

"Still
The Second
Best Thing
About Payday"

The NIH Record

Alligators on Rooftops?

NIH Nurses Respond to Georgia Flood

By Anne Barber

On July 20, a phone call came to the neurology nursing unit on 5 East requesting nurses willing to travel to Albany, Ga., to help with medical needs in shelters established after Tropical Storm Alberto caused devastating floods, killing some 31 people.

Signing up to volunteer were Kristen McCabe and Jacqueline Kerr. Kerr says they were told to pack their bags, a raincoat, and be ready to leave the next day.

Other Clinical Center nursing stations received the same call. According to William Magers, Jr., emergency planning coordinator in NIH's Emergency Management Branch, Division of Safety, the request for nurses came from PHS' Office of Emergency Preparedness. Magers then notified Kathryn McKeon, CC associate director for nursing, whose office took on the task of requesting volunteers. The initial request was for 10 PHS nurses; NIH responded with six. They included Stacy Feldman, Linda Ludy, and Diane Miskinis from cancer's nursing service.

McCabe, Kerr, and Feldman flew to Atlanta the following day, rented a car and drove to Albany, where they waited for assignment. Kerr and McCabe went to the Magnolia Elementary School shelter and Feldman to the Albany High School shelter. Ludy and Miskinis flew out 2 days later and went to Phoebe Putney Hospital in Albany.

"Before we set foot on Georgia soil, we already had the mindset that we would do whatever was
(See **NURSES RESPOND**, Page 6)



At a medical clinic located in the Magnolia Elementary School shelter in Albany, Ga., Clinical Center nurse Jacqueline Kerr (r), along with a nurse from the Veterans Administration, check the supply cabinet.

NICHD Conference Eyes Hysterectomy Alternatives

By Anne Blank

Hysterectomy—surgical removal of the uterus—is one of the most common medical procedures performed in this country today. In fact, the United States has the highest hysterectomy rate in the world, with 500,000 to 600,000 hysterectomies performed annually.

With so many women undergoing this major surgery, there is a growing feeling that the procedure may not only be over-prescribed and overused, but also may not be the optimum treatment in many circumstances. One of the problems associated with hysterectomy is the possibility of adverse side effects such as premature menopausal symptoms (in cases where the ovaries are removed, as well as the uterus). In addition, hysterectomy does not always significantly improve the symptoms of some disorders such as uterine prolapse (a condition in which the pelvic organs become displaced). Although hysterectomy may be unavoidable in the case of certain gynecological diseases such as uterine cancer, experts now feel that it may not always be necessary for some other disorders, which may benefit from more

(See **HYSTERECTOMY**, Page 4)

Stress, Fitness Big Issues

Employee Health Survey Results Now Available

By an overwhelming margin (92 percent), NIH employees say stress is a major concern, one they would like to reduce in their lives. They were responding to a recent NIH worksite health promotion action committee (WHPAC) survey administered to a stratified random sample of almost 2,000 NIH employees several months ago. The survey sought information on attitudes and interests in personal health and fitness.

A more encouraging finding is that, by a large margin, NIH employees consider their health important and are willing to spend time, money and effort to improve it.

Employees listed many reasons for their high stress, most frequently mentioning unrealistic deadlines, physical environment, uneven workloads, work relationships, advancement limits, lack of work recognition, poor communication, and work and family issues. They also believe stress has a negative impact on their health.

In other findings, more than half of the employees believe NIH has an obligation to provide health promotion programs but do not find that NIH currently supports employees' efforts to improve or maintain their health.

Like the rest of the population, only a small segment of employees (18 percent) exercises
(See **EMPLOYEE SURVEY**, Page 2)

Asian/Pacific Islander American Health Meeting Held

By Dr. Mohandas Bhat

A symposium on health issues affecting Asian/Pacific Islander Americans was held recently in Wilson Hall. The meeting was coordinated by Dr. Opendra Sharma of NIAID, who is a member of the Asian/Pacific Islander American advisory committee. Speakers included Dr. Peter Somani, director of the Ohio department of health; Tessie Guillermo, executive director, Asian and Pacific Islander American Health Forum, San Francisco; Dr. Moon Chen, professor of preventive medicine, Ohio State University; and Dr. Jane Lin-Fu, Health Resources and Services Administration. Also speaking were NIH staff from the Office of the Director—Dr. Wendy Baldwin, Dr. Philip Chen, Dr. Belinda Seto, and Lily Engstrom.

Sharma welcomed the nearly 100 people from NIH and other agencies who were present. In her opening remarks, Baldwin, NIH deputy director for extramural research, noted that there are more than 7.3 million Americans of Asian descent, a diverse group with several subgroups of different nationalities, each with its own changing



Huddling at the symposium are (from l) Drs. Belinda Seto, Wendy Baldwin, Opendra Sharma, and Moon Chen.

(See **SYMPOSIUM**, Page 5)

EMPLOYEE SURVEY RESULTS SHOW STRESS A PROBLEM

(Continued from Page 1)

the recommended 30 minutes, three times per week. Seventy-six percent indicate they would use an exercise facility if it were located close to their worksite, reasonably priced, and open at convenient times. Why employees don't exercise includes lack of time, perceived lack of managerial support, and inadequate exercise/locker facilities.

Immunization is the most widely used service currently being offered at NIH, although most employees do not take advantage of available health promotion activities. Less than 25 percent participate in other activities such as blood pressure screening, cholesterol checks, mammography screening, health seminars and smoking cessation classes. The reasons cited include lack of awareness, lack of perceived need, and not enough time.

Programs that employees say they would most likely use if they were offered at conve-

nient times are CPR, improving diet, hearing/vision screening, stress/time management, first aid, and heart and cancer risk reduction. Many employees also express concern about the food served on campus.

The survey was administered by DAE Corp. and stratified according to occupational codes and work locations. The response rate was an impressive 72 percent and was representative of the age, sex, racial and ethnic mix of the NIH employee population. Survey results show the work force to be fairly homogeneous in attitudes, habits and interests regarding health and fitness.

The WHPAC thanks NIH employees for taking the time to answer the survey and welcomes the views of all NIH employees. Comments and concerns may be sent to Susanne Strickland, WHP program manager, Federal Bldg., Rm. 6C10. □

NIAID Director Visits NIEHS

Recommendations for increased collaboration between two NIH institutes were a central theme as Dr. Anthony S. Fauci, director of NIAID, was the recent guest of NIEHS director Dr. Kenneth Olden.

At NIEHS, Fauci highlighted areas of current and potential future collaboration between NIAID and NIEHS. He noted that the institutes have several productive interactions, specifically in the areas of AIDS and asthma, and that these interactions should be broadened.

Fauci was the latest and the sixth NIH institute director to present a seminar and discuss programs of mutual interest with NIEHS scientists and other senior

staff. Olden initiated the visitation and seminar program shortly after he became director in June 1991, in order to foster closer working relationships between NIEHS and its sister institutes in Bethesda.

"Environmental health sciences is a very broad mandate," he said. "It is essential that there is strong interaction between our institute and all other institutes, to obtain the most benefits medically and scientifically from the science being done throughout the NIH." □



Dr. Anthony Fauci

Consensus Conference on Total Hip Replacement, Sept. 12-14

A consensus development conference on total hip replacement (THR), sponsored by NIAMS and OMAR and cosponsored by NIA, will be held in Masur Auditorium, Bldg. 10, on Sept. 12-14. The purpose is to bring together experts to review current data and share information aimed at reducing complications and improving outcomes and patient satisfaction with THR. Topics will include short- and long-term physiological and biological effects of implanted devices, patient selection, state-of-the-art surgical procedures and instruments, and choice of prosthetic designs.

Total hip replacement was introduced into clinical practice almost 4 decades ago. Since that time, more than 800,000 artificial hip joints have been implanted in Americans, both young and old. Improvements in patient selection, prosthetic engineering, surgical procedures, and rehabilitation methods have made it possible for many persons suffering

from advanced hip joint disease or injury to obtain relief of pain and improved mobility through THR.

The prevalence of hip replacement and the increasing longevity of the U.S. population mean that many people will outlive the useful life of a first THR. (The implants currently last an average of only 10 to 15 years.) Thus, the conference agenda will also include presentations on selection of patients and procedures of choice for revision of a failing or dysfunctional artificial hip.

