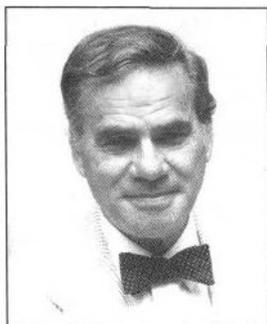


*"Still
The Second
Best Thing
About Payday"*

The NIH Record

NIH's Rodbell, Grantee Gilman Share Nobel Medicine Prize; Grantee Olah Wins Chemistry

A scientist in the NIH intramural program and an NIH grantee are the recipients of the 1994 Nobel Prize in physiology or medicine; their work focuses on G proteins, key components of the communication system that regulates cellular activity. Another long-time grantee won the 1994 Nobel Prize in chemistry.



Dr. Martin Rodbell

The NIH scientist, Dr. Martin Rodbell, recently attained scientist emeritus status in the Laboratory of Cellular and Molecular Pharmacology, NIEHS (see *NIH Record*, Oct. 11, 1994). The NIH grantees are Dr.

Alfred G. Gilman, professor and chairman, department of pharmacology, University of Texas Southwestern Medical Center at Dallas, who shared the medicine prize with Rodbell, and Dr. George A. Olah, who is Loker distinguished professor of chemistry at the University of Southern California.

In 1970, Rodbell discovered that signal
(See NOBEL PRIZE, Page 11)

CFC 1994 Kickoff

Charity Campaign Needs Empathy, Generosity

During the 15 minutes it took five speakers to launch NIH's Combined Federal Campaign (CFC) for 1994, the weather itself on Oct. 5

provided the most dramatic metaphor for the changes in fortune that can prompt individuals to go from complacency one day to seeking help the next; one minute all was sunny and mild, and the next, dark clouds and chilly breezes blustered in.



Sixth-place finisher Clifton Moore ends 5K run.

No sooner did NIH deputy director Dr. Ruth Kirschstein praise the beauty of the day than the climate changed, forcing final guest speaker
(See CFC KICKOFF, Page 8)

I Say It to You Frankly'

Life of Service Honored at Natcher Dedication

By Rich McManus

If the foundation of the new William H. Natcher Bldg. (Bldg. 45) is as firmly constructed as the character of the man after whom it was christened, it is destined for a long and useful life.

Such was the consensus Oct. 3 when HHS Secretary Donna Shalala, three influential congressmen, NIH director Dr. Harold Varmus, and the late Rep. Natcher's grandson spoke at the dedication ceremony for the long-awaited office complex once simply known in blueprint phase as the "Consolidated Office Bldg."

The sound of workmen and their machines putting final touches on the 2-year construction project competed with the music of the U.S. Navy Band as a select audience assembled under a tent outside the Natcher Bldg. to hear the edifice's namesake described as a model citizen, a man who, in President Clinton's words as recalled by Shalala at Natcher's funeral last spring, "ran his life as a public servant in Washington exactly the same way he would have run it if he were a hardware store owner in Bowling Green, Ky."



Artist Dina L. Steiner with bust of Natcher

All of the speakers testified to Natcher's
(See NATCHER DEDICATION, Page 4)

Not Recommended for All Patients

Trial Says Surgery Can Prevent Stroke in Some

By Anne Barber

Stopping a 7-year clinical trial to issue an alert that says surgery can prevent stroke in carefully selected individuals, NINDS director Dr. Zach W. Hall said, "The study has the potential of improving the health and quality of life for thousands of Americans." The study participants were chosen because while they showed no outward signs of disease, they were at risk for stroke due to severe narrowing of a major artery in the neck.

The announcement was made at a press briefing held at NIH on Sept. 30. "This press briefing was called to announce these important results and discuss the issues that surround them," Hall continued, "and to inform the medical community of these important results so that they might be better able to evaluate and advise patients on the risks and benefits of surgical treatment to prevent stroke."

The trial, called the Asymptomatic Carotid Atherosclerosis Study, was investigating the effectiveness of a surgical procedure called carotid



Principal investigator for the study Dr. James Toole (l) of Wake Forest University and NINDS director Dr. Zach Hall at press briefing.

(See STROKE SURGERY, Page 6)

En Accion'

Hispanic Heritage Program Sees Latin Legacy Strong

By Carla Garnett

By the year 2050, according to census forecasters, Hispanics will comprise approximately one-fourth of the nation's population. If that generation is to be healthy, however, then this generation must be diligent in its biomedical research pursuits, concluded speakers at "The Hispanic Legacy: A Portrait of Biomedical Research," a scientific symposium observing National Hispanic Heritage Month.

Cosponsored by the Office of Equal Opportunity's Hispanic Employment Program and the Hispanic American advisory committee (HAAC), the symposium gathered four of America's distinguished Hispanic medical researchers—all involved in projects supported by NIH institutes—to discuss such topics as cancer, AIDS, infectious diseases and diabetes and their effects on the Latino community. HAAC chair Dr. Milton Hernandez served as moderator.

By presidential proclamation, the 30 days from Sept. 15 to Oct. 15 is designated annually as Hispanic Heritage Month, said John Medina III, NIH Hispanic Employment Program manager, "to recognize the accomplishment of Hispanic citizens and to focus national attention on their

(See HISPANIC HERITAGE, Page 10)

Howard University Students Work on NIH Architecture Project

Over the years, the Office of Research Services' Design and Construction Branch (DCB), DES, has depended on traditional training programs at NIH to assist it in hiring bright, energetic students. Unfortunately, many of these programs have become depleted due to budget constraints and requirements to count the students against restricted FTE levels. Instead of accepting the loss of this talented pool of labor, they got creative.

To start the ball rolling, staff approached Howard University's architecture department and presented the idea of offering a studio class to senior students who would complete a "design project" for NIH. A professor at Howard became as excited as the DCB staff, and things fell quickly into place. A planning meeting coordinated by John Pallas, chief of DCB, introduced NIH participants and set the agenda for the studio project. Recently, 10 4th- and 5th-year students came to NIH for a "client-user" introduction session.

