit by doing something for 15 minutes, twice that day, or for 10 minutes, several times—even if it's parking farther away at the office, using the stairs instead of the elevator, or taking a lunchtime walk.

NHLBI has a free booklet on *Exercise and Your Health: A Guide to Physical Activity*. To get a copy, call the NHLBI Information Center, (301) 251-1222.

## LÖE RETIRES AS FIFTH DIRECTOR OF NIDR ON JUNE 1

(Continued from Page 1)

research centers, increasing basic research capacity as well as adding new clinical and categorical centers including aging, materials science, craniofacial anomalies, and pain.

As director, he strengthened the NIDR partnership with universities through broader use of a variety of funding mechanisms. The Dentist Scientist Award Program, created in 1985, has produced more than a hundred graduates prepared for careers as highly skilled research investigators and dental school faculty. In 1992, NIDR awarded six planning grants to establish Regional Research Centers in Minority Oral Health, an initiative designed to strengthen the research capability of minority institutions and to support research to improve the oral health of racial and ethnic minorities.

Löe's commitment to building a strong oral epidemiology program at NIDR began with the creation of the Epidemiology and Oral Disease Prevention Program in 1984 and culminated with the recent addition of a molecular epidemiology and disease indicators branch that conducts basic research on genetic diseases and risk factors. Over the previous decade, NIDR's epidemiology program designed and conducted three national surveys on oral

disease in U.S. schoolchildren and adults. These studies have documented continued improvement in the nation's oral health and have been crucial in planning future research initiatives and in defining dental education and oral health care needs.

In an era of rapidly advancing biotechnology, Löe has preserved the strength and excellence of the NIDR intramural research program. A strong proponent of both basic and clinical investigation, he realigned the institute to enhance the quality and scope of its research. The broadened scope of research is reflected in current studies on the cell and molecular biology of oral infections, including AIDS; genetic disorders; bone and joint diseases; oral cancers; acute and chronic pain; and salivary gland dysfunction. In the clinical arena, this research is being translated into new diagnostic techniques, innovative treatment approaches, and realistic opportunities for disease prevention.

Under his directorship, NIDR implemented a variety of means to convey research findings from the laboratory to the profession and to the public. In 1991, NIDR launched the first in a series of continuing dental education confer-

ences for practitioners, entitled "Scientific Frontiers in Clinical Dentistry." Within the past year, NIDR established the National Oral Health Information Clearinghouse as a resource center for educational materials aimed at special needs patients, including people with medical or disabling conditions that compromise their oral health.

Prior to his appointment as NIDR director, Löe was dean and professor of periodontology at the University of Connecticut School of Dental Medicine. He is known internationally for his contributions to periodontal disease research. He holds 16 honorary doctorate degrees from universities in the U.S. and Europe and an honorary professorship at the Medical University of Beijing. He has been the recipient of numerous prestigious awards. He also holds fellowships and honorary memberships in many learned societies, and is a member of the Institute of Medicine of the National Academy of Sciences. An international lecturer, he is the author of more than 300 papers, three of which are citation classics.

On Apr. 8, the University of Connecticut's board of trustees voted unanimously to appoint him university professor. As of June 1, he will be working at the University of Connecticut Health Center in Farmington.—Wayne Little □

## NIH Library Offers Free Access to Three New Databases

NIH personnel can now connect to three new biomedical and scientific databases from their desks or workstations free of charge.

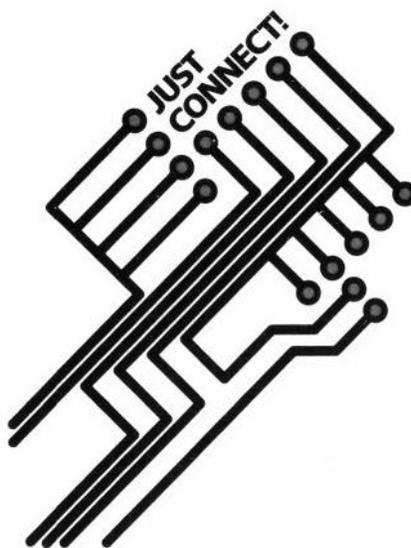
The NIH Library in Bldg. 10 recently began offering free access to *Current Contents*, *PsycInfo*, and the *Cumulative Index to Nursing and Allied Health Literature* (Cinahl) to better serve information needs of NIH staff.

"We are trying to create a 'virtual library' for the NIH community by developing and providing electronic information resources such as the databases, and by offering information delivery via e-mail," says Suzanne Grefsheim, chief of the NIH Library, which is run by NCCR.

*Current Contents* directs investigators to the most current articles in major scientific journals. Although *Current Contents* is still available through the NIH Gopher Server, the NIH Library version provides several advantages including more sophisticated search options and the ability to limit a search to subsets.

Five subsets are available through the NIH Library's *Current Contents* database: agricultural, biological and environmental sciences; clinical medicine; engineering, technology and applied sciences; life sciences; and physical, chemical and earth sciences.

"*PsycInfo* is the electronic version of *Psychological Abstracts*. It has been extremely popular on CD ROM and should be even more so on the network," Grefsheim says.



"Because many of the people interested in the information in *PsycInfo* are off the main NIH campus, by providing free access to these databases, the NIH Library is serving the entire NIH community."

Cinahl provides information specifically targeted to meet the needs of the nursing staff in the Clinical Center.

"We are providing access to Cinahl in direct response to the information needs expressed by the nurses in Bldg. 10, but many NIH employees will find the database useful,"

Grefsheim says.

NIH staff can access the three new databases through Telnet or Gopher. Modem access is also possible by dialing into DCRT's Convex computer and then connecting to the network. The databases are also available in the NIH Library reading room.

In addition to the new databases, the NIH Library—in collaboration with DCRT—is testing a "smart" e-mail system that will allow people to request and receive information by electronic mail.

Interested personnel can try this new service by sending an e-mail message to [PUBNET@NIH.GOV](mailto:PUBNET@NIH.GOV), and including the word INDEX on the subject line. They will receive a list of documents that can be requested and delivered by e-mail, including a list of NIH Library classes and registration form, Loansome Doc registration information for Macs and PCs, information on Grateful Med and how to obtain a free user code, a list of DCRT training seminars, NIH Job Vacancies, and several PubNet documents.

Anyone interested in keeping abreast of new resources and services available from the NIH Library may join the NIH Library list service by sending a message to [LISTSERV@LIST.NIH.GOV](mailto:LISTSERV@LIST.NIH.GOV) and typing: `Subscribe_NIHLIB-L_firstname_lastname`. If this doesn't work, call 4-DCRT and explain what you are trying to do.

As the NIH Library's recent posters promoting these services suggest—JUST CONNECT!—Kathleen Canavan

## HEALTH FAIR FOR NIH EMPLOYEES FEATURES 2 DAYS OF SCREENINGS, INFORMATION BOOTHS

(Continued from Page 1)

issues: managing stress in dual career households, and caring for aging relatives. Various health screenings will also be available. Most screenings will be performed continuously, on a first-come basis. Skin cancer screening, however, will be performed only from 11 a.m. to 2 p.m. on May 17, and from 10 a.m. to noon on May 18. These must be scheduled in advance. Interested employees should call 6-2222 for an appointment. Since spaces are limited, call early.