Presentations will be made from 8:30 a.m. to 5 p.m. on Monday and, 8:30 a.m. to 12:15 p.m. on Tuesday. The consensus statement will be read to the audience for comment from 9 to 11 a.m. on Wednesday. A news conference will be held at 1 p.m. To register, call Technical Resources, Inc.'s conference management group, (301) 770-3153. □

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The new 1994-1995 officers of NIH's Toastmasters Club were sworn in Aug. 3 by Area Governor Alberta Bourn. They are (from l) Joy Jackson, vice president, public relations; Bourn; Ann Russo, president; Louise McHugh, vice president, education; Mohammed Shahabuddin, treasurer. Not pictured are Marcia Gosha-Caldwell, vice president, membership; Alfreda Layne, secretary; and Robert Ryley, sergeant-at-arms. The club meets every Friday at noon in Bldg. 36, Rm. 1B11, and all are welcome to attend. Toastmasters is designed to provide members with training in prepared and impromptu speaking, effective listening and evaluation techniques, as well as leadership skills refinement. For more information, call Russo, 6-5103.

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Millions in the U.S. Need to Increase Calcium Intake

By Elia Ben-Ari

A consensus panel recently convened by NIH urged Americans, particularly children and teenagers, to increase their calcium intake to build strong bones and reduce the risk of osteoporosis. New information reviewed by the panel at the recent Consensus Development Conference on Optimal Calcium Intake indicates a majority of Americans are not getting enough calcium in their diets and could reap significant benefits by increasing their intake of this essential nutrient.

Much data published in the medical literature and reported in the media in the last 5 years suggests that increasing calcium intake above currently recommended levels may have a variety of health benefits, including prevention of osteoporosis. These data are particularly compelling in the case of young people, whose bones are still growing, and the very elderly, many of whom suffer from osteoporosis. Recent data also suggest that optimal calcium intake for bone health is considerably greater than the amounts actually being consumed by most people in the United States. A number of articles in the medical literature have also addressed the role of increased calcium intake in the prevention of other disorders, particularly colon cancer and high blood pressure.

The 15-member independent panel reviewed these recent results with an eye toward providing guidelines to help physicians and the public make sense of the large amount of new information in this area. The panel developed specific recommendations for the levels of calcium intake considered optimal for people of various ages, from infants to the elderly. Optimal calcium intake was defined by the panel as "the amounts needed to maximize peak adult bone mass and to maintain bone mass and minimize bone loss in later years." The panel, convened by NIAMS and the Office of Medical Applications of Research, also called for a unified public health strategy to ensure that Americans consume these optimal levels of calcium.

The preferred source of calcium, said the panel, is calcium-rich foods such as dairy products and certain vegetables. An 8-ounce glass of skim, lowfat, or whole milk provides about 300 milligrams (mg) of calcium. Some leafy green vegetables (including broccoli, kale, and turnip and collard greens), calcium-set tofu, and some canned fish, legumes, seeds and nuts are other good sources of calcium. Calcium supplements and calcium-fortified foods offer other ways to achieve optimal calcium intake in those who cannot meet this need with regular foods, the panel said.

Calcium is an essential nutrient for developing and maintaining strong bones throughout life. Calcium requirements are highest during childhood and adolescence, when bones grow at their fastest rate; during pregnancy and lactation, when calcium from the mother's skeletal stores is incorporated into the fetus' developing bones or into breast milk; and in

later life, when bone loss occurs and calcium absorption is impaired, often leading to osteoporosis.

Osteoporosis is the major underlying cause of bone fractures in postmenopausal women and the elderly. More than 1.5 million osteoporosis-related fractures occur in the U.S. each year, at an estimated annual cost to society of \$10 billion due to hospitalization, nursing home care, and lost productivity.

Two important factors influencing the development of osteoporosis are a person's peak bone mass, reached by about age 30, and the rate of bone loss in later years. Adequate calcium intake is critical for achieving the highest possible peak bone mass, which can provide a cushion against osteoporosis due to bone loss later in life. Calcium can also modify the rate of bone loss associated with aging. Yet results of a survey by the National Center for Health Statistics (NCHS), presented for the first time at this conference, show that millions of Americans do not consume even the previously recommended levels for calcium in their diets.

Recent evidence suggests that calcium intakes in the range of 1,200 to 1,500 mg per day in preadolescent and adolescent girls and boys at least temporarily increases the rate of bone accumulation and might result in higher peak bone mass. Yet results of the NCHS survey show that more than half of all girls and young women ages 12 to 19 do not even meet the recommended dietary allowance of 1,200 mg for calcium.

The panel recommended 1,200 to 1,500 mg of calcium per day for preadolescents and young adults (ages 11 to 24), stressing that "special education and public measures aimed at improving dietary calcium intake in this age group are essential." For children 1 to 10 years old, calcium intakes of up to 1,200 mg per day may be of benefit, according to the panel. It recommended more research on the long-term effects of various levels of calcium intake on the achievement of maximal peak bone mass.

Once peak adult bone mass is reached, bone turnover is stable in men and women for a number of years. During this period (ages 25-50), the panel said, men and women should maintain a calcium intake of 1,000 mg per day. In women, a sharp decrease in estrogen levels during menopause causes accelerated bone loss lasting approximately 6 to 8 years, after which bone loss becomes more gradual, similar to that seen in aging men. Studies reviewed by the panel indicate that, unlike estrogen replacement therapy, supplemental calcium taken during the initial phase of rapid bone loss in postmenopausal women will not slow the decline in bone mass. Nevertheless, the panel said, it is important to ensure optimal calcium intake during this time.

Research shows that after the initial rapid phase of bone loss, calcium intakes in the range of 1,500 mg per day may reduce the rate of age-related bone loss, at least at some sites in

the skeleton. The panel recommended 1,000 mg of calcium per day for women ages 50 to 65 who are on estrogen replacement therapy and 1,500 mg per day for those not taking estrogen.

In men and women ages 65 years and older—a population at high risk for osteoporosis—surveys show that calcium intakes of less than 600 mg per day are common. In addition, absorption of calcium into the bloodstream from the intestine is often greatly impaired in older people. These two factors can translate into accelerated rates of age-related bone loss. Results of a recent study in French nursing homes indicate that supplementing calcium and vitamin D intake can significantly reduce fracture risk in very elderly women. Although noting more research is needed on calcium metabolism in older men, the panel recommended a daily intake of 1,500 mg for both men and women over age 65.

Pregnant and nursing women also have increased calcium requirements. Evidence reviewed by the panel indicates there is no permanent loss of bone mineral during pregnancy or breast-feeding in well-nourished women. The panel recommends that pregnant and nursing women take in at least 1,200 mg of calcium per day, while pregnant and nursing teenagers and young adults should consume 1,500 mg per day.

Although concerns have been raised previously about the risks of high calcium intakes, the panel concluded that calcium intake up to a total of 2,000 mg per day appears to be safe in most individuals. In persons with a history of kidney stones, caution should be used in supplementing calcium intake because high intakes might increase stone formation in these people. The panel also noted that calcium can interfere with absorption of iron and that more research is needed on the effects of calcium on absorption of other nutrients.

The panel pointed out that calcium supplements are most efficiently absorbed when taken in individual doses of 500 mg or less. Calcium supplements are available in various forms including calcium carbonate, calcium citrate, and calcium phosphate, and most preparations are well absorbed if manufactured properly.

Adequate vitamin D is essential for optimal calcium absorption. Vitamin D is produced in the skin during exposure to sunlight. The only dietary sources are vitamin D-fortified foods such as liquid milk products and some cereals, and fatty fish. Elderly people are at particular risk of vitamin D deficiency because of insufficient vitamin D intake in their diet, impaired production of the active form of vitamin D by the kidneys, and inadequate exposure to sunlight, particularly in those who are housebound or in nursing homes. In these people, the panel said, vitamin D supplements are needed to ensure adequate calcium absorption.

The panel also reviewed data that suggest that adequate calcium intake may decrease the risk of cardiovascular disease and colon cancer and concluded that more research on these topics is needed. □

HYSTERECTOMY

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conservative nonsurgical treatment. In other words, they are asking: What are the alternatives to hysterectomy?

To examine current research in this area, NICHD together with the Office of Research on Women's Health, recently held a 2-day symposium called "Alternatives to Hysterectomy—Bench to Bedside." As its title suggests, "This workshop is about building that bridge from basic to clinical research on benign gynecologic diseases that can lead to hysterectomy," said Dr. Donna L. Vogel of NICHD's Reproductive Sciences Branch, and co-organizer of the workshop with Dr. Christos Coutifaris of the University of Pennsylvania and Dr. Linda C. Giudice of Stanford University. "It is our hope that this research will ultimately increase the usefulness and attraction of expectant management (watchful waiting), medical treatment, or conservative surgery," Vogel explained.