At the kickoff, the students were given an overview of their assignment: NIH's Bldg. 237 (to be called Bldg. 50). This laboratory building will be designed by a local Virginia firm concurrently with the students and will consolidate the occupants of the current lab Bldgs. 2, 3 and 7 (hence the name). Students were given the history of the project, including that these buildings were originally part of NIH's "Round Robin" program. A re-examination of that program has shown that renovating the labs in these older buildings is costing as much or more than building afresh, hence the decision to go forward with a consolidated, state-of-the-art laboratory facility. Bldgs. 2 and 3, historic structures, will be converted into office space.

Ernie Lunsford, deputy chief of DCB, expressed the sentiments of the DCB architects and engineers who are donating their time to this project when he said, "We are all excited

about starting this relationship, and we hope that it is one that continues on indefinitely. I am sure that this program is going to be mutually beneficial."

Project Officer Kristy Long couldn't agree more, and she speaks from experience. While a student at Virginia Tech, she participated in a similar "real life" studio, and she told the students that having such work in her portfolio helped her to land her first job. Providing students that same leg-up on the competition is a prime motivation for both the students and the staff of DCB.

Long added that a variety of professionals and technicians in the Office of Research Services have offered their time to assist the class. "We have a huge number of professionals here, and they are interested in seeing and critiquing your work—just let us know what specifics you are interested in, perhaps animal facilities, and we will arrange a tour and for someone to talk to you."

In addition to the on-site assistance, DCB will provide critiques of the students' progress at various stages, will send various professionals for lectures, and will "guest jury" the final design. They have also arranged for some of NIH's A/E (architectural and engineering) and construction firms to donate their time to conduct mock job interviews.

In addition, DCB has arranged for several NIH researchers to talk to the students and show them their labs. The support of the research community in preparing the next generation of medical and laboratory designers is very much appreciated by ORS staff and the students.—Heidi Munger □

Depression Study Recruits

The NIMH is recruiting subjects for a study of the effects of thyroid hormone supplementation in the treatment of depression. Subjects must currently be medication-free. For information call Dr. Donald Rosenstein, 6-9675. □

Use or Lose Annual Leave

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it. Your biweekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 7, 1995.

In spite of planning, circumstances sometimes arise that prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is rescheduled in writing. This year, use or lose leave must be scheduled in writing not later than Saturday, Nov. 26.

If you or your supervisor have any questions regarding use or lose leave, contact your personnel office. □

Head-Injured Subjects Needed

NIMH needs traumatically brain-injured subjects for a study of brain function. Volunteers must be between ages 18 and 50 and be at least 6 months post-injury. Procedure involves cognitive testing, a magnetic resonance imaging scan and a positron emission tomography (PET) scan. The PET scan involves exposure to a small amount of radiation that is within both NIH and FDA guidelines. Volunteers will be paid \$330. For information, call Brenda Kirkby, 2-3682. □

The NIH Record

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NIH Record Office
Bldg. 31, Room 2B-03
Phone 6-2125
Fax 2-1485

Editor
Richard McManus

Assistant Editor
Anne Barber

Associate Editor
Carla Garnett

Correspondents:

CC, Sara Byars
DCRT, Mary Hodges
DRG, Judith Grover
FIC, Irene Edwards
NCI, Patricia A. Newman
NCHGR, Leslie Fink
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Members of NIH's new Management Cadre Program began their 18-month program in September with a week-long orientation with Dr. Ruth Kirschstein, NIH deputy director, and other NIH senior executives giving their perspectives of NIH, its culture, politics, and need for effective leadership. The selected participants are: (back row, from l) Eric Brown (NHLBI), Karen Thomas (OD), Jean Flagg-Newton (NIGMS), Amy Sheon (NIAID), Diane Bernal (NEI), Sherry White (NIAID), Della Hann (NIMH), Rona Schmitter (NIAID); (front row, from l) Robert Coonley (NIDDK), Nancy Newman (OD), Chris Coffey (OD), and Sandy Freund (NIGMS).

Congress Urged to Coordinate Cancer Fight

An independent panel of cancer experts told Congress at a joint House and Senate briefing recently that U.S. efforts to fight cancer will not succeed unless activities by government, industry, and private organizations are coordinated. The group recommended cabinet-level coordination of federal programs and encouraged Congress to make sure that health care reform provides quality care to cancer patients.

Dr. Paul Calabresi of Brown University School of Medicine summarized the report's findings following a briefing for Congress, which requested the study. He cautioned government leaders: "We are not taking full advantage of opportunities for prevention. Patients' and survivors' quality of life can be improved. Most importantly, the advances we have made in prevention, diagnosis, treatment, and rehabilitation are not available equally to all of the people."

Titled *Cancer at a Crossroads*, the report contains recommendations for the future direction of the National Cancer Program prepared by a special subcommittee of the National Cancer Advisory Board. The subcommittee was asked to assess progress against cancer; identify gaps, shortfalls and opportunities in cancer research, prevention, detection, diagnosis, treatment, control and rehabilitation/supportive care; and define barriers to further progress.

Cancer at a Crossroads indicated that, "...since 1971 the overall incidence of cancer has increased 18 percent, and the mortality rate has grown by 7 percent." The report identified four problems:

- Many people—especially the poor, elderly and uninsured—receive inadequate cancer care.
- Current laws, public policy, and government regulation undermine cancer prevention, treatment and control efforts.
- The U.S. fails to support "translational" research to develop cancer-fighting advances rapidly.
- Current investment is insufficient to capitalize on unprecedented opportunities in basic science research.

"Extraordinary inroads have been made in increasing life expectancy, improving cancer patients' quality of life and in understanding how healthy cells become cancer cells," said Calabresi. However, he continued, "We recommend urgent action to further enhance the overall cancer health care delivery system."

The subcommittee recommendations include a call for a detailed evaluation of cancer research programs and priorities, the elimination of excessive earmarking or redirection of research funds, and the broadening of the National Cancer Institute national network of cancer centers.

The panel asserted that current government policies and industry practices undermine cancer prevention and control. The panel called for increasing tobacco taxes, eliminating tobacco subsidies and tax deductions for



NCAB subcommittee members (from l) Ellen Stovall, Dr. Margaret Kripke, Dr. Harold Freeman, chairman Dr. Paul Calabresi, and NCI director Dr. Samuel Broder speak to congressional staff and the news media to explain findings from the report, *Cancer at a Crossroads*.

tobacco product advertising, stopping federal funding to cancer research organizations that accept tobacco industry support, and prohibiting tobacco exports.