Employees are encouraged to come comfortably dressed and try different pieces of exercise equipment, or participate in one or more of the health screenings. Random prizes will be awarded to participants, including a grand prize of a bicycle donated by GEICO.

Dr. Philip R. Lee, assistant secretary for health, has been invited to join NIH director Dr. Harold Varmus in cutting the ribbon to open the exhibit area. Special shuttles will run for employees at off-campus locations. Interpreters will be available. For more information or reasonable accommodation requests, call the health fair hotline, 6-2222.

### Description of Health Fair Booths

#### 1. Making Your Computer Workstation Comfortable

Sponsor - Occupational Safety and Health, Division of Safety

The incorrect setup and use of computer workstations can lead to discomfort and musculoskeletal stress. This booth will present information on the correct setup and use of computer workstations. Get practical suggestions and steps that you can take to improve comfort and reduce stress.

#### 2. Health Over 50

Sponsor - NIA

This booth offers information and resource materials specially developed for older audiences. Topics include Alzheimer's disease, arthritis, depression, diabetes, exercise, high blood pressure, preventing falls and fractures, memory loss, menopause, nutrition, osteoporosis, immunization against influenza and pneumococcal pneumonia, stroke, and more.

#### 3. Family Life

Sponsor - R&W

Juggling work and family responsibilities can be a challenge, especially for people in the "sandwich generation," who must care for aging parents and young children at the same time. This booth features information on latchkey kids, eldercare, and stress management. It also includes information on spousal abuse and managing medications.

#### 4. Exercise and Fitness

Sponsors - R&W, NLAMS

Interested in starting an exercise program but don't know where to begin? At this booth you can try some of the most popular exercise equipment (treadmill, stair machine, cross-country ski simulator, bike) without joining a health club. Learn how to select home exercise equipment, or get information on how to prevent and alleviate low back pain through proper lifting and exercise. Back exercises will be demonstrated in Lipsett Amphitheater at scheduled times (see schedule).

#### 5. Exercise Safety

Sponsors - R&W Clubs, Coast Guard, U.S. Ski Association

Keep leisure time activities safe and fun. This booth offers information on boating, skiing, running and cycling safety. Bicycle maintenance will be demonstrated at scheduled times (see box).

#### 6. Injury Prevention

Sponsors - NINDS, NICHD, National Safe Kids, Consumer Product Safety Commission

This booth presents information on the prevention of head and spinal cord injuries, injuries to children, and falls for the elderly.

#### 7. Fire Safety

Sponsor - Emergency Management Branch, DS

Learn how to make your home and workplace fire safe. Brochures are available at this exhibit about a variety of fire safety topics including: selection and use of fire extinguishers, E.D.I.T.H (Exit Drills In The Home), and the installation and maintenance of smoke detectors. See a display of fire safety devices and a video. Experts will be available to answer questions on fire safety and prevention.

#### 8. Infectious Disease Prevention

Sponsors - NIAID, NIAMS, Hospital Epidemiology-CC

This booth offers information on the prevention and treatment of a variety of infectious diseases including viral hepatitis, AIDS and other sexually transmitted diseases, and Lyme disease. Protective clothing to wear when walking in the woods is demonstrated.

#### 9. Don't Lose Sight of Eye Disease

Sponsor - NEI

This booth focuses on the prevention of vision loss through early detection and treatment of eye disease. Information is

available on age-related macular degeneration, cataract, diabetic eye disease and glaucoma.

#### 10. Hearing Well for Life

Sponsor - NIDCD

Do you take your hearing for granted? Hearing problems can occur at any age, from newborn babies to older persons. In the U.S., 28 million people have a hearing impairment. For many, hearing impairment is the result of noise-induced hearing loss, which can be prevented. Information at this booth will focus on how to recognize hearing problems at different ages and how to protect your hearing from common sounds that can be potentially harmful.



One of several health fair presenters, Joy Loverde, author of *The Complete Elder Care Planner*, will discuss "The Effective Caregiver," at the NIH Health Odyssey on May 17. Check the schedule of events on p. 9 for times and

#### 11. Beat the Tobacco Habit

Sponsors - NCI, NHLBI, NIDR

This booth provides information about the effects of smokeless tobacco, smoking and passive exposure. In addition, materials will be available that describe effective strategies for the prevention and cessation of tobacco use.

#### 12-12a. What You Need to Know About Oral Cancer

Sponsor - NIDR

Just say "Ahh" and get a quick and easy exam for oral cancer. Screenings will be performed at booth 12a by NIH Dental Clinic staff. You will also receive information about how to prevent oral cancer. Learn which risk factors, such as tobacco use, contribute to the occurrence of this disease.

#### 13. Allergy and Asthma Prevention and Control

Sponsors - NHLBI, NIAID

Information on National Asthma Education and Prevention Program activities is highlighted at this booth. These activities include professional education materials on diagnosis and management of asthma emphasizing four components of effective therapy: pharmacologic treatment, environmental control, objective measures of assessment and patient education. In addition, public and patient education materials that promote partnership among clinicians, patients, and family/caretakers in the management and control of asthma and allergic diseases are available.

#### 14-14a. Blood Pressure Control

Sponsors - NHLBI, Department of Transfusion Medicine, Department of Nursing-CC

Did you know that high blood pressure increases your risk of heart attack, stroke, kidney and other diseases? At booth 14a you can have your blood pressure checked and learn different ways to control your high blood



pressure. Booth 14 offers information from the National High Blood Pressure Education Program.

### 15. Skin Cancer Prevention

**Sponsors - NCI, NIAMS, Department of Nursing-CC**

As the days get longer, it's time to think about protecting your skin from the sun's damaging rays. This booth features information on how to recognize and prevent skin cancers, as well as information on choosing sunscreens and SPF protective clothing. Screenings for skin cancer will be done in the Clinical Center (by advance appointment).

### 16. Science Education - NOT FOR KIDS ONLY

**Sponsor - NCRR/NIH**

You have the opportunity to premier rap videos that were designed to stimulate student (and adult) interest in science. These videos come from the series *Mind Your Own Body* developed by WQED/TV public television in Pittsburgh under an NIH/NCRR grant (15-20 mins. each).

### 17. Nutrition

**Sponsors - NIH Nutrition Coordinating Committee, Nutrition Department-CC, NCI, NHLBI, NIDDK, R&W**

You don't have to give up your favorite foods to eat a healthful diet. This booth offers

## Health Fair Shuttle Schedules

### WESTWOOD

WW	GW	FED	10	FED	GW	WW
11:00	11:15	11:20	11:27	11:34	11:39	11:54
11:55	12:10	12:15	12:22	12:29	12:34	12:48
12:50	1:05	1:10	1:17	1:24	1:29	1:44
1:45	2:00	2:05	2:12	2:19	2:24	2:38

### EXECUTIVE PLAZA

EPN/S	6100	WILLCO	82	10	82	SOLAR	6100	EPN/S
11:00	11:02	11:05	11:17	11:19	11:21	11:33	11:34	11:37
11:40	11:42	11:45	11:57	11:59	12:01	12:13	12:14	12:17
12:20	12:22	12:25	12:37	12:39	12:41	12:53	12:54	12:57
1:00	1:02	1:05	1:17	1:19	1:21	1:33	1:34	1:37
1:40	1:42	1:45	1:57	1:59	2:01	2:13	2:14	2:17

### PARKLAWN

PKLN	10	PKLN
11:00	11:30	12:00
12:00	12:30	1:00
1:00	1:30	2:00



substitution solutions to eating and cooking in ways that are low in fat, saturated fat, cholesterol, and calories. Bring a favorite recipe you want modified. Pick up recipes and materials on nutrition and health. Indulge in a piece of fresh fruit to help meet your "5 A Day For Better Health" goal (compliments of the

Produce for Better Health Foundation and Guest Services, Inc.).