No single disorder is responsible for the high rate of hysterectomy in this country. A host of conditions may result in hysterectomy, including uterine fibroids, uterine prolapse, endometriosis, endometrial hyperplasia, and cancer. In a 6-year study of 34,441 women in the state Maryland who had had a hysterectomy, more than 300 diagnostic codes were identified, said Dr. Kristen H. Kjerulf of the University of Maryland at Baltimore. The incidence of hysterectomy is highest among women in the late reproductive and perimenopausal years; 40 percent of women age 55 and older have had a hysterectomy.

The incidence of hysterectomy also appears to be affected by race, socioeconomic level, and education, according to surveillance data. Among the findings cited by Kjerulf: women with a ninth grade education or less were twice as likely as more educated women to have had a hysterectomy, and African American women were more likely than other women to undergo hysterectomy at younger ages. Also, African American women undergoing hysterectomy were more than twice as likely as Caucasian women to have been diagnosed with uterine fibroids. No one knows for sure why these differences exist; there may be other potential risk factors that remain unidentified. Some of these may include obesity, oral contraceptive use, smoking, number of births, overall health, and level of exercise.

The most common pelvic tumors in women, uterine fibroids—also known as leiomyoma—occur in 20 to 25 percent of reproductive-age women. They are a leading cause of hysterectomy, and a significant cause of morbidity in women, who may suffer abnormal bleeding, pelvic and back pain, anemia, fatigue, urinary and bowel problems, miscarriage, and infertility. Most women seek medical treatment for fibroids because of pelvic pain and menstrual disturbances.

Despite their prevalence, little is known about the etiology of uterine fibroids, although there is some evidence that there may

be a genetic link. In one study cited by Kjerulf, women with fibroids were more likely than healthy women to have other family members—mothers, sisters, and aunts—who had fibroids, as well.

Currently, there is no FDA-approved medication for treating uterine fibroids, so hysterectomy remains the leading treatment. Most women with symptomatic fibroids eventually get a hysterectomy; in one study by Kjerulf, et. al., 66 percent of women who were diagnosed with fibroids went on to have a hysterectomy.

Experimental therapies have focused on manipulating exogenous hormones because uterine fibroids are steroid-dependent,

The most common pelvic tumors in women, uterine fibroids are a leading cause of hysterectomy.

occurring almost exclusively in the reproductive age range. Studies of treatment with gonado-tropin-releasing hormone (GnRH) agonists have shown that administration of this hormone analog results in gradual reduction in uterine size; after 12 weeks, uterine volume decreased by 50 percent, said Dr. Andrew J. Friedman of Brigham and Women's Hospital. The agonist hormone works by creating a hypoestrogenic environment that results in decreased blood flow in the uterus. Decreased progesterone levels may contribute to the shrinkage, as might other changes in growth factors that affect the size and growth of uterine fibroids. The problem with this therapy, however, is that fibroids regrow after treatment is stopped. Also, long-term treatment may have adverse side effects, including osteoporosis and/or menopausal symptoms. Because of these problems, the therapy may not be a replacement for hysterectomy, but an adjunctive treatment, either in perimenopausal women, women at high risk for surgical complications, or women who wish to postpone surgery.

Other medical therapies being studied to treat fibroids and their symptoms include: GnRH agonist combined with other steroids; antiprogestins such as RU486; antiestrogens; oral contraceptives; and progestins and androgens, both of which decrease menstrual flow.

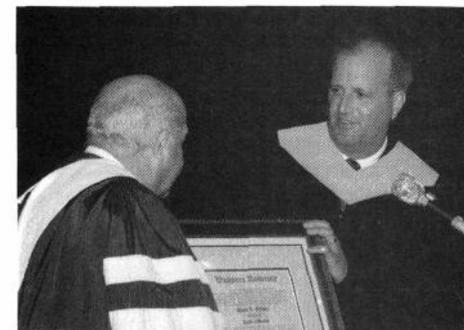
While uterine fibroids are the most common benign gynecological tumors, endometrial carcinoma is the most common gynecological malignancy in the U.S., which has 40,000 new cases per year. The mean age at diagnosis is 60 years. Possible risk factors include obesity, diabetes, and long-term exposure to unopposed estrogen (i.e., anovulation). Surgical treatment involves hysterectomy. Progesterone therapy is used to treat patients with advanced or recurrent disease, and chemotherapy is indicated for cancer that has metastasized.

Although most endometrial hyperplasias are benign, current science does not yet offer a

foolproof method of determining which endometrial lesions will go on to become cancerous. Some scientists, however, are optimistic about the possibilities presented by molecular genetics. Dr. Jeffrey A. Boyd of NIEHS says he is struck by the evidence of underlying cellular defects in endometrial disease. "We still certainly have a long way to go before we can provide a molecular genetic analysis for endometrial carcinoma and hyperplasia," he said. "I'd like to think that in the future we'd be able to look at a particular lesion and determine if it will go on to cancer."

One of the most common, and perhaps least understood, gynecological abnormalities is endometriosis, which affects between 10 and 20 percent of American women of childbearing age. It is a condition in which endometrial tissue grows outside of the uterus, causing excessive menstrual cramps (dysmenorrhea); pain during or after sexual intercourse (dyspareunia); and, in up to 30 percent of affected women, impaired fertility. Although the exact cause of endometriosis has not been identified, some experts believe it may be the result of a sequence of cellular changes that result in inflammation. Nonsurgical alternatives to hysterectomy include hormonal therapy, and treatment with "antihormones" such as RU486. Administered during the follicular phase, RU486 blocks ovulation and may provide effective treatment for endometriosis. In one study, women treated with this antiprogestin reported significantly reduced pain, although there was not a significant change in the size or number of endometrial growths, said Dr. L. Michael Kettel of the University of California, San Diego.

Another little-understood disorder is uterine prolapse, which occurs when the uterus becomes displaced so that the cervix drops down into the vagina. In severe cases, the cervix may protrude and become visible outside the vagina and become infected. The symptoms, aside from visible ones, include lower backache, and a feeling of pressure in the pelvic area. Rectal prolapse can also occur. Little is known about the etiology of the condition or its prevalence because they have not been studied. □



Dr. David L. Nelson (r), chief of the immunophysiology section in NCI's Division of Cancer Biology and Diagnosis Centers, was awarded an honorary doctor of science degree at Washburn University. He graduated summa cum laude from Washburn in 1966.

SYMPOSIUM

(Continued from Page 1)

migration and acculturation patterns. She expressed concern about treating this population as a uniform or monolithic group and also cautioned against oversampling of subgroups within the population, as might be done in a national health survey. The diversity within this population is such that it would be almost impossible to get enough cases within meaningful subgroups. She stressed the need for a much more fine-grain study to address this issue. She assured the gathering that NIH has a strong commitment to understanding and supporting research in the areas of minority health and urged the group to come up with specific activities NIH might undertake.

Dr. Philip Chen, NIH associate director for intramural affairs, reported that 840 foreign scientists from Asian countries were in the NIH intramural Visiting Program in 1993, comprising nearly half the NIH total foreign scientist population. NIH supports studies on Asian populations through extramural awards, as such studies can shed light on a number of factors not possible to be investigated in other groups. Certain diseases are prevalent in Asia that are rarely or no longer seen in the West such as malaria, schistosomiasis, acute diarrheal diseases, and leprosy. A major nutritional intervention study was done by NCI in North Central China, where the rates of esophageal and upper stomach cancer are the highest in the world. He also mentioned that other research opportunities in API populations exist such as radiation-exposed individuals in Hiroshima and the South Pacific.

Myth of the 'Model Minority'

Somani focused on exploding the myth of Asian Americans as a model minority. An important policy issue is defining the subgroups of APIs, which include at least 40 different identifiable groups with diverse origins from the Far East, Asia, and the Pacific Islands with different cultures, history, medical and health care needs. He provided examples of Ohio data that refute the myth that Asian Americans are an affluent group and showed that Laotians, Vietnamese and the more recent refugees from Southeast Asia had high poverty levels. Tuberculosis and hepatitis B are major risk factors for all API groups. Asian Indians had almost 4-10 times higher risk of heart disease compared to the rest. Access to health care was also a problem faced by many, compounded by lack of appropriate health insurance. He identified the need for outreach programs since many of the groups were not aware of the services available through state public health clinics. A statewide coalition of API groups in Ohio has been organized to address this issue, which Somani hopes will blossom into a national movement.