"As institutions we must take responsibility for health-promoting laws and public policy

'Get the Shot'

NIA Launches Pneumonia Prevention Campaign

At a recent press conference, NIA kicked off a nationwide public education campaign aimed at convincing older people—and all people with certain chronic health conditions including heart or lung diseases, diabetes, HIV infection, or cancer—to get a pneumonia vaccine. Every year, more than 200,000 Americans get pneumococcal disease, and more than 40,000 die from it even though a safe, effective vaccine is available.

People ages 65 and older are two to three times more likely than people in general to get pneumococcal infections. Dr. Richard J. Hodes, NIA director, stressed the need to "extend our thinking about vaccines beyond childhood. It is important for older people and others considered at high risk for pneumococcal disease to be vaccinated."

There are two main kinds of pneumonia—viral and bacterial—and the shot is effective against the most common bacterial type of invasive pneumococcal pneumonia. Bacterial pneumonia often is more serious, causing a disease that often lands older people in the hospital and can lead to death. New, drug-resistant strains of bacteria accentuate the urgent need for immunization.

Hodes pointed out that "the vaccine is effective in preventing pneumococcal disease, but...is vastly underadministered in people most at risk. This vaccine is one of the nation's safest vaccines, and one shot lasts most people a lifetime."

Hodes was joined at the press conference by Dr. Philip R. Lee, HHS assistant secretary for health. "When older people are protected from

and for bringing cancer-fighting advances to the nation," said Calabresi. "As individuals we must take responsibility to reduce cancer risk factors such as smoking or eating an unhealthy diet," he added. □



Assistant secretary for health Dr. Philip R. Lee (l) joins NIA director Dr. Richard J. Hodes to kick off new national pneumonia prevention campaign.

invasive pneumococcal disease, they are protected from one of the most threatening complications of chronic heart and lung diseases. The pneumonia vaccination is effective, and because it is covered by Medicare, cost should not deter people from getting this protection," Lee said.

The public education phase of the campaign—a television public service announcement (PSA)—is a cooperative effort of NIA and the American Lung Association. The PSA is simple: "Ask Your Doctor. Get the Shot." The public is encouraged to call the NIA Information Center (1-800-222-2225) for more information about pneumonia prevention. Callers will receive a free copy of the NIA brochure *Pneumonia Prevention: It's Worth a Shot*. □

NATCHER DEDICATION

(Continued from Page 1)

fairness, sternness, thoroughness and compassion.

Born in 1909 in Bowling Green, Natcher was first elected to Congress in 1953, serving continuously until Mar. 29, 1994, when illness forced him to retire after casting 18,401 consecutive votes and quorum calls, a record most agree will never be broken. During that tenure, 15 years of which were spent as

chairman of the House labor, HHS and education appropriations subcommittee, Natcher demonstrated "concern for and loyalty to NIH," said Varmus. "He was legendary for integrity and for his mastery of budgetary facts."



Dr. Harold Varmus

What many don't know, Varmus continued, is that Natcher "was a very good baseball player, once describing himself as 'an outfielder who could hit.'" A semipro player by age 15 in the Ohio industrial league, Natcher put himself through law school by playing the national pastime.

Varmus continued with the baseball metaphor—a tip of the cap both to Natcher and to the recent 9-part PBS television series on the sport—by saying, "NIH is like a league with 24 ball teams and me as the commissioner." The Natcher Bldg. "will be a clubhouse for at least six of those teams, with meeting rooms for scouts."

He described Natcher as "one of our best fans. He understood that biomedical research is a lot like baseball—losses are frequent, errors occur, and even the best hitters fail two out of three times...I hope the Natcher clubhouse will always remind us of congressional understanding and support."

Shalala said that Natcher, were he present that day, "would have smiled, maybe even have shed a tear" to hear his favorite song—"My Old Kentucky Home"—played by the Navy Band. "He would have challenged us to continue to invest wisely in this campus...Above all, Bill Natcher revered and respected the NIH, and this was a man who epitomized respect."

Calling Natcher "an extraordinary

citizen-politician," Shalala recalled how ICD directors approached with trepidation their annual marches up Capitol Hill to testify

before the chairman.

"[NCI director] Sam Broder told me that he approached testimony like it was his worst exam in medical school," she related.

"[Natcher] understood that we make progress by fits and starts, and that we must be committed to the long haul," she said. "He was deeply dedicated to the proper stewardship of public funds. In the 26 years that he served on the appropriations subcommittee, the NIH budget grew from around \$100 million to more than \$10 billion a year. He always said, 'I'd give you twice that much if it were up to me.'"

She concluded, "This building represents the legacy of a man who made sure NIH would always be a center of integrity and independence."

Rep. David Obey (D-Wisc.), one of eight members of Congress on hand for the occasion, said the building was continually on Natcher's mind in his last days. "He would ask to be driven by the construction site on the way to the Navy hospital," Obey recalled. "Of all the



Rep. David Obey

honors he received during his life, the naming of this building gave him the most pride."

Natcher felt "a bond of shared purpose with NIH based on real, personal friendship and respect," said Obey, adding, "His greatest accomplishment was his tireless determination not to politicize that which should not be political. He was dedicated to peer review, and never wavered in the fight to avoid earmarks (narrowly directed or partisan research) and a 'Disease-of-the-Month' mentality."

Obey described the ritual spring hearings as

"challenging and collegial, with lots of Kentucky storytelling and humor. [Natcher] could be stern, but never angry. He had an unbending sense of duty. He didn't do politics—he thought that was for election campaigns."

He concluded, "We're all better for his service. We take pride in his legacy of accomplishment. I say it to you frankly."

This last phrase, drawled authoritatively, was a key Natcherism, repeated by several other speakers.

Rep. Neal Smith (D-Iowa), who succeeded Natcher as chairman of the House subcommittee on labor, HHS and education, called Natcher "one of the all-time distinguished citizens of the United States. He was a role model for all the years of his active life. Millions of people worldwide live today because of his efforts."

