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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 NIHers 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 topics: “Still the Second Best Thing About Payday” and “About Payday.”

(See HEALTH FAIR, Page 9)

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 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)

NIIDR 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)

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 wip es, 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 Lipsett 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)
GALLIN (Continued from Page 1)

foreground 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 a 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.

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.

NIAAA 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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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 Cazzolino, Dr. William Branche, Jr., Sung-Chen 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 April 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 APIs. According to the 1990 Census, there are more than 7.2 million APIs, 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 APIs 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 APIs. As a result, the health problems of APIs 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 APIs.

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 APIs, the representation of APIs 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.
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 and 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 off 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 Blaise 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 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 institutions, 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. 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.
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 equaled 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. 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. The basic intent,” he says, “is to cut back on supervisory and management positions.

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.
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.
- 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.
- 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 is also 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.
LOE RETIRES AS FIFTH DIRECTOR OF NIDR ON JUNE 1
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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.
Loe'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,
Loe 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-
cences 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,
Loe 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 interna-
tional 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
two 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 NCRR.
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.

NIH staff can access the three new databases
trough Telnet or Gopher. Modern 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, 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 and typing:
Subscribe_NHLIB-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
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&N**
   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, NIAMS**
   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 fun and safe. 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 elderly 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.

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/caregivers 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
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
   Sponsor - 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 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.).

Schedule of Events in Bldg. 10

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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<tbody>
<tr>
<td>May 17</td>
<td>8:30-10:30</td>
<td>The Effective Caregiver (aging relatives planning workshop)</td>
<td>Lipssett Amphitheater</td>
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<td></td>
<td>9:30-11:00</td>
<td>Crime Watch for NIH Employees</td>
<td>Little Theater</td>
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<td></td>
<td>10:30-11:30</td>
<td>Dual Career Couple Stress</td>
<td>Lipssett Amphitheater</td>
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<td></td>
<td>11:00</td>
<td>Ribbon Cutting for Exhibits</td>
<td>Visitor Information Center (VIC), CC</td>
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<tr>
<td></td>
<td>11:00-5:00</td>
<td>Exhibits Open (23 booths of information)</td>
<td>VIC</td>
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<td>11:00-1:00</td>
<td>Fitness Testing</td>
<td>Little Theater</td>
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<td></td>
<td>1:30-3:50</td>
<td>The Effective Caregiver (aging relatives planning workshop)</td>
<td>Lipssett Amphitheater</td>
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<td></td>
<td>11:00-5:00</td>
<td>Bicycle Maintenance</td>
<td>Upper Hallway, CC</td>
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<tr>
<td>May 18</td>
<td>7:30-9:00</td>
<td>Exhibits Open (23 booths of information)</td>
<td>VIC</td>
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<td>12:00-2:00</td>
<td>Fitness Testing</td>
<td>Little Theater</td>
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<td>2:00-3:00</td>
<td>Low Back Pain</td>
<td>Lipssett Amphitheater</td>
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<td></td>
<td>7:30-2:00</td>
<td>Bicycle Maintenance</td>
<td>Upper Hallway, CC</td>
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some information for the women in your life. Discover how to find professional help for these highly treatable illnesses.

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 the ways you can protect your mental health and the mental health of the people you care about. Learn to take action to prevent or treat mental illness.

Screenings Featured at the 2-Day NIH Health Odyssey

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<th>Date</th>
<th>Hour</th>
<th>Activity</th>
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<tbody>
<tr>
<td>May 17</td>
<td>11 a.m.-5 p.m.</td>
<td>Oral Cancer</td>
<td>VIC</td>
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<tr>
<td></td>
<td>11 a.m.-2 p.m.</td>
<td>Skin Cancer</td>
<td>VIC</td>
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<tr>
<td></td>
<td>11 a.m.-1 p.m.</td>
<td>Fitness Testing</td>
<td>Little Theater, VIC</td>
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<tr>
<td></td>
<td>11 a.m.-5 p.m.</td>
<td>Blood Pressure</td>
<td>VIC</td>
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<tr>
<td></td>
<td>11 a.m.-5 p.m.</td>
<td>Stroke Risk</td>
<td>VIC</td>
</tr>
<tr>
<td>May 18</td>
<td>7:30 a.m.-2 p.m.</td>
<td>Oral Cancer</td>
<td>VIC</td>
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<tr>
<td></td>
<td>10 a.m.-noon</td>
<td>Skin Cancer</td>
<td>VIC</td>
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<td></td>
<td>(by appointment scheduled ahead)</td>
<td></td>
<td>Little Theater, VIC</td>
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<td></td>
<td>noon-2 p.m.</td>
<td>Fitness Testing</td>
<td>VIC</td>
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<td>11 a.m.-2 p.m.</td>
<td>Blood Pressure</td>
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<td>11 a.m.-2 p.m.</td>
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ACKER TAILOR-MADE FOR FIRST DEWITT STETTEN, JR., MEMORIAL FELLOWSHIP

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

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 graduate 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. "Occasionally 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 heroin 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 from the same high school she received her Ph.D. last spring from UCSF—daughter Natasha, 23, earned her undergraduate 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.
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 of Tucsonans for a Clean Environment. Augustine explained after the session, "This was a surprisingly polite exchange compared to some of the community groups that 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 Lipsett 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 Abrams, 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.

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 feature in Cancer Research, an association of science professionals engaged in cancer research.

"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."

Managers Group Forming

"Business Process Reengineering," will be the topic for 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, 2-4646, or e-mail (manny@pop.nih.gov) for more information.

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.


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.
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 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 Brigham and Women's Hospital.

After her postdoctoral research at Harvard University and 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 Corp.

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.

Dr. Jean Chin

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.

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.udnj.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.
**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 affirm 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 Blg. 101, with reassignment of visitor and service vehicle parking, and the establishment of an NIEHS arcs council, to make sure that the creativity of NIEHS employees does not go to waste.

Several related suggestions resulted in a bulletin board system to provide publicity for meetings, seminars, and events without the overuse and overcrowding 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 Blg. 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**

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

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.”

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