### 18. Heart Health

**Sponsors - NHLBI, R&W**

Information is available on lifestyle changes needed to help prevent and control various risk factors for heart disease, including high blood cholesterol, high blood pressure, smoking, overweight, and physical inactivity. The R&W will assist in making arrangements to get your cholesterol profile done through OMS.

### 19. Diabetes Management

**Sponsor - NIDDK**

There are things you can do to reduce your risk of developing noninsulin-dependent diabetes. If you have diabetes, careful control can reduce your risk of complications. This booth offers information on diabetes management and prevention of complications. Information on control of high blood sugar during pregnancy is also available.

### 20-20a. Stroke Risk Reduction

**Sponsor - NINDS**

Information on stroke risk factors and how to reduce them are offered at this booth. Also, if you're over 50, you can check your stroke risk at booth 20a.

### 21. Women's Health

**Sponsors - Office of Research on Women's Health, Coordinating Committee of Research on Women's Health**

This booth features information on issues of particular importance to women, including contraception, breast and cervical cancer, osteoporosis, menopause, breast feeding and eating disorders. Men—stop by and pick up

**(BOOTH DESCRIPTIONS AND LIST OF SCREENINGS CONTINUE ON PAGE 10)**

## Schedule of Events in Bldg. 10

Date	Time	Activity	Location
May 17	8:30-10:30	The Effective Caregiver (aging relatives planning workshop) Joy Loverde, Silvercare Productions	Lipsett Amphitheater
	9:30-11:00	Crime Watch for NIH Employees Preston Jackson, Frank Coleman Division of Security Operations, NIH	Little Theater
	10:30-11:30	Dual Career Couple Stress Michele Ginnerty, HR Solutions	Lipsett Amphitheater
	11:00	Ribbon Cutting for Exhibits	Visitor Information Center (VIC), CC
	11:00-5:00	Exhibits Open (23 booths of information)	VIC
	11:00-1:00	Fitness Testing Fitness Center Staff	Little Theater
	1:30-3:30	The Effective Caregiver (aging relatives planning workshop) Joy Loverde, Silvercare Productions	Lipsett Amphitheater
May 18	11:00-5:00	Bicycle Maintenance R&W Bicycle Club	Upper Hallway, CC
	7:30-2:00	Exhibits Open	VIC
	12:00-2:00	Fitness Testing Fitness Center Staff	Little Theater
	2:00-3:00	Low Back Pain Dr. Steve Gordon, NIAMS	Lipsett Amphitheater
	7:30-2:00	Bicycle Maintenance R&W Bicycle Club	Upper Hallway, CC

## HEALTH FAIR BOOTH DESCRIPTIONS, SCREENINGS LIST (Continued from Page 9)

some information for the women in your life.

### 22. Mental Health

*Sponsors - NIMH, NIAID*

Good mental health is the cornerstone of a fulfilling, productive life. At this booth, obtain information to protect your mental health and that of the people you care about. Learn to recognize the symptoms of depression, manic-depressive illness, panic disorder, eating disorders, obsessive-compulsive disorder, substance abuse disorders and more. Discover

how to find professional help for these highly treatable illnesses.

### 23. Minority Health

*Sponsors - Office of Research on Minority Health, NHLBI, NCI, NIAMS, NIAID*

This booth offers information on a variety of topics of interest to minorities, including high blood pressure, breast and cervical cancer, lupus, sickle cell anemia, hepatitis, thalassemia, and Tay-Sachs disease. Information is also available on organ and bone marrow donation.

## NIH Alternative Fuel Vehicles

This year, the Division of Logistics' Transportation Branch, in conjunction with the Department of Energy, will convert a number of NIH-owned vehicles to use compressed natural gas (CNG). Once converted, these alternative fuel vehicles (AFVs) will greatly reduce emissions, fuel consumption and maintenance requirements. Eventually, most NIH vehicles will operate on CNG fuel.

In an effort to spur development of an AFV infrastructure within the federal government, DOE will fund the initial conversions. Candidates for CNG conversion are 1990 or newer gasoline-powered six- or eight-cylinder pickups, vans and sedans. The program includes use of a free "loaner" vehicle during the conversion period, usually 3 or 4 days.

Initially, AFVs will refill at Washington Gas Co. on Nebel St. in Rockville. A task force is coordinating the CNG project, including installation of a CNG pump on campus. ICDs willing to refill their vehicles at Washington Gas will have priority consideration to participate in the pilot program. Mark Minnick, garage chief, recently received training in AFV maintenance to prepare for the NIH AFV conversion program. For more information, call Dave Rhoads, 2-4432 or Don Fierstein, 6-3426. □

### Poster Applications Due

Just a reminder that applications to display posters at Research Festival '94 are due by Friday, May 27. Only a limited number of posters for the Sept. 19 session will be accepted. The organizing committee will notify authors of acceptance after all entries are reviewed. □

### Screenings Featured at the 2-Day NIH Health Odyssey

Date	Hour	Activity	Location
May 17	11 a.m.-5 p.m.	Oral Cancer	VIC
	11 a.m.-2 p.m.	Skin Cancer (by appointment scheduled ahead)	CC, Rms. 3C312, 3C307, 3C414
	11 a.m.-1 p.m.	Fitness Testing	Little Theater, VIC
	11 a.m.-5 p.m.	Blood Pressure	VIC
May 18	11 a.m.-5 p.m.	Stroke Risk	VIC
	7:30 a.m.-2 p.m.	Oral Cancer	VIC
	10 a.m.-noon	Skin Cancer  (by appointment scheduled ahead)	CC, Rms. 11C313, 11C429
	noon-2 p.m.	Fitness Testing	Little Theater
	7:30 a.m.-2 p.m.	Blood Pressure	VIC
	7:30 a.m.-2 p.m.	Stroke Risk	VIC



VIC- Visitor Information Center, Bldg. 10

## ACKER TAILOR-MADE FOR FIRST DEWITT STETTEN, JR., MEMORIAL FELLOWSHIP (Continued from Page 1)

of a year ago was scrambling to complete her doctorate at the University of California at San Francisco. Deep in graduate school debt and a single parent of two children, that Acker was in transition, unsure of future employment prospects and bearing a resume nearly wild with variation, including gigs as a dress shop owner in Marin County, director of a drug information service in Miami, college English professor, and technical writer for a software firm.

### A Metamorphosis of Sorts

Today's Acker sits in a cluttered office in Bldg. 31, where she is rounding out a productive year spent as the first DeWitt Stetten, Jr., memorial fellow in the history of 20th-century biomedical sciences and technology. The bearer of that title seems, in person, fully capable of her past. Energetic, articulate, and impassioned by her work, Acker is poised on the verge of what has appeared all along to be her calling—historical scholarship. In 2 months, she will leave NIH to become assistant professor of history at Carnegie-Mellon University in Pittsburgh, where she will lecture both undergraduates and grad students on the history of public health and drug policy. A brief journey through her past tends to

make the two ostensibly different Ackers merge into one.