Lin-Fu spoke about overcoming ethnocultural barriers. She decried the practice of presenting aggregated health data for all API groups, which often masks the high risks for disease experienced by some subgroups. She



Panelists Dr. Moon Chen of Ohio State University and Tessie Guillermo of the Asian and Pacific Islander American Health Forum, exchange views at the symposium.

noted that "the lumping of more than 40 subgroups together only makes political sense and expediency, it does not make any scientific sense, and hence, we have yet to really carefully define the health issues concerning this population."

She went on to give examples of genetic disorders common in API groups that are seldom understood by mainstream health care providers. She questioned the applicability of U.S. standards for dosages to API groups considering that there are different pharmacodynamics and pharmacokinetics involving people of different genetic backgrounds.

Lin-Fu also raised the issue of anatomical differences such as those between Caucasian and Asian eyes, which necessitate deviation from a standard surgical procedure in both cataract surgery and laser surgery for glaucoma. These are issues yet to be addressed by health researchers. She stated that all people have culture and ethnocentrism, which views one's own culture as the center of everything. The danger in ethnocentrism is not in preferring our own ways, she warned, but in believing that persons of other cultures should also hold our values. She stressed that "recognizing our own cultural heritage and perspective is an essential step in avoiding ethnocentrism and developing a tolerance for the cultural value systems of others." She noted that ethnocultural barriers are really two-sided as both the mainstream and the minority cultures contribute to this problem. She suggested that we must spend time learning about racial and ethnic minorities and their cultures, and be open-minded and willing to accept other cultural values.

Guillermo focused on the perception that API are overrepresented in the health professions, which directly contradicts a growing collection of reports illustrating persistent problems such as cultural and linguistic gaps between service providers and patients, which hinder research and the provision of health services to the API community. This myth of overrepresentation is based on use of aggregate data applied to the population parity model, which basically states that the health professions should reflect the same percentage that any one racial or ethnic group represents in the

total population. This myth has tremendous implications for the availability of adequate federal funds for the training and development of API health professionals, since representation data are increasingly used to allocate scarce resources.

Guillermo pointed out that "despite its wide usage and acceptance, underrepresentation does not have a legal definition and has never been clearly or objectively defined." As a result, the application of underrepresentation is not controlled or limited by federal policy, and is up to whoever wants to define it at any point and time, and for whatever purposes they want. She also noted that in policy documents, the term underrepresentation often gets interchanged with the terms disadvantaged or underserved, which are also defined in an inconsistent manner to the detriment of the API population.

Lack of Data on API Community

Dr. Moon Chen discussed the status of health research in the API population based on data from DRG's CRISP system on NIH-funded projects. For the last 5 fiscal years, there were only 36 grants in which API were the target, which helps explain the lack of data on API. In 1992, there were only 48 citations on MEDLINE related to Asian Americans. Of the 36 projects being funded this year for the API groups, only 11 are of API ancestry. API principal investigators were not overrepresented, even in the projects or grants that target API populations. Chen proposed that NIH convene a task force consisting of NIH staff and representatives of the API scientific community to determine how NIH can better plan and provide for projects that will really improve the health of API populations.

Seto discussed at length the recently propagated policy on the inclusion of women and minorities as subjects in clinical research. The policy states that NIH now enforces and requires that women and members of minority groups, and their subpopulations must be included in all NIH-supported biomedical and behavioral research projects involving human subjects unless a clear and compelling rationale and justification establishes that the inclusion of these subgroups is inappropriate. NIH published guidelines for implementing this policy in the *Federal Register* in March. She indicated that NIH hopes to hear a lot from the community regarding these guidelines, which are slated to be changed and revised as warranted in a year.

A panel chaired by Engstrom, assistant director of NIH's Office of Extramural Research, and consisting mainly of the speakers had an open discussion and made several recommendations. One of these was the establishment of an NIH task force to help promote NIH-funded research on health issues affecting the ethnically and culturally diverse groups that together constitute the Asian/Pacific Islander population. Convening a followup conference in a year was also recommended. □

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NURSES RESPOND TO GEORGIA FLOOD EMERGENCY (Continued from Page 1)

needed," said Kerr. "Going to a disaster area is no vacation."

Upon arrival, the NIH nurses found 23 shelters set up in various schools and churches. Two weeks later, only 12 were still needed.

"Because we were practicing nurses," explained Kerr, "we were able to relieve nurses at the Phoebe Putney Hospital. Nurses were placed on round-the-clock shifts at both the shelters and hospital, while the Red Cross provided daily meals and the military provided security.

"At our shelter, we had approximately 100 people on cots," she continued. "Because the elementary school had no shower facilities, we had to send our residents to the YMCA for showers 3 days a week. Hygiene was a big problem in general."

McCabe said they saw anywhere from 5 to 17 patients a night. "The sickness could be as severe as a possible stroke to something as minor as a scraped knee," she said. "We saw a lot of upper respiratory infections and dispensed over-the-counter medications." The Georgia department of health gave tetanus shots to everyone in the shelter and, for special cases, residents were sent to the hospital.

"Mostly they needed emotional support," said Kerr. "We also saw lots of high blood pressure, especially in wheelchair-bound people," said McCabe. She and Kerr agreed that stress was

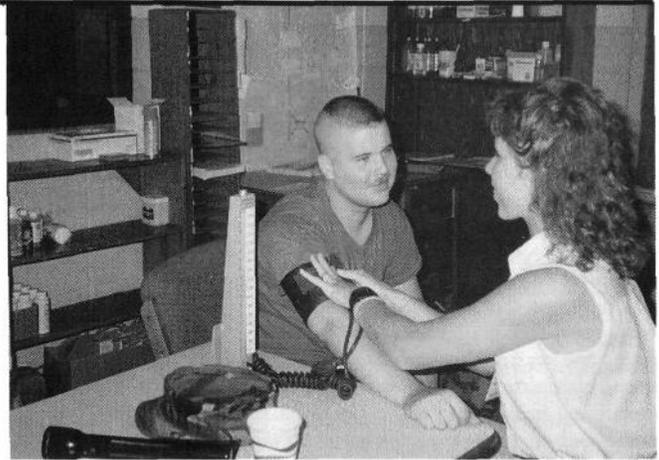


Kerr and Kristen McCabe stand in front of the military vehicle used to transport them to the devastated areas.



This house was in the same area as the Civic Center. Civilians were not allowed to tour the destruction, so McCabe and Kerr had to be escorted by the military police.

A commissioned corps nurse at NIH for 3 years who was on her first special assignment, Kerr provides blood pressure screening to members of the military at the shelter clinic.



the worst problem since most of the residents had already been in the shelter for 3 weeks.

Kerr and McCabe worked the 8 p.m. to 8 a.m. shift at the shelter. The medical clinic was located in a classroom and the residents slept in the gymnasium with no air conditioning or fans.

"A big part of what we did was entertain the children," said McCabe. "I gave paper and crayons to each one and asked them to draw a picture of themselves. All but one drew pictures of their houses underwater. All included an alligator in their pictures. Even the kid who drew a picture of himself showed half his face missing where an alligator had bitten him. I think they heard somewhere about alligators being on top of the houses after the floods.

"The kids' problems touched me a lot," she said.

At the hospital, Ludy and Miskinis worked the 8 a.m. to 8 p.m. shift, "doing basically the same thing we do [at NIH]," Ludy said. "We work in oncology here and we worked in oncology there, filling in for people who couldn't make it to work. The only thing different was the ratio of patients to nurses—15 to 16 patients to two R.N.s and a nursing assistant. That's much higher than at NIH."

All the participating nurses met with Surgeon General Joycelyn Elders when she visited the Albany High School shelter, which was considered to be in the hardest-hit area. She was interested in what the nurses had seen and asked if what they were doing made a difference. Elders also visited the hospital and other



Surgeon General Joycelyn Elders visits the Albany High School shelter and greets Charles, one of the children in the shelter who waited to meet her.

shelters to talk with residents.

"It was a very rewarding experience," said Kerr, a commissioned corps nurse at NIH for 3 years who was on her first special assignment. "You learn to be flexible." She came to NIH as a new graduate right out of nursing school. "NIH is a nursing utopia. I have an excellent job." Kerr works in the critical care unit for the heart institute, which is now combined with the neurology nursing service.

McCabe first came to NIH as a participant in COSTEP (Commissioned Officers Summer Training Externship Program) in June 1989 and returned as an R.N. in January 1990, working in neuroscience nursing the entire time.