Smith said Natcher "was intensely earnest about helping others who needed help." Known widely on the Hill for writing daily memoirs both political and personal that will eventually be published, Natcher would always reply to those who wanted a peek at his private ruminations, "You are treated kindly," recalled Smith.

"We'll do well to follow his legacy, which was making sure that every dollar used is used wisely," Smith concluded. "The value of the research done in this building will live on forever. In the name of William Natcher, may this building be our contribution to our posterity."

Next on the podium was Rep. John Porter (R-Ill.),



Rep. Neal Smith



Cutting the ribbon at the ceremony were (from l) Porter, Shalala, Obey, Varmus, Smith and Dr. Philip R. Lee, HHS assistant secretary for health.



Donna Shalala

the ranking Republican on the appropriations subcommittee and a 13-year colleague of Natcher's.

"Bill Natcher was a model, the ideal congressman," he said. "He was never partisan—because health and education are not partisan issues—and he was committed to fairness.

"He could be exceedingly tough. He could be exceedingly intimidating, but in a very, very nice way. If he didn't want something in a bill, he would ask, 'You really don't want that in the bill, do you?' He made you want to do your



Rep. John Porter

them, but my grandfather was perfectly suited to his vocation. He was happy, and it was a perfect union. He was a very happy man, which is a reason for his successful life."

The groundbreaking for the Natcher Bldg. 2 years ago, on Natcher's 83rd birthday, was "an honor he cherished," said Murphy. "If he were here today, he would be humble in accepting accolades."

Natcher watched the progress of the construction daily from his hospital room across Wisconsin Ave., Murphy reported.

"He represented everything that is good and great in this country," ended Murphy. "I can think of nothing that would please him more than a building dedicated to the health of all people."

As the Navy Band struck up "My Old Kentucky Home," guests filed into the sunny atrium of the new building to see a bust of Natcher, rendered by Bethesda artist Dina L. Steiner, unveiled, as well as a plaque and portrait of a beaming Natcher. Donning hardhats, Varmus and other dignitaries then embarked on a tour of the building, which opened to its first tenants—NIGMS employees—in mid-month. The much-anticipated conference wing of the Natcher building won't open until the beginning of February.

Besides the three congressmen who spoke, other members on hand included Sen. Wendell Ford (D-Ky.) and Reps. Louis Stokes (D-Ohio), Sonny Montgomery (D-Miss.), Tom Bevill (D-Alabama), and Romano

Mazzoli (D-Ky.).



A hard-hatted Varmus (c) leads a tour of some unfinished sections.

very best, and he expected your best, too."

Porter said Natcher's "greatest qualities were his human ones—his warmth, fairness and dignity, and his personal regard for the people he worked with. One of his defining characteristics was his dedication to hear and connect with the people who would be affected by his legislation. Even after hours of exhaustive testimony, he would want to hear from outside witnesses who were afflicted with the illnesses affected by a bill.



Christopher Murphy

"Men of Bill Natcher's stature are all too rare," he concluded. "It is our duty to carry on his work by placing biomedical research as our highest national priority."

The ceremony's last speaker was Christopher

Murphy, one of Natcher's six grandchildren. A television and screen actor, he said, "Too few people in life ever find what it is that suits



Former NIH director Dr. James B. Wyngaarden (r), an early proponent of the new building, chats with Jack Mahoney, senior advisor to the NIH director, at the dedication.

FOI Contracts Training Planned

The end of fiscal year 1994 produces a flurry of Freedom of Information requests from unsuccessful offerors. If you work with contracts, bring yourself up to date by signing up for the FOI Contracts Training, either on Nov. 2 or 18. Make your reservation with Nancy Comfort, Bldg. 31, Rm. 2B39. □

FAES Health Insurance Program Holds Open Season, Nov. 1-30

The FAES Health Insurance Program announces "open season" from Nov. 1-30. The program is open to: visiting fellows, full-time NIH employees who are not eligible for government plans, and for full-time special volunteers and guest researchers.

Open season is for those persons who did not enroll when first eligible and for current subscribers to make changes. FAES is offering two programs this year: Blue Cross/Blue Shield Select Preferred Advantage and Optimum Choice (M.D. IPA), a health maintenance organization. Information about rates and benefits, which will be effective Jan. 1, 1995, may be obtained from the FAES business office, Bldg. 10, Rm. B1C18. □

Camera Club Meeting Set

The monthly meeting of the NIH R&W Camera Club is scheduled for Tuesday, Nov. 8 at 7:30 p.m. in Bldg. 31, Rm. 6C08.

The guest speaker will be Wayne Fisher (and possibly his wife, Patricia). Fisher is the junior partner of Fisher Photography, which started in 1970. Some of its recent clients are the Bell Atlantic Yellow Pages and the Channel 7 News. The Fishers, both photojournalists, specialize in editorial and stock photography.

The subject for the competition of the evening is farms, which means any scene related to farm life. Formats of photography include black and white prints (novice and advanced levels), color prints, and color slides (novice and advanced levels).

Anyone interested in photography is welcome to join the club. While only members can submit for the competition, newcomers are welcome. For more information, contact Yuan Liu, 6-8318. □

Spectroscopy Course Offered

The Center for Fluorescence Spectroscopy at the University of Maryland School of Medicine is offering a short course on "Principles and Applications of Time-Resolved Fluorescence Spectroscopy," in Baltimore, Jan. 9-13, 1995. The course will cover basic and advanced topics in fluorometry. Textbook, course materials, lunches and refreshments will be provided. For more information contact Suzy Rhinehart, (410) 706-8409. Enrollment deadline is Dec. 16, with later enrollment if space permits. □

Fraternal Twins Sought

NIMH needs fraternal (same sex) twins for a study of brain function. Volunteers must be between ages 20 and 35, be taking no medications, and have no history of major medical or psychiatric illness. Procedure involves mapping brain structure with magnetic resonance imaging and mapping brain function with positron emission tomography (PET) while subjects perform various problem-solving tests. The PET scan involves exposure to an amount of radiation that is within both NIH and FDA guidelines. Volunteers will be paid. For information contact Brenda or Joy, 2-3682. □

STROKE SURGERY

(Continued from Page 1)

endarterectomy in reducing stroke in these individuals. The study found that surgery to remove fatty deposits from one of the main arteries in the neck supplying blood to the brain lowered the 5-year risk of stroke by about one-half, from greater than 1 in 10 to less than 1 in 20.