She spent her early years in Latin America, where her father, who worked for Standard Oil of New Jersey (later Exxon) held jobs in Peru and Colombia. Returning to the States, Acker spent her junior high and high school years in Miami before attending college at Swarthmore, where she majored in English. Without pause, she continued to graduate school, earning an M.A. in history at Stanford. Her thesis was on the social history surrounding industrialization in various cultures, including Britain, Russia and Latin America.

"Then I dropped out," she declares, employing a verb that enjoyed vigorous use in the sixties. "I had two kids, and I ran a dress shop in San Anselmo, California. But after a while, I found out that two women sewing couldn't make a living."

In 1979, she moved to Miami, where she chanced upon an old college friend who had started a drug information service called Up Front Drug Information. "He decided to go to law school and needed someone to take over. It was just a great job—really, really fun. I put out a magazine, so I got to write and edit. We also provided an anonymous drug testing service, a DEA-licensed operation to find out

what kinds of stuff were in the drugs being sold on the street.

"At the time I started, Quaaludes were big on the illicit market. Bootleg versions started showing up on the street that looked like the real thing. People were having all kinds of bad reactions—they became violent, or would fall asleep for 3 days, or became sick to their stomachs immediately."

The fakes turned out to be diazepam (Valium), in dosages 25 to 150 times what would normally be prescribed. Up Front alerted the treatment community and the local emergency rooms about the true nature of the drug. "We also did a lot of drug education, with school kids and drug counselors," she recalls.

### Returning To Academia

After about 4 years at that NIDA-funded (through the state of Florida) project, Acker took a post on the faculty of Florida International University, where she taught English for a year and a half. Then she returned to California, where she took a job as a technical writer in the software industry for several years.

In 1987, she began working toward her Ph.D. in history at UCSF. The call of academia had finally claimed her. For the next

6 years she would labor toward completion of a dissertation entitled, "Social Problems and Scientific Opportunities: The Case of Opiate Addiction in the United States, 1920-1940."

Acker says her work at the drug information service in Miami got her interested in studying drug research and policy issues in the U.S. While in grad

school, she occasionally came to Bethesda for 2-3-week stints to comb the files at the National Library of Medicine, where the papers of certain figures she was studying are housed.

"Historians of medicine are in heaven when they're sitting at NLM," she says. "I used to spend the day at NLM, then charge down on the Metro to the National Archives for more research."

Ironically, a major drug policy controversy was aboil in California while Acker was at UCSF. A bill before the state legislature proposed to amend a drug paraphernalia law that made it illegal to have a syringe without a prescription; the HIV/AIDS emergency had made needle exchange seem a sensible public health response. But Gov. Pete Wilson would eventually veto two versions of the amendment legalizing needle exchange.

"I got mad the first time he vetoed it," said Acker, who had already been involved in a pro-exchange letter-writing campaign prior to the bill's first appearance. Wilson's first veto only galvanized her efforts to see needle exchange started in Marin County.

Meanwhile, the city of San Francisco, where the AIDS epidemic was the worst in the entire state, in 1988 decided it would look the other way when an ad hoc needle exchange program known as Prevention Point emerged on city streets. For 5 years, the technically illegal program put clean needles in the hands of IV drug users—at the rate of 20,000 exchanges per week at one point—until San Francisco declared a state of emergency in 1993 and began to help fund needle exchange in the city.

Acker figured it would be just a matter of time before the common sense of needle exchange as a preventive measure would migrate across the Golden Gate Bridge to Marin County, where she was living. San Rafael, she knew, had a district where "sex workers" and IV drug abusers—two populations in which HIV risk is extreme—lived.

#### A CHOW Helps Start NEPOM

"I was sure that Marin County would have a program, but when I volunteered, it turned out I was the only one, so I had to start it," she recalls.



Dr. Caroline Jean Acker

Under the tutelage of a community health outreach worker (CHOW) from Santa Cruz, Acker was trained to become a needle exchange coordinator, in addition to being a graduate student and mother. Working first on Saturday nights only, then adding a night, she walked around what passes for a Tenderloin district in San Rafael, always in the company of other volunteers, usually another woman.

"I didn't feel scared," she remembers. "Occa-

sionally people would be a little curt with us, since we were asking questions about sex and drug use. People were super polite to us, in general. I was amazed. The prostitutes were totally friendly. They used to say, 'Here comes the condom lady!'"

Since Acker came east to NIH, the Needle Exchange Program of Marin (NEPOM), has flourished, gaining the support of the county supervisors and adding a mobile van and more evenings.

Acknowledging that needle exchange is a policy flashpoint, she said research on this controversial public health measure "is clear—it doesn't increase the amount of drug use in a community, as people had feared. It does appear to serve as a conduit for people seeking treatment for addiction. Its effect on transmission of HIV, however, is very difficult to determine. There was a well-known study in New Haven showing a 33 percent reduction in HIV transmission among injection drug users following adoption of needle exchange, but those kinds of studies are very hard to do."

During what she terms a "luxurious" think-tank year at NIH, Acker has been able to meld her street-level knowledge of drug-using behavior in America with the scholarly rigor of following the science of brain/drug interactions at NIH from 1939 until the present, using Dr. Kenner Rice's Laboratory of Medicinal Chemistry, NIDDK, as her focus.

Rice's lab is the "institutional descendant" of research that came into the NIH in 1939, when two prominent academic teams, one from the University of Virginia and one from the University of Michigan, arrived on campus to continue the already decade-long search for a nonaddicting substitute for morphine, a painkilling drug that had come to be seen as a major cause of drug addiction.

As Acker explains it, physicians in the 1920's believed that most addiction resulted from the prescribing of morphine for pain and a variety of other symptoms. The National Research Council, with the cooperation of the American Medical Association and the Public Health Service, sponsored drug research at UVA and UM, whose research teams ended up collaborating at NIH.

"Some 50 years of work yielded some clinically useful drugs," Acker explains, "but then, with the discovery of the opioid receptor in the brain in 1973, and of endogenous opioid production in the brain, new avenues of brain research opened up."

Some of the old compounds found new use as probes as different research teams limned the brain's complicated network of receptors. What began as a search for nonaddicting painkillers in 1929 has evolved into a robust area of research offering the hope of treatment for such illnesses as schizophrenia, autism and drug addiction. This current state of expanded possibility formed the subject of the symposium Acker organized with Rice and others on Mar. 29 in Lipsett Amphitheater, the crowning moment of her year of study.

"It's been so wonderful being here," said Acker. "It has been a major luxury to focus on my research for this year. I'm really, really grateful to have had the chance."

Acker says she absolutely intends to maintain ties to NIH, and will undoubtedly return to advance her studies.

In hindsight, Acker's choice as the first Stetten fellow seems almost obvious. Though she first learned of the Stetten fellowship while in UCSF's history of medicine program, she knew the director of NIH's Historical Office and Museum, Dr. Victoria Harden, from their membership in the American Association for

the History of Medicine's AIDS history group.

Together with her prior academic and professional background, fate converged to make her an ideal candidate.