Would they go back to Albany or take another special assignment? "In a minute," McCabe says. "It was an exciting experience. I felt good about what I did. I also felt I was



These houses were in a neighborhood directly behind the Civic Center in Albany, Ga. The center was not affected because people worked around-the-clock to spare it by placing sandbags around the perimeter.

fulfilling the mission of PHS.”

Kerr, too, answers affirmatively. Since returning to Bethesda, she has been in contact with the PHS DMAT (Disaster Medical Assistance Teams) Office and expressed interest in joining a team in the future.

Other workers from NIH included Vien Vanderhoof from CC nursing and Joyanne Murphy, chief of the commissioned corps section under OD's Division of Personnel Management. Both were there as members of DMAT teams.

This was not the first time that CC nurses have volunteered their services to help in medical disasters. In June 1993, nurses were sent in response to the hantavirus outbreak in the Four Corners area of the southwestern United States. Prior to that, CC nurses deployed to Hurricane Andrew in 1992, Desert Shield/Desert Storm/Kuwait City in 1991, and Hurricane Hugo in 1989. Whenever a national emergency occurs, the CC nursing staff stands ready to meet the task. □

NIEHS Launches Toll-Free Information Clearinghouse

Where do people go when they have questions about environmental health and related issues? Beginning in October, NIEHS will provide a major, national information source and referral point for questions about health and the environment with the establishment of EnviroHealth, an environmental health information clearinghouse, accessible toll-free through 1-800-NIEHS94 (643-4794).

Dr. Kenneth Olden, NIEHS director, has given the clearinghouse top priority and asked his staff to analyze gaps in the availability of environmental health sciences information to the public and to develop a plan for implementing the clearinghouse.

“The excellent science done at NIEHS is at the heart of our mission, but unless information from our laboratories and our scientists is accessible to a wider public, NIEHS cannot fulfill its mission,” he said. “The clearinghouse will reach out to environmental journalists, environmental justice organizations, educators, and other target audiences. The public's requests for information, and public comments received by the clearinghouse, will better enable the institute to respond to the needs of the American people.”

The Office of Planning and Communications at NIEHS has worked closely with Information Ventures, Inc., a Philadelphia-based contractor, to bring the clearinghouse online. Daniel VanderMeer, director of the office, said, “The

clearinghouse is designed to expand lines of communications with other institute programs, our university-based centers across the U.S., the NIEHS Division of Intramural Research, and the National Toxicology Program, for example, to ensure the best possible information on a broad range of issues. A central part of our effort will be to develop communications objectives for the institute and the clearinghouse that are specific, attainable, prioritized, measurable, and time specific.” □

High Cholesterol Vols Needed

The Cardiology Branch, NHLBI, seeks male volunteers with cholesterol greater than 250 mg for an outpatient study. Participants should have no other medical problems. Volunteers will be paid. Call Cressie Kilcoyne, 6-8739. □

Crafters Needed for Holidays

Crafters from the NIH community are wanted to participate in a Holiday Bazaar to benefit the Friends of the Clinical Center. The bazaar is scheduled for Nov. 17 in the Clinical Center. Interested persons should call Kelly McManus at R&W, 6-6061, no later than Sept. 15. □

NIH, NASA Ink Research Pact

NIH and NASA recently signed an agreement that will exploit the space agency's bioreactor technology to produce 3-dimensional tissue cultures for laboratory research.

The goal of the agreement is to engineer a human lymph node model for AIDS research and then extend use of this technology to a broad spectrum of tissues available at NIH. The collaborative effort will enable researchers to culture tissues previously deemed too complex for current tissue culturing technology.

“The NASA bioreactor is a very promising technology in tissue engineering,” said Dr. Harry C. Holloway, NASA associate administrator. “The primary goal of this agreement will be the transfer of ground-based NASA bioreactor technology to NIH to support its cutting-edge research in complex tissue engineering.”

The agreement will increase the capabilities of biomedical researchers throughout NIH by transferring NASA technology here and establishing a center within the National Institute of Child Health and Human Development. The new center will teach this new technology to many NIH intramural laboratories that currently employ other tissue culture techniques.

The total value of the NASA contribution is approximately \$4.8 million over 4 1/2 years. NICHD, through its Laboratory of Theoretical and Physical Biology, will provide laboratory space, scientific expertise, and access to the advanced 3-dimensional tissue imaging facility. Lab chief Dr. Joshua Zimmerberg will direct the joint NIH/NASA biotechnology project. □

Natcher Conference Center Takes Reservations, Opens in January

In January 1995, NIH will introduce its new state-of-the-art conference center. It will be the largest conference facility on campus.

The center will be housed in the new Natcher Bldg., scheduled to open in October. At the hub of the center will be a 1,000-seat auditorium designed to be easily divided into four smaller independently functioning auditoriums. Eleven standard conference rooms will also be included in the facility, with two additional rooms dedicated exclusively to video teleconferencing.

The new center will have the capacity to handle, on any given day, 15 separate events with a maximum of 1,800 attendees. A fully trained conference facility support staff, along with high-tech presentation and communication systems, will be available to support a wide range of meetings, conferences, cultural events, broadcasts, etc., routinely held by various NIH and NIH-related organizations.

Under the oversight of the Division of Space and Facility Management, the center will be entirely operated and maintained by a contractor. As of Sept. 1, the Conference Services Branch will accept reservations from late January onward. Contact the branch, 6-6260, for reservation of rooms and services. □

Office of the Director Honor Awards

The NIH Office of the Director held its 1994 Honor Awards Ceremony on Aug. 25 in Masur Auditorium, Bldg. 10. NIH director Dr. Harold Varmus presented awards to the following recipients:

NIH Merit Awards

Office of the Director

Teresa R. Kendrix
Administrative Officer
Office of Research on Women's Health
"For dedication in establishing complex administrative and budgetary systems for the Office of Research on Women's Health."

Dr. Judith H. LaRosa
Deputy Director
Office of Research on Women's Health
"For contributions to the successful implementation of critical NIH programs to advance women's health research."

Thomas C. Gill
Writer/Editor
Executive Secretariat
"For consummate skill and extraordinary dedication in planning, designing, overseeing production, and distributing the NIH Correspondence Handbook."

Richard L. Diggs
Laboratory Technician
Office of Intramural Research
Laboratory of Diagnostic Radiology Research
"For dedication and commitment to furthering the goals of the Laboratory of Diagnostic Radiology Research."

Janet Smith
Staff Assistant
Office of Intramural Research
Office of Human Subjects Research
"In recognition of dedicated high-quality service that led to the successful establishment of the NIH Office of Human Subjects Research."

Myra S. Brockett
Program Analyst
Office of Extramural Research
"For exceptionally efficient, accurate, and timely production and notably effective collegial negotiations in the preparation of the NIH Guide for Grants and Contracts."

Dorothy B. Timken
Secretary
Office of Extramural Research
"In recognition of superior and sustained support on special projects for the Office of Extramural Research."

Arthur J. Cohn
Technology Licensing Specialist
Office of Science Policy and Technology
Transfer
Office of Technology Transfer
"For extraordinary efforts in reviewing license agreements of PHS technology in accordance with the highest legal and ethical standards."

Elaine C. Ray
Licensing Technician
Office of Science Policy and Technology
Transfer
Office of Technology Transfer
"For exceptional dedication to, and superb performance of duties in promoting PHS technology to the private sector."

Veronica C. Johnson
Secretary
Office of Disease Prevention
Women's Health Initiative
"For dedicated and valuable service during the development of the Women's Health Initiative."

Office of Administration

Monley Eng
Contract Specialist
Division of Procurement
Acquisitions Branch C
"For superior efforts in construction, architectural and engineering acquisitions."

Blaine K. Jacobs, Jr.
Chief, Shipping and Receiving Branch
Division of Logistics
"For exceptional commitment and professionalism in the management of the shipping and receiving functions within the Division of Logistics."

Joe L. Payton
Store Worker
Division of Logistics
"In recognition of dedication and exemplary accomplishments as a store worker in the Self-Service Stores."

Office of Human Resource Management

Cassandra A. Isom
Assistant Director for Development
and Training
"For providing outstanding leadership to the NIH Training Center and human resource management programs for the agency."

Jean M. Wilson
Personnel Assistant
Division of Personnel Management
Systems and Actions Branch
Personnel Actions and Records Section
"For exceptional efforts in providing personnel and pay services to the NIH community."

Office of Financial Management

Linda W. Rodman
Senior Budget Analyst
Budget Formulation and Presentation Branch
"In recognition of exceptional creativity, diligence and superb competence in developing high-quality budgetary submissions."