Providing the background of the study was director of NINDS' Division of Stroke and Trauma Dr. Michael D. Walker. "Stroke is the third leading cause of death and the prime cause of disability among adults," he said. "Incidence is greater in men but the mortality rate is greater in women. We don't know why. Perhaps it is because women live longer. It [stroke] spares no one."

Stroke occurs when brain cells die because of decreased blood flow to the brain. Blockage of a blood vessel is the most frequent cause of stroke and is responsible for about 75 percent of the approximately 150,000 stroke deaths every year in the United States. At least 20 percent of these are due to a blockage in the carotid artery.

Stroke (or impending stroke) symptoms include tingling or weakness in a limb or on one side of the face, loss of strength in a limb, difficulty with speech, or temporary blindness in one or both eyes.

As part of the \$20 million trial, investigators at 39 sites in the U.S. and Canada studied 1,662 men and women between ages 40 and 79 who had a 60 percent or greater narrowing of the carotid artery but had no stroke-like symptoms. The patients received the best available medical care, including one adult aspirin daily and aggressive management of modifiable risk factors such as counseling to help them stop smoking and treatment for high blood pressure, high cholesterol, and diabetes when indicated.

As part of the study, 828 randomly chosen patients underwent surgery by a neurosurgeon or vascular surgeon who had demonstrated a complication rate of less than 3 percent for symptom-free patients based on an audit of their last 50 consecutive carotid endarterectomies.

"This operation is not trivial," said Dr. James T. Robertson, a neurosurgeon and professor and chairman of the department of neurosurgery at the University of Tennessee in Memphis and the local clinical investigator for the trial in Tennessee. "It can cause stroke or death."

Dr. Robert W. Hobson II, chief of the section of vascular surgery at the University of Medicine and Dentistry of New Jersey-New



Director of NINDS' Division of Stroke and Trauma Dr. Michael D. Walker (l) listens as Dr. Robert W. Hobson, a vascular surgeon and local clinical investigator for the trial in New Jersey, answers a question at the press briefing.

Jersey Medical School, Newark, and the local clinical investigator for the trial in New Jersey, stated that the average patient referred for surgery is over 55 years of age. Suggesting several tests that should be performed before a patient be considered for surgery, he recommended: first, the stethoscope test to see if there are any sounds coming from the neck artery; second, Doppler ultrasound imaging; and lastly, if there is any doubt, an arteriography (an X-ray taken after a special dye is injected into another artery in the leg or arm).

NINDS deputy director Dr. Patricia A. Grady emphasized that "you should not rush out and get surgery. But you should consult with your doctor if you are at risk of stroke. We [NINDS] see this study as helping to reshape the constellation of health care options available to people who are at risk of strokes."

Stressing the fact that patients considering carotid endarterectomy surgery should be advised on the success rate of the surgeon and the hospital along with their health condition before surgery, Grady said, "The rate should be less than 3 percent for the doctor and hospital."

Robertson wholeheartedly agreed. "A patient should look at the surgeon's record," he said. "You have the perfect right to ask your doctor what his success rate is."

"Check not only the track record of the surgeon, but the whole team who will be performing the operation," said Dr. James F. Toole, director of the stroke center and professor of public health sciences, Bowman Gray School of Medicine, Wake Forest University, and principal investigator for the study. He also suggested getting a second opinion from another physician capable of advising on the appropriateness of the operation.

In response to the question: "How many people are aware they have it [carotid stenosis, fatty deposits in the artery] and are at risk?" Toole responded, "In general, most people won't know they are asymptomatic unless they are examined by a physician."

Question: "How common is this condition?" Toole answered: "The older one becomes, it becomes chronic. The patient is older and

sicker." In this population, a carotid endarterectomy would be low on the suggested medical care list due to surgical complications, he stated.

Continuing, Toole said, "The people who did not receive surgery in the study were notified within 48 hours as to the results of the study and given the choice of surgery. Some patients chose to stay in their protocol and not opt for surgery."

Toole and his colleagues showed that the surgical groups had a substantially lower risk of stroke (4.8 percent over a 5-year period) as compared with those who were managed medically (10.6 percent). Surgery conferred a relative risk reduction of 55 percent. Men in the surgical group had a 69 percent relative risk reduction, and women had a 16 percent relative risk reduction.

"The results of this study have heightened our concern for men and prompt us to be more conservative when it comes to operating on women," said Walker.

According to the investigators, the reasons for this gender-related difference are unknown and will require additional study.

When asked the best way to prevent stroke, Grady answered: "Modification of risk factors, taking into consideration age and those at risk for stroke from family history. See a physician and discuss the issue."

In summing up the study results, Walker said, "When surgery is performed to the standards set in this study, its long-term benefits clearly outweigh any short-term risks."

"The success of this study depends on the surgeon, the hospital and the patient's condition," Grady adds. "We are advising that people in the community keep this in mind." □



NINDS deputy director Dr. Patricia Grady



Dr. James T. Robertson was the local investigator for the trial in Tennessee.

Health Care Workers Needed

Zacchaeus Free Clinic, a primary care clinic caring for the stable poor of Washington, D.C., for more than 25 years, needs health care providers of all kinds (not only physicians) for general medical and pediatrics clinics. Clinics are held in the evening during the week and on Saturday mornings; daytime clinics during the week are also available. D.C. licensure is not required. The clinic is located in a newly renovated building near Howard University, within a few blocks of Metro, and has secured parking. For more information, call Dr. Daniel Fierer, 6-8274, or Dr. Randi Abramson, (202) 265-2400.

Berg Named NCHGR Deputy Scientific Director

Dr. Kate Berg has been named deputy scientific director of the National Center for Human Genome Research. She will assist in the day-to-day management of NCHGR's new intramural research program as well as continue studies on the quantitative and epidemiological aspects of multi-gene disorders and on ethical and policy issues related to genetics research.