The year began triply happy for Acker because her two children graduated at the same time she received her Ph.D. last spring from UCSF—daughter Natasha, 23, earned her undergraduate's degree in English and philosophy

from Mills College, and son Johnny, 18, a jazz trumpeter and aspiring computer programmer, graduated from high school.

The future, too, looks bright for Acker. Anticipating resettlement this summer in Pittsburgh, she already bears credentials certain to endear her to denizens of Iron City—she saw baseball legend Roberto Clemente, a Pittsburgh Pirate, get his 3,000th career hit. Fate, it seems, is not through smiling on the one and only Dr. Caroline Jean Acker. □

#### About the Stetten Fellowship...

The DeWitt Stetten, Jr. memorial fellowship in the history of 20th-century biomedical sciences and/or technology was established by the Foundation for Advanced Education in the Sciences, Inc., as a living memorial to Stetten, a well-known and deeply respected NIH scientist who died in 1990. The fellowship supports a year in residence at the Stetten Museum for a pre- or postdoctoral fellow whose research often relates to some aspect of the various NIH intramural programs.

## NIAMS Establishes Research Centers on Lupus

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has funded the first two Specialized Centers of Research (SCORs) in systemic lupus erythematosus. The new SCORs are located at the Hospital for Special Surgery, Cornell University Medical Center in New York City, and at the University of North Carolina in Chapel Hill.

Specialized Centers of Research grants enable basic and clinical researchers to work together to focus on a single disease.

"NIAMS has long believed that combining basic and clinical research on a disease, such as lupus, can generate vital new knowledge with potential for great benefit for patients," said Dr. Lawrence E. Shulman, director of NIAMS.

Systemic lupus erythematosus (lupus or SLE), an immune-related disorder, is believed to result from an interplay of genetic, environmental, and hormonal factors.

In lupus, the immune system is thrown out of balance and produces autoantibodies (antibodies that attack the patient's own

tissues).

Systemic lupus can affect many parts of the body including the skin, joints, kidneys, lungs, heart, nervous system, and blood vessels. Ninety percent of lupus patients are women. In addition, the disease is three times more common in Black women than in white women.

Funding new centers is one of several initiatives mounted by NIAMS to conquer lupus. These include increased research on the causes of lupus and mechanisms of tissue injury in lupus; on why lupus is much more common in women and certain minorities; and on a clinical syndrome associated with lupus (the antiphospholipid syndrome) that causes blood clots, strokes, and repeated miscarriages.

NIAMS also has an ongoing educational effort to alert people at the highest risk for lupus, particularly young African-American women, to the symptoms of the disease and urge them to seek diagnosis and treatment.

Both of the SCORs will investigate a variety of immunologic aspects of lupus. At the Hospital for Special Surgery, researchers led by

Dr. Keith Elkon, professor of medicine, will focus on genetic, cellular, and molecular causes of SLE in order to develop new treatment approaches.

According to Elkon, "Successful completion of these projects should provide considerable insight into the way immune abnormalities cause lupus and lupus-like diseases. Ultimately, this knowledge will enable researchers to develop new methods for both diagnosis and treatment of patients with this disease."

At the center based at UNC, a research team led by Dr. Robert Eisenberg, professor, division of rheumatology and immunology, will be investigating various ways by which the immune system governs the production of autoantibodies in SLE.

Eisenberg said, "One of the best ways to help the patient in the long run is to use some of the excellent mouse models of lupus to understand the basic mechanisms of the disease. This research, utilizing animal models, thus promises eventual breakthroughs in our fundamental understanding of human disease."—Barbara

Weldon □

## Conference Tackles Environmental Justice Issues

In candid and sometimes heated sessions, top staff from federal agencies and leaders from scores of community groups from across the nation met recently to set a new agenda and forge new partnerships in solving the issues of environmental justice.

The symposium, "Health Research and Needs to Ensure Environmental Justice," sponsored by NIEHS, and cosponsored by the Office of Research on Minority Health and other federal agencies, included both plenary sessions and core group meetings where participants hammered out recommendations as part of an overall plan of attack to improve environmental justice nationwide.

The opening session was chaired by Dr. Kenneth Olden, NIEHS director, and featured three keynote speakers, Dr. Philip Lee, assistant secretary for health; Dr. Benjamin Chavis, executive director of the NAACP; and Rose Marie Augustine, president, Tucsonans for a Clean Environment. Olden emphasized the importance of the partnership with community leaders: "Grassroots organizations, community leaders, labor unions, state and local governments and other federal agencies have all gotten together to address this very serious goal of environmental justice. I hope that this is just the beginning of an historic partnership."

Chavis underscored this theme: "This is not just an academic debate. This is not just a scientific debate. This is a decision of life and death. This is an issue that will determine whether or not our nation and to some extent the world can even talk about going into the next century."

In the opening plenary session on the second day, EPA Administrator Carol Browner set aside her prepared remarks to interact with community representatives lined up at two



At the opening session of the environmental justice symposium are (from l) Dr. Benjamin Chavis, NAACP executive director; Dr. Kenneth Olden, NIEHS director; Rose Marie Augustine, president of Tucsonans for a Clean Environment; and Dr. Philip Lee, assistant secretary for health.

open microphones in the aisles. As the session began, a group marched down the aisle chanting, "Wake up, EPA." From the front of the auditorium, a man waved a sign protesting industrial pollution in Texas. Comments from the open microphones reflected the years of anger and frustration that many of the community groups have endured. Browner pledged, "From now on we will make sure that everyone receives equal protection."

As one local health agency employee explained after the session, "This was a relatively polite exchange compared to some at the community level. People have to first let their feelings be known if they are going to enter into a constructive dialogue."

Dr. Bunyan Bryant, University of Michigan School of Natural Resources, and cofacilitator

at the symposium, said, "This is just the beginning of a long process. Nevertheless I am encouraged by the dedication shown by those who have participated."

Tucson's Augustine said, "What we have done is put the issue of environmental justice on the table. Now it is up to all of us—government, academics, and communities—to come up with workable solutions for those suffering from inequities in environmental protection."

During the second day of the conference, President Clinton signed an executive order mandating that federal agencies address environmental justice issues in their policies, plans and activities. Recommendations from the symposium will be prepared as a formal plan for partnership and action.

## ORWH Seminar on Breast Cancer

The 1993-94 Women's Health Seminar Series will focus on "Breast Cancer" at 1:30 p.m. Thursday, May 19 in Lipssett Amphitheater, Bldg. 10. This is the fourth and final seminar for the year in a series sponsored by the Office of Research on Women's Health.

NCHGR director Dr. Francis S. Collins will open the program with a look at "Genetic Factors and Breast Cancer."

"Lifestyle Risk Factors and Breast Cancer: What Do We Know?" will be covered by Dr. David J. Hunter, assistant professor of medicine at Harvard Medical School and associate professor of epidemiology at Harvard School of Public Health. Dr. G. Iris O'Brans, director of the Long Island Breast Cancer Study Project, NCI, and chief of the Extramural Programs Branch, Epidemiology and Biostatistics Program, NCI, will follow with a look at "Environmental Risk Factors."

Dr. Nancy E. Davidson, associate professor of oncology at Johns Hopkins University School of Medicine, will discuss "New Therapies on the Horizon." The seminar will conclude with a lecture by Dr. Lawrence W. Bassett on "Breast Cancer Detection Technologies." He is the Iris Cantor professor of breast imaging at the University of California-Los Angeles School of Medicine and director of the Iris Cantor Center for Breast Imaging at UCLA Medical Center. A question-and-answer session will follow.