Office of Research Services

Albert M. Belcher
Supervisor, Maintenance Group
Division of Engineering Services
Maintenance Engineering Branch
"In recognition of superior leadership in accomplishing the maintenance and repairs of the Power Plant mechanical systems."

Harry S. Cepura
Assistant Chief, Clinical Center Maintenance
Section
Division of Engineering Services
Maintenance Engineering Branch
"In recognition of superior abilities and techniques in carrying out duties as the Assistant Chief of the Clinical Center Maintenance Section."

Michael A. Gotch
Supervisor, Instrument Group
Division of Engineering Services
Maintenance Engineering Branch
"For superb leadership skills in providing an effective and efficient water treatment program for the NIH Central Heating and Refrigeration Plant."

Arturo R. Giron
Organizational Development Manager
Division of Engineering Services
Office of the Director
"For excellence and leadership in the development, establishment, and implementation of the Division of Engineering Services' quality improvement initiative."

Michael D. Hart
Engineering Equipment Operator
Division of Engineering Services
Grounds Maintenance and Landscaping
Branch
"In recognition of exceptional skills, abilities, and cooperation in providing heavy mobile equipment operations in support of the NIH mission."

Myrna L. Lopez
Management Analyst
Division of Engineering Services
Office of the Director
"In recognition of superb leadership in providing advice and coordination to the Director and Senior Staff on matters concerning the Division's management and organizational effectiveness."

Brenda J. Milton
Secretary (Office Automation)
Division of Engineering Services
Shops Branch
"In recognition of superb technical proficiency and personal initiative in providing administrative support and leadership to the Division of Engineering Services Shops Branch."

Harry D. Smith
Maintenance Mechanic Supervisor
Division of Engineering Services
Shops Branch
"In recognition of superior service in promoting and maintaining a high level of service to the NIH community by the Division of Engineering Services Shops Branch."

William Marshall White
Mechanical Engineer
Division of Engineering Services
Facilities Planning and Programming Branch
"In recognition of superb leadership in the development of the Annual Building and Facilities Plans for the NIH."

Virginia L. Betson
Secretary (Office Automation)
Division of Security Operations
Police Branch
"In recognition of exemplary performance and dedication to duty as a member of the Division of Security Operations, NIH Police Branch."

Corporal Thomas W. Hayden
Lead Police Officer
Division of Security Operations
Police Branch
"In recognition of exemplary efforts in fostering a spirit of cooperation and understanding between the NIH community and the members of the Police Branch."

James H. Koerber
Training Instructor (Law Enforcement)
Division of Security Operations
Police Branch
"In recognition of exceptional contributions to the professionalism of the NIH Police Branch Training Programs."

Sandra L. Miller
Administrative Officer
Division of Security Operations
"For extraordinary diligence, skill, resourcefulness, and exceptional dedication in serving as the Administrative Officer for the Division of Security Operations."

Dr. Randolph K. Larsen
Safety and Occupational Health Manager
Division of Safety
Occupational Safety and Health Branch
"In recognition of exceptional initiative and innovative use of resources in identifying the causes of indoor air quality problems in NIH facilities."

Mark F. Miller
Environmental Engineer
Division of Safety
Environmental Protection Branch
"In recognition of superior performance in independently designing and coordinating the implementation of a storm sewer water quality survey."

Valerie J. Nottingham
Environmental Protection Specialist
Division of Safety
Environmental Protection Branch
"In recognition of superior performance in independently developing a user instructional manual for the computerized NIH Waste Tracking and Management Information System."

Rosamond A. Rutledge-Burns
Chief, Safety Operations Section
Division of Safety
Occupational Safety and Health Branch
"In recognition of special initiative and leadership in refinement of the NIH Medical Pathological Waste System."

Ronald Trower
Safety and Occupational Health Specialist
Division of Safety
Occupational Safety and Health Branch
"In recognition of exemplary service to the National Cancer Institute and exceptional leadership in the area of occupational safety and health."



NIH Merit Group Awards

Office of the Director

Office of Science Policy and Technology Transfer

Dacia A. Clayton
Margaret L. Schnoor
"For exceptional ability in developing a framework to address the complex issues surrounding the commercialization of intellectual property rights from NIH-supported extramural research."

Office of Communications

Deritha A. Barber
Carla R. Garnett
Richard T. McManus
"For publishing an in-house newsletter that is consistently lively, interesting, and useful to all employees at NIH."

Office of Intramural Research

Margaret A. Douglas
Dr. Ronald L. Levin
"For developing and implementing the Multimodality Radiological Imaging Processing System providing NIH researchers with a forward compatible versatile image processing system."

OD Personnel Office

Susan D. Cisar
Karen Thomas
"For superior leadership in providing personnel support to the Office of the Director."

OD Administrative Office

Alesha M. Hopkins
Christine A. Spates
"For extraordinary initiative, resourcefulness, commitment, and superior administrative skills in support of the Office of the Director."

Office of Research Services

Blizzard of '93 Group
Maintenance Engineering Branch
Division of Engineering Services

William J. Berrill
Todd E. Billak
Frank G. Bonadio
Marlin E. Bowen
John W. Carr
Kevin W. Duffy
Joseph A. Gaetano
Maverick Gamble
Barry C. Harris
James W. Holdsworth
Donald F. Karman
John E. Lee
Edward L. Nicholls
James J. Punghorst
Joseph J. Ryan
Charles A. Schmitt
David J. Shaw
Larry A. Smith
Martin D. Smith
Jeffrey G. Wallace
Gregory L. Watson
George R. Wilson
"For overcoming the extreme cold temperatures and blinding snow during the 'Blizzard of '93' to keep NIH building facilities operating safely."

Maintenance Engineering Branch
Division of Engineering Services
Electrical and Chilled Water Emergency Group

Gary E. Bailey
James W. Holdsworth
Donald F. Karman
Edward Y. Kim
John E. Lee
Charles A. Schmitt
Roland D. Williams
George R. Wilson
Thomas A. Windsor
"For quick response and untiring dedication in an emergency situation by restoring utilities to critical NIH facilities."

Workload Process Action Team
Maintenance Engineering Branch
Division of Engineering Services

Kevin W. Duffy
Donald F. Karman
Ronald L. Mason
M. Jean Miller
James P. O'Shea
Joseph J. Ryan
Peter W. Sweeney
Wade K. Windsor, Jr.
"For exceptional creativity in identifying alternative approaches to accomplish added work with no increase in personnel."

(Continued from Page 9)

Building 49 Coordinated Occupancy Team
Division of Safety

Swati S. Damle
Lisa J. Iwaszko
Gail L. Katz
Rand M. Mortimer
Polly J. McCarty
Doris L. McKinney
Christopher C. Reilly
Rosamond A. Rutledge-Burns
Edward F. Sorensen, III
"For exceptional service to the intramural research community during the coordinated occupancy of the Silvio O. Conte Building."

Canine Unit
Police Branch
Division of Security Operations

Gerald J. Watson
Patricia S. Pozar
"In recognition of exemplary community involvement with the Bethesda area day care and elementary schools by providing a role model for the children."

NIH Police Firearms Training Staff
Police Branch
Division of Security Operations

Bruce A. Blum
John R. Driscoll
Mark E. Knowles
Edward C. Landicho
Harold L. Miller, III
"In recognition of exemplary and dedicated service in the development and implementation of the NIH Police Firearms Training Program."

Traffic Squad
Police Branch
Division of Security Operations

Chauncey M. Brown
James A. Williams
"In recognition of exemplary efforts to provide a safe working environment for the NIH community."

Supervisory Personnel Assistants
Personnel Management Branch
Office of Administrative Management

Kathleen M. Christy
Dinah J. Davis
"For superior leadership skills and technical expertise in providing customer service to employees of the Office of Research Services."

PHS Achievement Medal

Lieutenant Doris Ravenell-Brown
Industrial Hygienist
Occupational Safety and Health Branch
Division of Safety
"For outstanding dedication, initiative, and professional judgment in revising the NIH Respiratory Protection Program."

PHS Commendation Medal

Commander Cheryl Ann Seaman
NIH Privacy Act Officer
Office of Management Assessment
"For sustained high quality work performance in the management, implementation, administration, and oversight of the Privacy Act within NIH."

Captain Stephen Potkay
Chief, Compliance Oversight Branch
Office for Protection from Research Risks
Office of Extramural Research
"For sustained outstanding performance of duty that has resulted in measurable improvements in animal care and use programs at PHS-supported institutions."