"Kate brings the right mix of administrative and scientific skill to our program," said Dr. Jeffrey Trent, NCHGR scientific director. "She has performed admirably in both arenas, and I eagerly look forward to her assistance in shaping our intramural program during these formative stages."



Dr. Kate Berg

Berg was formerly acting chief of the Schizophrenia Research Branch and chief of its Genetics Research Program at the National Institute of Mental Health. She pursued a long-held interest in genetics in graduate school, studying both mathematics and genetics, and has spent her research career applying statistical methods to family pedigrees to verify the heritability of disease traits. In her work at NIMH, Berg expanded those techniques to tease apart the complex inheritance patterns of serious psychiatric disorders that

likely result from alterations in more than one gene.

NCHGR's Division of Intramural Research, which was formally established in February 1993, has been developing staff and research capacity over the past year. Berg will help direct the nearly 160 scientists, research assistants, and administrative staff who occupy laboratory space in the Silvio Conte Bldg. (Bldg. 49), the Clinical Center, and renovated space in Bldg. 9. The program now includes laboratories that study cancer genetics, basic research in genetic diseases, and gene transfer methods, as well as branches that study clinical gene therapy, diagnostic techniques for inherited disorders, and genetic disorders in human patients. The Division of Intramural Research also includes several core laboratories that develop and refine mapping, sequencing and genotyping techniques for use in genome research.

A native of Washington, D.C., Berg received bachelor of arts, master of science, and Ph.D. degrees from the University of Maryland. As a postdoc in the laboratory of Dr. Hugo Moser at Johns Hopkins, she designed and carried out statistical studies of X-linked adrenoleukodystrophy and Rett syndrome. Later, at the National Institute on Alcohol Abuse and Alcoholism, she studied the genetics of alcoholism.

Berg is a member of the American Society of Human Genetics, the International Society of Genetic Epidemiology, and is on the board of directors of the International Society of Psychiatric Genetics. □

STEP Program Addresses Antibiotic Resistance

The headline stories in newspapers, magazines and electronic media seem to conjure up a scenario in which we are being threatened by old plagues, while the antibiotics we relied on in the past do not seem to have much effect. What is the truth about antibiotic-resistant bacteria, chronic earaches, multi-drug resistant tuberculosis, killer pneumonias, and other menacing infections? Have we run out of ammunition to combat these old enemies?

A STEP Science for All lecture will address these questions on Monday, Nov. 14, from 1 to 3 p.m. in Wilson Hall, Bldg. 1.

The presentation will address some of the (mis)perceptions, issues, concerns and fears raised by the popular press and other media. Among the questions to be addressed are: What is antibiotic resistance and how did it come about? Can bacterial pneumonia be deadly? What about multi-drug resistant tuberculosis? Can we be in danger from "simple" ear infections? What will we do when our present antibiotics are no longer effective?

The featured speakers will be Dr. Stuart Levy from Tufts University School of Medicine and Dr. Alexander Tomasz of Rockefeller University.

The STEP Science for All series is open to all NIH personnel. No advance registration is required. Attendance will be on a first-come, first-served basis. Sign language interpretation will be provided. For more information call 6-1493. □

Weasels Take Men's League Softball Title, Edge Micro in Championship

The Weasels defeated Micro in the final game of the season recently to win the 1994 NIH R&W Men's Softball League Tournament. The Weasels were undefeated in the tournament going into the final day while Micro had one loss.

Micro stayed alive in the double-elimination tournament by defeating the Weasels, 8-5. The Weasels' last inning rally fell short as the tying run was left at the plate. The win by Micro necessitated a second game.

In the second contest, Micro jumped to an 8-2 lead after three innings. The Weasels rallied in the fourth inning to take a 10-8 lead. The lead held as the Weasels scored insurance runs in the next several innings. A grand slam home run by John Justice sealed a 16-10 victory just as darkness began to fall.

The Weasels ended the season with an 18-4 record. During the regular season, both the Weasels and Micro ended with records of 14-2. A playoff between the two teams ended with a Micro victory.

The win-loss records posted by the Weasels and Micro were among the best ever in the NIH Men's Softball League. The two teams played five times, and of the two teams' total of 8 losses, 5 were against each other. Only two other teams were able to defeat the Weasels and

Micro all season.

Frank Nice and Jim Omichinski served as managers for the Weasels. Nice has played or managed in the league for the past 13 years. This was his team's first championship. During this period, teams such as the RIFs, Ringers, Heartbreakers and Gene Machine won championships year after year. The Weasels

and Micro put an end to their dominance this year.

Mike Tierney led the team in batting with a .681 average and 22 home runs in 22 games. Nice led the team in hits with 47 and was second in average at .618. Omichinski was third in batting at .606.



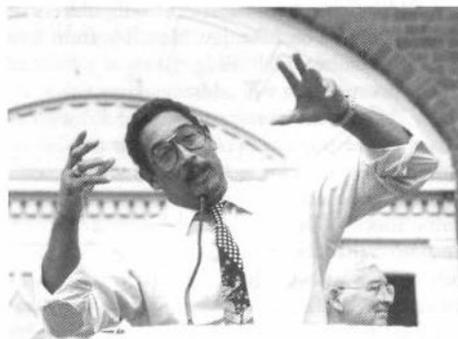
Titlists in the NIH R&W Men's Softball League this year are the Weasels. Members include (from l) Comanager Jim Omichinski, Mike Tierney, Mike Racke, Nick Flerlage, Comanager Frank Nice, Steve "The Weasel" Jacobson (with batboy Patrick Stahl in front), Mike Shoemaker, John Justice (obscuring Randy Hahn), Steve Stahl, Joe Barchl and Steve Barnett. Not shown are Rick England and Jim Stables. Most team members hail from NINDS, NHLBI and NIDDK.

CFC KICKOFF

(Continued from Page 1)

George Starke, a former Washington Redskins offensive tackle, to shove his fists into his pants pockets to stay warm during a brief address.