Admission is free and open to the public. For more information, call 2-1770. □



*Kelly McGowan, a Howard Hughes Medical Institute-NIH Research Scholar, recently received a Student Research Award from the Society for Pediatric Research. Since last September, she has been working in the Laboratory of Developmental Biology, NIDR, with Drs. Hynda Kleinman and H. William Schnaper. She won the award for work showing that estrogen promotes angiogenesis, or blood vessel development. The award consists of \$1,000 cash and a plaque presented to her May 4 at the society's annual meeting held this year in her native Seattle. McGowan received bachelor's degrees in biology and economics from Stanford University in 1990, and will graduate from the University of Washington School of Medicine next June. After completing an internship and a residency in dermatology, she plans to pursue a research career.*

## Managers Group Forming

"Business Process Reengineering," will be the topic at the first Professional Managers Association meeting at NIH. Guest speakers will be Richard Rowan, director of the Center for Excellence, Computer Sciences Corp., and Susan Towsley of Blessing/White, Inc. They are leading consultants in BPR and have previously worked for both industry and the federal government.

The meeting will take place on Thursday, May 19, from 11:30 a.m. to 1 p.m. in Bldg. 31C, Conf. Rm. 7.

After their presentations, volunteers in grades GS/GM 13-15 are needed to help organize an NIH chapter of the Professional Managers Association (PMA). Individuals may serve on the executive board, program committee and the membership committee. Call Manny De Vera, 2-4465, or e-mail (manny@pop.nih.gov) if you are interested in attending.

PMA is a national nonprofit membership association representing the interests of mid-level federal managers and management officials. Its goal is management excellence. □

## Goodwin Gives Solowey Lecture

The Foundation for Advanced Education in the Sciences has selected Dr. Frederick K. Goodwin to present the 21st Mathilde Solowey Lecture in the Neurosciences.

He will present a lecture entitled, "Neuroscientists and Psychiatrists: What Can We Teach Each Other?" at 3:30 p.m. Friday, May 27 in Masur Auditorium, Bldg. 10.

Director of NIMH since 1992, Goodwin is leaving that post to become a professor of psychiatry and director of the Center on Neuroscience and Psychiatry, and to establish a Center on Science, Medicine, and Human Values at George Washington University. He is an authority on research and treatment of major depression and manic depressive illness. □

## Gay, Lesbian EEO Issues

The NIH R&W Gay and Lesbian Employees Forum will sponsor a program on "Employment Protection for Gays and Lesbians at the NIH," in Bldg. 10, 14th floor assembly hall (Rm. 14S230) on Wednesday, May 11 from 5:30 to 6:30 p.m.

Pedro J. Morales, director, Office of Equal Employment Opportunity, Office of the Assistant Secretary for Health, will present "EEO Policy on Processing Sexual Preference Discrimination Complaints."

A representative from the NIH Office of Equal Opportunity will be present to comment on implementation of the employment protection policy at NIH.

This event is open to the entire NIH community. A sign language interpreter will be provided.

For more information, call Paul J. Weiss, 6-6133. □

## Task Force Addresses Minority Careers in Science

Why don't gifted minority students enter the sciences in proportion to their numbers in the United States population? In some academically demanding fields such as engineering, minority enrollment has improved dramatically in recent years, but not in the biomedical sciences. A task force of approximately 40 individuals with experience in educating minority youth met recently at NIEHS to identify essential features of a program to increase the number of minorities who choose science as a career.

The task force meeting was cosponsored by NIEHS and the American Association for Cancer Research (AACR), an organization of science professionals engaged in cancer research.

Designated the NIEHS/AACR task force on the advancement of minorities in science, the effort was initiated by Dr. Kenneth Olden, NIEHS director, who also serves as chairperson of AACR's minority issues committee. A summary of the task force findings will appear as a special report in the journal *Cancer Research*, published by AACR. In addition, the findings will be used to develop a model program for the nation.

"This topic has generated much discussion," Olden said. "Recent projections that minorities will be in the majority by the year 2020 are evidence that a strategy for ensuring the entrance of this population into the science pipeline is essential to the continued vitality of the nation's educational and technological enterprises."



*The NIEHS/AACR task force on the advancement of minorities in science met recently at NIEHS.*



### The NIH Life Sciences Education Connection

The 1994 *Guidebook to Excellence* has arrived. Several months ago in this column, we wrote about the guidebook, a directory of federal resources for mathematics and science education improvement that was compiled by the National Science and Technology Council.

The booklet features a section for each of the 16 agencies, including the Department of Health and Human Services.

Each agency's section begins with a quote from the agency's secretary, followed by information on the background of the agency and its mission, the agency's role in mathematics and science education at the graduate/undergraduate level, precollege and general public level and a brief description of how the agency's math and science programs are administered.

The guidebook also contains a brief summary of each agency's national programs as well as a contact point, phone number and address for each listing.

To receive a free copy of this book, contact the Office of Science Education Policy, 2-2469. □

### DCRT Training Classes

Classes	Dates
Computational Folding of Proteins	5/13
Windows NT Adv. Server Administration at NIH	5/16
Beyond Basic WYLBUR	5/16-20
Overview of ADB System	5/17
Planning and Installing a LAN	5/17
Managing Data Effectively	5/18
Central Computing Services at NIH	5/19
Database Technology Seminar	5/20
Client-Server Access to Centrally Managed Data	5/23
SAS for the PC-DOS Environment	5/24-26
Recurrent Problems in Data Analysis	5/24-26
Disaster Recovery	5/24
Artificial Neural Networks for Computing	5/25-26
ROC Methodology	5/27
Mathematical Modeling and Analysis with HiQ for Mac and Unix	5/27
Network Services	6/2
System Modeling for Application Development	6/8

### Cell Cycle Regulation Symposium

There will be a cell cycle regulation mini-symposium at Hood College in Frederick, Md., on July 15. Speakers include Ed Harlow, Tamara Inoc, Wen-Hwa Lee, Kim Nasmyth, Mark Solomon and Helen Piwnicka-Worms. Sponsors are scientists at NCI's Frederick Cancer Research and Development Center. Deadline for registration is June 24. For information contact Patti Hall at the Foundation for Advanced Cancer Studies, Inc., (410) 658-2882, fax (410) 658-3799. □

### Biochemist Chin Joins NIGMS

Dr. Jean Chin recently joined the staff of NIGMS as a program administrator in the Cellular and Molecular Basis of Disease



Dr. Jean Chin

Program Branch. She is responsible for administering grants in lipid metabolism, membrane biochemistry and biophysics, and transport.

Chin comes to NIGMS from the Cell Biology and Metabolism Branch, NICHD, where she has served as a senior staff fellow since 1991. Her work in the laboratory of Dr. Richard Klausner focused on the regulation of the iron-responsive element binding protein in iron metabolism. Prior to coming to NIH, she was an instructor in pathology at Harvard Medical School and a junior investigator at its affiliated Center for Blood Research.

After her postdoctoral research at Harvard University in the laboratory of Nobel laureate Dr. Konrad Bloch, she served as a visiting scientist at Dartmouth Medical School and as a research scientist for BioTechnica International in Cambridge, Mass.