Lieutenant Commander Glen C. Stonebraker
Deputy Chief, Program Management Office
Program Management Branch
Division of Engineering Services
"For exceptional managerial skills and total personal commitment to the Division of Engineering Services program."

Office of the Director Equal Opportunity Award

Nadine L. Heath
Supervisory Purchasing Agent
DELPRO Unit
"For leadership and coordination of the New Heights Program at NIH."

Mary Jane Miller
Secretary
Office of Science Policy and Technology
Transfer
"For ongoing contributions and perseverance in furthering fairness and equality in the NIH workplace."

Shirley B. Villone
Deputy Personnel Officer
Office of the Director Personnel Office
"For exceptional commitment to skills development and job placement for persons with disabilities."

Office of Research Services Equal Opportunity Award

Arturo R. Giron
Organizational Development Manager
Division of Engineering Services
"For the creation of upward mobility opportunities and participation in the development and establishment of new procedures to ensure diversity in the Division of Engineering Services."

Ronald Jordon
Computer Specialist
System Analysis Branch
Office of Administrative Management
"For dedication, drive and enthusiasm in tirelessly assisting and encouraging minorities to apply for jobs and actively participating on the EEO Advisory Committee and in Blacks in Government."



TRAINING TIPS

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

Courses and Programs	Starting Dates
Management and Supervisory 6-6371	
Negotiation: Resolution and Implementation	9/13
Performance Appraisal Workshop	9/16
Introduction to Supervision	9/19
Managing Stress, Maximizing Effectiveness	9/20
Avoiding Writing Anxiety	9/21
Managing Behavior in the Workplace Series: Mission, Vision and Org. Principles	9/28
Strengths, Weaknesses, Opportunities, and Threats	9/28
Strategic Goals, Objectives, and Implementation	9/29
Preventing Sexual Harassment at NIH	9/28
Office Operations and Administrative Systems Training 6-6211	
Valuing Diversity in the Workplace	9/14
Motivating Yourself for Peak Performance	9/30
Increase Your Word Power	9/20
Editing: An Introduction	9/26
Effective Writing II	9/27
Basic Time and Attendance	9/22
Domestic Travel	9/21

NIH Shuttle Service Modified

Effective Sept. 6, new service hours will begin on the Campus Shuttle. Due to low ridership during the off-peak hours from 6 to 9 p.m., the Campus Shuttle service will end at 6:30 p.m. On Sept. 30, the Garage 57 shuttle will run approximately every 15 minutes during the rush hour and every 30 minutes during the off-peak hours. Due to low ridership, the shuttle stop at Bldg. 38 will be discontinued. The hours of operation will be 7:30 a.m. to 5:30 p.m. Schedules will be published by Sept. 15. The Lot 41B shuttle service will be discontinued on Sept. 29. For more information, call the shuttle section, 6-3426. □

Chamber Music Concert Set

The Rock Creek Chamber Players will perform Hummel's Trio in G major for two violas and cello, Nicholas Maw's *Night Thoughts* for solo flute, and Brahms' Piano Quartet in A major, op. 26 on Sunday, Sept. 11 at 3 p.m. in the 14th floor auditorium at the Clinical Center. The concert, sponsored by the CC recreation therapy section, is free and open to the public. For more information call (202) 337-8710. □

Married Nonsmokers Sought

The Uniformed Services University of the Health Sciences department of medical and clinical psychology seeks healthy married, nonsmoking males and females, ages 18-35, to participate in a study of impression formation. Participants will be paid \$20 for completion of a 2-hour session. If interested, call Denise, (301) 295-3263, for more information. □



National Hispanic Heritage Month To Be Observed, Sept. 29

The NIH Hispanic American advisory committee and Hispanic Employment Program, Office of Equal Opportunity, will sponsor a scientific symposium on Thursday, Sept. 29, from 2 to 4 p.m. in Wilson Hall, Bldg. 1, in observance of National Hispanic Heritage Month.

The symposium will feature Dr. Amelie G. Ramirez, director for administration and community health promotion, University of Texas Health Science Center, San Antonio; Dr. David Hayes-Bautista, director, Center for Study of Latino Health, UCLA School of Medicine; Dr. Yvonne Maldonado, associate professor of pediatrics, Stanford University School of Medicine; and Dr. Julio Santiago, professor of medicine, Washington University School of Medicine, St. Louis. The theme of the symposium will be "The Hispanic Legacy: A Portrait of Biomedical Research."

All NIH employees are invited to attend. Sign language interpretation will be provided. For more information and reasonable accommodation, call John Medina III, NIH Hispanic Employment Program manager, 6-9281. □

Camera Club Season Starts

The new season of the NIH R&W Camera Club starts soon. The first meeting is scheduled for Tuesday, Sept. 13 at 7:30 p.m. in Bldg. 31, Rm. 6C07.

The guest speaker is Frank Van Riper, a Washington-based professional photographer and writer. His column appears in the weekend photography section of the *Washington Post*. Van Riper is well-known for his black and white portraits. His book *Faces of the Eastern Shore* has been well received. He will talk about portrait photography and his new book *Faces in Maine*.

The subject for the competition of the evening will be open, which means entrants can bring any image to participate. Formats of the photography include: Black and white prints—novice and advanced levels; color prints; color slides—novice and advanced levels.

The NIH Camera Club is open to all. Newcomers are welcome. For more information, contact President David McKeown, (202) 806-5044. □

Meeting Place, Time Change

The meeting time and place of the NIH Cell Cycle Interest Group advertised in the last issue of the *NIH Record* have changed. The group will hold regular meetings at 12:30 p.m. on the first Tuesday of each month in Bldg. 37, Rm. 6B23, starting on Oct. 4. □

Day Trip to Atlantic City

The R&W will journey to Atlantic City on Saturday, Sept. 17. The \$25-per-person price includes a casino bonus. Bus leaves Ft. Detrick at 7 a.m. and Bldg. 31 at 7:45 a.m. Contact the R&W Activities Desk, 6-4600, for more information. □

Lecture, Reception on Sept. 12

Exhibit of Arabic, Persian Manuscripts Opens

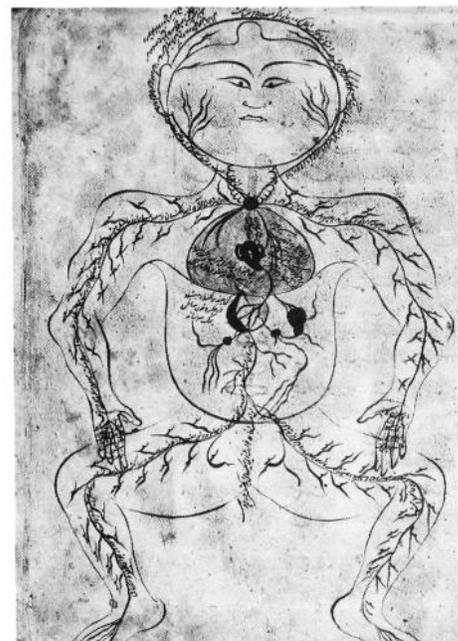
"Islamic Culture and the Medical Arts"—an exhibit of Arabic and Persian manuscripts from the collection of the National Library of Medicine—will be shown in the library's main lobby from Sept. 12 through December 1994.

The occasion for the exhibit is the 900th anniversary of the oldest item in NLM's collection, a manuscript copy of a treatise on gastrointestinal diseases by al-Razi, dated Nov. 30, 1094.

The medical manuscripts displayed date from the 11th to the 19th century, and were produced in countries ranging from North Africa to India. This diverse collection includes translations from Galen to Hippocrates, classic Arabic treatises by al-Razi (Rhazes) and Ibn Sina (Avicenna), and works on a variety of subjects including ophthalmology, anatomy, drugs, medicinal plants, and alchemy. The continuing vitality of the calligraphic tradition is seen in the inclusion in the exhibit of a Koran copied by a contemporary Arab American physician, Dr. Ahmad Younis.

Beautifully colored and gilded illuminations grace several manuscripts, and others contain interesting illustrations, most medical, some fanciful. Of special note among the latter are the charming animals and plants in Qazwini's *Wonders of Creation*.

To mark the opening of the exhibit on Sept. 12, the library will present a program on Islamic culture and medicine in Lister Hill Center Auditorium, beginning at 1 p.m. Emilie Savage Smith (Oxford University), Esin Atil (Freer Gallery of Art), and Mark D. Jordan (University of Notre Dame) will speak about Islamic medicine, Islamic illustration



Anatomical drawing from a Persian manuscript of Mansur's Anatomy, 1488 [From NLM's History of Medicine Division]

and the transmission of Islamic science to the West. The program will include a calligraphy demonstration by a Washington-area calligrapher, Mohamed Zakariya.