Observing that the holiday season will soon be upon us, Kirschstein said, "Thanksgiving, which is a feast shared by all of us, should be a time to think of those less fortunate." It should be a time, too, to think about the beneficiaries of CFC help, including "those facing winter too alone, too afraid, and too hungry to enjoy



Former Redskins offensive lineman George Starke, now a local restaurateur, gives the keynote address at the kickoff Oct. 5.



Dr. James Snow (r), director of NIDCD, the lead institute of this year's CFC campaign, meets with Dr. Peter Pentchev, a race coordinator with the NIH Health's Angels Jogging Club.

the holiday season. CFC will be there for them, if we are generous in giving." Urging NIH'ers to show their customary generosity, she concluded, "By giving to CFC you'll be giving more than thanks, you'll be sharing with those less fortunate. Give hope through your CFC."

Thomas McFee, chief of HHS personnel, reminded the modest-sized crowd in front of Bldg. 1 that "HHS is renowned throughout government as the department of the people" and labeled NIH'ers "the heart of a great department.

"Your generosity," he continued, "made HHS the third largest contributor to the CFC in the D.C. area last year."

The department gave a little more than \$2 million to CFC in 1993; this year's goal is \$2.6 million. NIH is expected to account for more

than 42 percent of the departmental goal.

"One in three people will be touched personally by one of the 2,200 charities listed in this year's catalog," he said. "I ask you to proudly continue your tradition of generous giving. It is so painless for you, and so rewarding to the community."

Some 800 HHS employees reached "Eagle" status last year by committing at least 1 percent of their annual salary to CFC, McFee reported; HHS has a goal of 1,000 Eagles in 1994.

"There are only two kinds of people in the world," he concluded, "people who need help and people who can give help. You never know which side of that equation you'll be on. Examine your conscience before you examine the catalog, then give as generously as you can."

Dr. James Snow, director of NIDCD, which is the lead sponsor of this year's CFC campaign, emphasized that the campaign "belongs to all federal employees. It's our way of showing the world that we care."

Acknowledging that communication is a major emphasis in his institute, Snow said, "Today we stand for the communication of hope, of caring enough to be effective. Please give the gift of hope. So many individuals are waiting for our help."

Phyllis Fleming, CFC associate director, noted, "It's one of life's beautiful truths that we can't help another without also helping ourselves." She thanked NIH'ers in advance for their compassion and offered "heartfelt thanks on behalf of those who use CFC funds.

"I urge you to carefully review your *Catalog of Caring*," she said. "Hopefully, you'll never need [CFC], but it's nice to know it's there if you should need it."

Keynote speaker Starke, whose Head Hog Restaurant in Bethesda catered the kickoff luncheon, confessed, "It is a difficult day today. Why? Because we lost to the Cowboys last Sunday."

Claiming that he has "probably raised more money for the CFC than any other individual

NIH CFC 5K Race Results

(58 finishers)

Name	Overall Rank	Time
Men, 39 and under		
Ian Torrence	1	18:03
Doug Hageman	3	18:27
John Justice	4	18:52
Men, 40 and over		
John Kusek	2	18:24
Bill Elzinga	9	19:59
Rick Davey	15	20:50
Women, 39 and under		
Patricia Day	12	20:30
Carolyn Bouma	14	20:43
Annette Boman	16	20:53
Women, 40 and over		
Pat Earl	45	26:07
Marilyn Westervelt	56	32:29
Helen Wegman	57	32:55

in the last 10 years," Starke related the pitfalls of accepting kickoff-speech engagements at obscure federal facilities. To wit: the CIA, where he characterized his remarks as "kind of a secret conversation. You don't say too much or ask any questions"; a top-secret bomb-proof facility somewhere in the Maryland countryside, where he entered a small shack and took an elevator to a subterranean "blast facility. There were hundreds of people down in this cavern, living like ants"; and the National Security Agency, where he reported to the wrong gate and found himself wandering alone among buildings. Entering one, he roamed to an auditorium through whose rear door he



The top finishers in each of four race categories pose for a victory shot. They are (front, from l) Ian Torrence, Bill Elzinga, John Justice and Carolyn Bouma. At rear are (from l) Doug Hageman, Pat Earl, Patricia Day, Marilyn Westervelt, Annette Boman, John Kusek and Rick Davey.



Runners stretch out on the lawn in front of Bldg. 1 before the 5K run. Race coordinator Art Fried of NICHHD noted that the field was smaller than usual for this year's competition.

emerged to find a crowd facing an empty stage. Realizing that this was where he was supposed to speak, Starke marveled to himself, "I just broke into NSA, the most secure federal facility in the world, and no one noticed."

The tackle-turned-restaurateur exhorted, "Whenever the opportunity to help arises, it's the right thing to do. So give to the CFC. And remember, that payroll deduction is the way to go."

As Starke mingled with a crowd that was consuming his barbecue, he stopped to sign autographs, pose for pictures and talk football. "They need leadership," was his prescription

for the foundering Redskins.

In addition to food, attendees browsed a variety of booths along a sort of "charity row" adjacent to the Bldg. 1 parking lot; represented were such NIH-related organizations as Friends of the Clinical Center (#7277 in the catalog), the Children's Inn (#1007) and Camp Fantastic (#7197). Also represented were such groups as Friends of the Earth, the Black Student Fund, and the Prince George's Arts Council, through whose offices the jazz group Questet entertained NIH'ers throughout the kickoff.

First prize winner in the annual CFC raffle was Doug Hageman, who won a 20-inch color TV donated by GEICO. Hageman also finished third overall in the 5K footrace that is part of each year's kickoff. The race around campus and a 1-mile noncompetitive walk ended the ceremony, which was sponsored by the NIH CFC coordinating committee, the NIH R&W (where commemorative T-shirts are still available), and the NIH Health's Angels Jogging Club.—Rich McManus



Participants in the 1-mile fun walk begin their campus excursion along Center Dr. in front of Bldg. 1.

Photos: Ernie Branson



Runners break from the starting line and head out on a 3.1-mile course that plumbed the depths of the NIH south property line.

NHLBI Launches Minority Scientist Training Program

The NHLBI has launched a novel training program to increase the number of minority students involved in biomedical research—and thus the number of future minority scientists.