A native of Worcester, Mass., Chin earned a B.S. in chemistry from Simmons College in Boston and a Ph.D. in biochemistry from Dartmouth College. She is a member of the American Chemical Society and the American Society for Cell Biology. □

### Seminar on Health Care Outcome

Dr. Steven B. Caldwell will speak on the "Application of Dynamic Microsimulation to Modeling Health Care Outcomes," on Monday, May 16 from 2 to 4 p.m. in Bldg. 31, Conf. Rm. 6. A professor in the department of sociology at Cornell University, he will explain the model known as the CORSIM 2.0 Microsimulation Model. The model links health policies to the health care use, socioeconomic attributes, risk behaviors and health outcomes of persons and families in the United States. The seminar is being sponsored by NIDR's Epidemiology and Oral Disease Prevention Program. For more information, contact Dr. James Lipton, 4-7651. □

### Chamber Music Concert Set

The Rock Creek Chamber Players will present a program featuring the Suite in B minor for flute and strings by J.S. Bach and the Schubert Trio in B flat at 8 p.m. on Saturday, May 14 in the 14th floor assembly hall, Bldg. 10. (Note the date change from earlier announcement.) This concert, sponsored by the recreation therapy section, Clinical Center, is free and open to all. For information call 493-5729. □

### Cell Catalog Goes Online

One of the newest additions to the growing information superhighway is the catalog of cell lines and DNA samples maintained by the NIGMS Human Genetic Mutant Cell Repository. The printed version of this catalog, which is updated annually, currently runs more than 900 pages.

To ensure that investigators have access to the most up-to-date and complete listings of cell lines and DNA samples, as well as to save on the costs associated with printing and distribution, the catalog is now also available in an online version.

The online catalog is still in a prototype stage. When the second-generation online catalog is available in about a year, NIGMS will no longer publish a printed catalog. Instead, it will publish a user's guide to the online catalog.

Investigators are encouraged to begin using the prototype online cell catalog, both to become familiar with it and to provide the cell repository contractor, the Coriell Institute for Medical Research, with feedback about it.

The prototype version does not have embedded graphics, which are needed to display pedigrees and chromosome diagrams. However, the second-generation form, which is expected to be available on World Wide Web, will have graphics capability. The second-generation version is also expected to run noticeably faster than the prototype.

The prototype online catalog contains all of the textual material in the printed catalog, as well as additional descriptive information about each cell line. Cell lines are cross-referenced, so users can search by disease category for all associated fibroblast and lymphoblast cell lines, plus related DNA samples, in the repository collection. The second-generation catalog will also be "hot-linked" to other genetic databases, such as Online Mendelian Inheritance in Man, the Genome Data Base, and GenBank.

According to Dr. Judith Greenberg, the project officer for the NIGMS cell repository contract, the online service "is an exciting opportunity to make the cell catalog more than just a catalog. It will be a comprehensive, user-friendly source of information about genetic diseases."

To access the online catalog via Internet, use the following address: Telnet Coriell.umdj.edu. Log in as: online. To access the catalog via a modem, dial (609) 757-9728. Long-distance telephone charges will apply to modem calls, but there is no additional charge for connect time.

Questions and comments about the online service should be directed to the Coriell Institute for Medical Research, 1-800-752-3805.



## TRAINING TIPS

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

<i>Courses and Programs</i>	<i>Starting Dates</i>
<b>Management and Supervisory, 6-6371</b>	
Managing Stress, Maximizing Effectiveness	5/10
Project Management	5/11
Report Writing	5/16
Communication Strategies for Leaders	5/16
Working With Personal Differences: MBTI I for Managers	5/17
Attitudes: How They Affect Productivity	5/25
Managing Workforce Diversity	5/26
Effective Briefing Strategies	6/1
Women In Management	6/6
Questioning Our Questions: A Critical Skill of Thinking	6/7
Interpersonal Relationships	6/9
Preventing Sexual Harassment at NIH	6/13
Working With Personal Differences: MBTI Part II	6/14
Managing Relationships Toward Greater Productivity	6/15
Practical Approaches to Stress	6/16
Writing Skills Review	6/20
Interpersonal Relationships in the Workplace	6/21
Managing Behavior in the Work Environment	6/22
Time Management	6/7, 6/29
<b>Office Operations and Administrative Systems Training, 6-6211</b>	
Working With Personal Differences: MBTI I for Technical and Support Staff	5/23
Valuing Diversity in the Workplace	6/1
Leadership and Management Skills	5/18
Voice and Diction Improvement	6/27
Increase Your Word Power	6/14
Fundamentals of Grammar	5/9
Proofreading Skills	6/27
Editing: An Introduction	5/11
Creating and Maintaining Filing Systems	6/21
Professional Development for Secretaries	6/8
Secretarial Survival	6/14
Developing Assertiveness	4/26
Basic Time and Attendance	5/26
Domestic Travel	5/23
Buying from Small and Large Businesses on the Open Market	6/8
Consolidated Purchasing Through Contracts	6/9
Federal Supply Schedules	6/10
IMPACT for Administrative Staff	6/2
IMPACT for Professional Staff	6/2
IMPACT A-Train (TMS)	6/8
<b>Science and Medical, 6-6211</b>	
How To Write & Publish Scientific Papers	6/27
<b>Special Courses, 6-6211</b>	
Mid-Career Financial Planning	6/6
NIH Careers: Find the Best One For You	6/10
Additional courses are available by request. For more information, call the Training Center, 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.

## NIEHS Program Harvests Quality Ideas

Some people are full of ideas, and Nancy Stark, NIEHS quality ideas coordinator, wants to make sure that the creativity of NIEHS employees does not go to waste.

In August 1992, Charles Leasure, NIEHS associate director for management and the NIEHS quality council directed Stark to put a quality ideas program into operation. Since then, ideas have been solicited through suggestion boxes, desk-to-desk memos, and a special suggestion day in the cafeteria. Those whose suggestions are implemented receive a quality ideas coffee mug, and everyone who submitted a serious idea at the cafeteria event received a mug.

The program has been enthusiastically received, with more than 150 suggestions submitted—100 generated by 49 employees in the first year alone. Often, employees will come up with related suggestions that afford the opportunity to pool the ideas and come up with an improved plan of action. Or a group of employees may form a committee to follow through on the suggestion of an individual.

"The program really serves as a good sounding board," Stark said. "Sometimes it's useful to explain why a good idea might not be workable for the institute. We looked at postage stamp machines and a bank teller machine, which are very good ideas. However, we found out that we just do not have the volume of business for these services for banks and the postal service to be willing to put them in. Once people understand that, it doesn't seem unreasonable that we do not have them here."

The best part of the program is seeing ideas put into practice. The suggestions of several employees resulted in the redesign of the parking lot nearest headquarters Bldg. 101, with reassignment of visitor and service vehicle parking, and six special spaces set aside for car pools. The new arrangement provides a special incentive for two or more employees riding to work together.

Another suggestion led to creation of a recycling committee to make recommendations for updating and improving the NIEHS

recycling program. This is especially important since the supply and demand of recycled materials is ever-changing, as is the technology for recycling. Employees have to be regularly informed and educated on recycling, and the committee can take this project in hand.