Following the lecture, a reception will be held in the main rotunda of Bldg. 38. To attend, RSVP to the Friends of the NLM—fax (202) 462-9043; phone (202) 462-9600.

For more information about the exhibit and lecture, call Anne Whitaker, 6-5405. □

NIAID Offers Opportunities for Minority Students

Are you an academically talented minority student in your junior or senior year of college? Or in your first year of graduate or medical school? Are you interested in a career in biomedical research?

NIAID offers the Introduction to Biomedical Research Program that acquaints minority students with career opportunities in biomedical research.

"This program offers minority students from across the country an in-depth and intense 4-day introduction to NIAID and NIH," said Elizabeth A. Fleming, program director. "This initiative grew out of the institute's concern about the small numbers of minority students pursuing careers in science. Our goal is to increase the number of minority scientists."

Approximately 55 students will be selected for the 1995 program, scheduled for Feb. 5-9. They will attend a series of lectures by NIH scientists and will tour the Clinical Center. They will have discussions with scientists about current research activities and accomplishments as well as career concerns. All participants will be provided round-trip transportation to Bethesda and accommoda-

tions during the program.

The students also will have the opportunity to apply for summer positions in the NIAID Division of Intramural Research. These jobs provide opportunities to increase students' knowledge and understanding of biomedical research, career paths and the types of positions available at NIH.

Applicants must have a 3.0 or better GPA and be recommended by the deans and faculty members of their schools. Selection is based on these recommendations and the students' personal and academic achievements.

For an application packet, contact NIAID, Bldg. 31, Rm. 7A18, or call 6-1012. Applications also may be obtained from the college or university dean or representatives of such NIH programs as Minority Access to Research Careers or Minority Biomedical Research Symposium.

The completed application packet must be received at NIAID from the dean or chairperson no later than Nov. 18. Applicants will be notified about final selections of participants by letter after Dec. 12.

September Is Cholesterol Education Month

Fall is back-to-school time—but you don't have to go to school to learn some important lessons. That's because September is also National Cholesterol Education Month on the NIH campus. To promote cholesterol awareness, the September NIH Cholesterol Screening Program is sponsored by the Occupational Medical Service (OMS), in cooperation with R&W and NHLBI.

Keeping your heart and blood vessels healthy means learning what your blood cholesterol level is and doing something about it if it's high. OMS is making this easy by offering numerous cholesterol screening opportunities and presenting two lunchtime cholesterol education seminars (see box below).

Cholesterol plays an important part in determining risk of coronary heart disease. A wax substance, cholesterol is needed to keep the body functioning properly. But your body makes all the cholesterol it can use—the excess circulates in the bloodstream. Arteries can become narrowed, allowing less blood through, and eventually a heart attack or stroke may occur.

Adults age 20 and older should have their total cholesterol level checked at least once every 5 years. It's best to have your high-density lipoprotein (HDL) level checked at the same time. HDL is often called the "good" cholesterol because it helps remove cholesterol from the body.

Depending on your levels of total and HDL cholesterol, you also may need to have your low-density lipoprotein (LDL) level checked. LDL is often termed the "bad" cholesterol because it helps deposit cholesterol in arteries. The LDL blood level is a better indicator of heart disease risk than total cholesterol alone. For people without heart disease, a total cholesterol of under 200 mg/dL and an LDL of less than 130 mg/dL are desirable. An HDL below 35 mg/dL is a major risk factor for heart disease.

The OMS Cholesterol Screening Program gives NIH'ers the opportunity to get the most information at once; with one test you can get your levels for total, LDL and HDL chole-

sterol.

There are things you can do to help keep healthy levels of blood cholesterol:

- Choose a healthy eating pattern. Eat less of foods high in saturated fats and cholesterol, which raise blood cholesterol. The NCEP recommends an eating pattern with:

- ◆ Less than 10 percent of calories coming from saturated fat, which raises blood cholesterol more than anything else in your diet.

- ◆ An average of 30 percent or less of calories coming from total fat.

- ◆ Less than 300 mg a day of dietary cholesterol.

- Lose weight if you are overweight.

- Become more physically active. Physical activity lowers LDL, raises HDL and helps weight loss.

So go back to school right on the NIH campus. Learn about cholesterol and get your levels checked—you'll earn an A+ in heart health.

Blood Cholesterol & Heart Disease Risk for Adults Ages 20 & Older

Total Blood Cholesterol Levels

Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline-High
240 mg/dL and greater	High

LDL Cholesterol Levels

Less than 130 mg/dL	Desirable
130-159 mg/dL	Borderline-High Risk
160 mg/dL and greater	High Risk

HDL Cholesterol Levels

Less than 35 mg/dL	Low & a major risk factor for heart disease
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September Cholesterol Screening Schedule

Cholesterol screening is a blood test that requires fasting for 9 hours *before* the test. Do not eat or drink anything (except water) in the 9 hours before your test.

The screening test is a full lipid profile that costs \$11.50. R&W will collect fee at test site.

Bldg./Times	Day/Date
Bldg. 10, Rm. 6C306 7:30-11:30 a.m.	Tues., 6, 13, 20, 27
Bldg. 31 Fitness Ctr., B4 7-9 a.m.	Thurs., 22
Bldg. 31, Rm. B2B57 8:30-11:30 a.m.	Thurs., 15; Wed., 28
Bldg. 13, Rm. G904 7:30-11:30 a.m.	Fri., 9, 30
Bldg. 38, Billings Aud. 8:30-11:30 a.m.	Wed., 14; Thurs., 29
EPN, Rm. 103 8:30-11:30 a.m.	Fri., 16; Thurs., 22
Fed. Bldg., Rm. 10B08 8:30-11:30 a.m.	Wed., 21
WW, Rm. 11 8:30-11:30 a.m.	Mon., 12; Fri., 23
Solar Bldg., Rm. 1A05 8:30-11:30 a.m.	Mon., 19

Throughout the year, OMS routinely offers cholesterol screening as follows:
Tues.: 8-11 a.m. in Bldg. 10, 6C306 & WW, Rm. 11. Fri.: 8-11 a.m., Bldg. 13, G904.
Call 6-4411 for more information.

Cholesterol Education Seminars

Cholesterol information
and a chance to ask questions
No registration required—just drop in
12-1 p.m., Bldg. 10
Visitor Information Center, Little Theater

ABC's of Cholesterol
Tuesday, Sept. 13
Dr. Jeffrey Hoeg, Head
Cell Biology Section, NHLBI

*Lower Your Fat Intake with the
Help of the New Food Labels*
Thursday, Sept. 29
Maureen Leser
Nutrition Department, CC

NHLBI Makes It Easy to Eat Right

September marks the launch of a new public education campaign on cholesterol from the National Cholesterol Education Program, coordinated by NHLBI. This year's campaign tells Americans how to stay healthy and avoid heart disease by eating right.

In fact, the campaign notes, there's no wrong way to eat—as long as you eat right, which means following a low-saturated fat, low-cholesterol eating pattern. The campaign is part of an ongoing effort by NHLBI to promote awareness of not only blood cholesterol but also lifestyle habits that help prevent cardiovascular disease.

The new campaign will deliver its message nationwide through print and broadcast public service announcements, backed up with new publications for both the public and patients with high cholesterol, and a compilation of heart healthy recipes.

To receive more recipes and hear about cholesterol, call 1-800-575-WELL. The information line also has messages on the prevention and treatment of high blood pressure.

Here's a sample of the campaign's recipes to show just how tasty healthy meals can be:

Red Hot Fusilli

Ingredients: 1 tbsp. olive oil; 2 minced garlic cloves; 1/4 cup freshly minced parsley; 4 cups chopped ripe tomatoes; 1 tbsp. chopped fresh basil (or 1 tsp. dried); 1 tbsp. crushed oregano leaves (or 1 tsp. dried); 1/4 tsp. salt; red or cayenne pepper to taste; and 8 oz. uncooked fusilli pasta.

Preparation: Heat oil in a medium saucepan and saute the parsley and garlic until golden. Then add the tomatoes and spices, and cook the mixture, stirring frequently, until it has thickened. (If desired, 1/2 pound cooked diced chicken can be added—if so, cook the mix 15 minutes longer.) Cook the pasta in unsalted water. To serve: Spoon the sauce over the pasta, sprinkle with some coarsely chopped parsley, and feast.