Several related suggestions resulted in a bulletin board system to provide publicity for meetings, seminars, and events without the overuse and overcirculation of desk-to-desk memos, and to keep flyers off walls, elevator doors and other inappropriate places. The mailroom circulates and posts the bulletin board items, and the system substantially reduces the use of paper, an important environmental goal in itself.

Still another suggestion resulted in the establishment of an NIEHS arts council, to bring exhibits of local and employee arts and crafts to the Bldg. 101 lobby on a regular, rotating basis. The council is considering the possibility of hosting 6 exhibits a year for 1 month each. Also under consideration are events to allow employees to meet the artists whose work is on exhibit.

"We have a hard-working quality council that reviews the suggestions," Stark said. "They determine which ideas are worth pursuing and then establish who at the institute is the proper referral person to explore implementing the idea."

Dr. Kenneth Olden, NIEHS director, singled out the quality ideas program for special praise: "This is the kind of effort that benefits everyone by bringing together intelligent ideas with the team effort to develop the ideas and put them into action. I commend everyone who takes part in the quality ideas program for these very visible benefits to everyone who works at NIEHS." □

## Study Needs Women

NIMH is seeking volunteers to participate in a study investigating the cause of menopause-related hot flashes. Volunteers must be medication-free. Hormonal evaluation will be performed and payment is provided. For information, call Jean Murphy or Nazli Haq, 6-9675. □



NIAID director Dr. Anthony S. Fauci recently recognized 28 individuals for their special contributions to the institute at the NIAID Director's Annual Report and Awards Ceremony. He said the honorees, who received various HHS, PHS, NIH and NIAID awards in 1993, "represent the best among the many dedicated and talented people at NIAID." He thanked all NIAID employees for "another extraordinarily productive year." Fauci also gave an update on the institute's research programs and talked about the challenges ahead.

## NIGMS Holds Regional Workshops on Minority Programs

By Robin Faust

A problem some minority institutions face is that they don't know about the NIH programs available to them. And even if they do know about the programs, they may not have experience with preparing grant applications," says Dr. Anthony René, NIGMS assistant director for referral and liaison.

To help address these situations, NIGMS has held a series of regional workshops targeted at minority institutions that are not involved in its minority programs. The workshops introduce the participants to NIH in general and NIGMS in particular, and familiarize them with the institute's efforts to recruit minorities into science careers.

The most recent workshop was held in Albuquerque and targeted schools in the southwestern region of the country. There were representatives from schools in 18 states, including Alaska and Hawaii. Two previous workshops have been held in New Orleans and Charlotte. The three workshops have been attended by a total of 87 institutions representing 34 states.

### Program Overviews

The Albuquerque workshop began with an overview of NIGMS' largest minority programs—the Minority Access to Research Careers (MARC) Program and the Minority Biomedical Research Support (MBRS) Program. The MARC program supports research training and the MBRS program supports faculty research projects at institutions with substantial minority enrollments. The directors of the programs—Dr. Ciriaco Gonzales of MBRS and Dr. Yvonne Maddox of MARC—described the two programs and outlined the various types of funding mechanisms. This enabled the participants to get a perspective of the similarities and differences between the two programs. Since many of the participants were from 2-year community colleges, the meeting also included an overview of the Bridges to the Future Program and a special session on how to prepare a successful Bridges application. Dr. Americo Rivera, administrator of the Bridges Program, explained how it is used to broaden existing transition programs for students at 2-year colleges and for students in master's degree programs. The Bridges Program, which began in 1992, is administered by NIGMS with funds from the NIH Office of Research on Minority Health.

Next, program directors from schools with successful MARC, MBRS, or Bridges Programs gave overviews of their programs, discussing the strengths, weaknesses, and unique features of each. Several of the speakers offered copies of their successful grant applications to the participants.

Speaking about their MBRS programs were Dr. Glenn Kuehn, MBRS program director at New Mexico State University, and Dr. Alonzo

Atencio, MBRS program director at the University of New Mexico. Dr. Carlos Gutierrez, MARC program director at California State University, Los Angeles, and Dr. Catherine Atkins, MARC program director at San Diego State University, discussed the features of their MARC programs. The Bridges Program presentation was given by Gutierrez, who also directs a Bridges grant, and Dr. Frank Bayliss, Bridges program director at San Francisco State University.

"The individual program directors' presentations were very helpful," said Dr. John Wright,

*"NIH has many opportunities available for minority students; we just need to find a way to better inform the institutions about the programs."*

professor of chemistry at Southeastern Oklahoma State University. "By hearing specifics of what made their programs work, you get ideas for your own program."

Gutierrez agreed, saying he felt that it was useful for participants to hear about a broad range of successful programs and applications so that they can see that there is no single formula for success. "Every situation is unique, and that should be reflected in the application," he said.

The meeting also included an overview of other funding mechanisms available from NIH, along with the names and telephone numbers of contact people. There was a special focus on the Research Supplements for Underrepresented Minorities Program, which allows principal investigators with active NIH research grants to apply for funds to support underrepresented minority individuals at five career levels for research experiences during the summer or academic year. "This program is an excellent way for students or faculty in any geographic area to be able to have a laboratory experience without requiring the participant to be affiliated with institutions that have substantial minority enrollments," René noted.

### Application Preparation

Breakout groups covered the intricate details of actually writing a successful grant application. Drs. Richard Martinez and Jean Flagg-Newton of the NIGMS Office of Review Activities explained what reviewers look for in an application, and stressed the need to address in detail every criterion listed in the special instructions section. Toni Holland and Annette Hanopole of the NIGMS Grants Management Office discussed budgetary information, including what costs are and are

not allowable, where to include certain information, and the need to justify every budget item requested. The number of participants in each breakout group was limited to encourage group discussion and questions.

"Many institutions are intimidated by the application process," said Kuehn. "However, these meetings put people in touch with others who have been through the process, others who have written applications and may have had the same questions they do." René agreed. "We hope to give the participants a chance to make the necessary contacts to facilitate further conversations with our staff as well as others who can help them write a successful grant. Interaction is the key to these meetings."

### Raising Awareness

"We didn't know about a number of these programs," said Trudy Ruland, a science instructor at Fort Berthold Community College in New Town, N. Dak. "The high school program that he [René] mentioned is of interest to us because if we can get students interested in science careers at that level, it increases our pool of students available for the other programs, including MARC, MBRS, and Bridges."

"NIH has many opportunities available for minority students; we just need to find a way to better inform the institutions about the programs," said René. "With these workshops, we hope to give them the basic knowledge they need to write a successful grant application."

After the workshop was over, participants had a chance to meet individually with the program directors to discuss their own situations, ideas, and concerns. "Meeting with the participants one-on-one gives us a chance to identify needs that we don't always perceive here in Washington," said MBRS program director Gonzales.

Since the workshops were initiated in February 1992, six applications have been received from schools that participated. Three of these grants have been funded. Oakwood College in Huntsville, Ala., and Jarvis Christian College in Hawkins, Tex., have received MBRS grants, and Virginia Union University in Richmond has received a MARC grant. Because the entire grant application process can take a year or more from the time the institution begins to write the grant until the time it is funded, a complete evaluation of the impact of the workshops is not yet possible.

"Just informing the schools about the program is a step in the right direction," said acting MARC program director Maddox. "The more institutions take advantage of grant opportunities, the more students can get involved in these programs and ultimately pursue careers in biomedical science." □