"Creating more minority scientists means nurturing minority students throughout their college years, as well as graduate and professional school training," explained MaryAnn Guerra, associate director for administrative management at NHLBI. "This program offers students more than a glimpse of biomedical research. It develops their interest in science by supporting and encouraging them every step of the way."

The Minority Biomedical Research Training Program hopes to support 10 to 15 undergraduate and graduate students each year. While all students are eligible, the program is trying to draw those from underrepresented minorities—Blacks, Hispanics, Native Americans, and Pacific Islanders.

The program pays a stipend, travel expenses, and even attendance at scientific meetings or classes at the Foundation for Advanced Education in the Sciences.

The program's support is not just financial, however. It also unites students with NHLBI scientists who serve as mentors and work with

the students to design a course of training that can broaden their knowledge base and develop their career interests. The training possibilities are many. Students can train in the fundamental and clinical biomedical disciplines, epidemiology, and biostatistics.

Some of the topics students can pursue are: basic laboratory research on gene regulation, use of viral vectors in gene transfer, the pathogenesis of the chronic leukemias or sickle cell anemia, inflammatory and immune processes in lung disorders, enzyme kinetics, molecular immunology and cytokines, the molecular basis of lipoprotein dysfunctions, and the biochemical events of aging.

Initial awards last for 12-24 months, but it is hoped that students will apply for renewal through their undergraduate and graduate programs. Students must work at NHLBI during their summer vacations and at least one other school break. They also have the choice of spending an entire year in an NHLBI lab, if they obtain approval for it through their university.

The program's first application deadline is Dec. 1, with a pool of candidates to be invited to NHLBI in January for interviews and a visit to the laboratories. The first round of awards

will be announced next May.

To qualify, applicants must be enrolled as full-time undergraduate or graduate students at an accredited institution, have completed 12 hours in biology, or physical or behavioral sciences, and have a cumulative grade point average of at least 3.0.

In other words, if a student has the interest, NHLBI has the opportunity. "The only way to expand the pool of minority scientists is to get more college students interested in science," noted Guerra. "If we can hook their interest at that stage, then hopefully we'll be able to reel them into careers in biomedical research."

Mary Frances Spears, NHLBI's equal opportunity manager, agreed: "Once we have hooked the students' interest in having careers in biomedical research, we can look forward to their becoming scientific experts who will find the causes, cures, and means to prevent heart, lung, and blood diseases. Additionally, the program may be the starting point for future Nobel laureates."

Those interested in receiving more information can write to the Office of Special Concerns, NHLBI, 31 Center Drive, MSC 2490, Bethesda, MD 20892-2490, or call 6-1763. □

HISPANIC HERITAGE (Continued from Page 1)

extraordinary contributions and culture."

In recent years, NIH has taken the lead in focusing attention on the health status and problems of women and minority populations who have been underrepresented in biomedical research. But, as NIH deputy director Dr. Ruth Kirschstein pointed out, an even stronger response is warranted now with the Hispanic community.

"The NIH workplace does not adequately reflect the phenomenal growth of Hispanics in this country," she acknowledged, "and we really haven't done a proper job in tapping into the Hispanic community as a resource for improving our workforce profile."

Quoting statistics, Kirschstein said that in 1987, the number of Hispanics completing medical careers was fewer than 300. In 1992, less than 6 percent of the nation's physicians were Hispanic, she continued, and by 2000, the medical community anticipates a decline in even that low number. Further complicating recruitment efforts is the fact that Hispanics earn less than 2 percent of the nation's bachelor's degrees—and fewer than 1 percent of the master's degrees—awarded in the life sciences.

"We must and we will undertake a more comprehensive effort to involve NIH with the Hispanic research community," Kirschstein said, noting that at NIH, Hispanics are underrepresented in all occupational groups—professional, technical, administrative, clerical, etc. "We will develop and continue to develop stronger relationships with various Hispanic associations of colleges and universities. We must, we can and we will change the current picture. Celebration of Hispanic Heritage Month does not relieve us of the responsibility we have and the commitment we must make year round."

Leading one of the country's largest health projects for Hispanics, Dr. Amelie Ramirez, principal investigator of the NCI-funded National Hispanic Leadership Initiative on Cancer (NHLIC), discussed "En Accion," NHLIC's 5-year comprehensive assessment of cancer risk factors in Latinos. En Accion started in 1992 to evaluate four Hispanic/Latino populations in six United States cities: Cuban Americans in Miami; Puerto Rican Americans in New York; Mexican Americans in San Diego, and Brownsville and San Antonio, Tex.; and Central Americans in San Francisco. The initiative was designed to focus on six types of cancer: breast, cervical, colon, lung, prostate and skin.



Dr. Amelie Ramirez



Dr. David Hayes-Bautista

income is about \$10,500) and perceptions (a diagnosis of cancer is still considered much like a death threat, despite medical advice to the contrary; males erroneously feel that females are more susceptible to cancer; males are more likely not to use health facilities; and females make most of the health decisions in the family).

"The NHLIC is about reaching people who are unaware of risk factor behaviors and what can be done to modify their lifestyles," she concluded. En Accion targets six behaviors that increase cancer risk: smoking, drinking alcohol excessively, high-fat/low-fiber diet, lack of

"The truth is, we don't have good models on Latino health in general."

exercise, sun exposure and infrequent cancer screening exams.

Hispanic public health expert Dr. David Hayes-Bautista, director of UCLA's Center for Study of Latino Health, discussed findings of the National Latino AIDS Researchers Conference, which was funded in part by NIAID. He applauded the demographic, socioeconomic and epidemiological data gathering by NHLIC and said that far too little is known about health concerns within Latino communities.

"The truth is we don't have good models on Latino health in general," Hayes-Bautista commented, "thus, when we try to take it into the area of HIV/AIDS, we are perhaps even more at sea. But at least we know that we don't know, and we know what we need to learn and where we need to look."

Sharing information about cultural health trends, he said the Latino research community



Dr. Yvonne Maldonado

Closing the second year of the 5-year study this month, Ramirez reported on both demographics (75 percent of study participants live in intact families, 47 percent have less than a high school education and the average household

is troubled by patterns they've documented among Hispanic women, for instance. Apparently, first-generation Latina great grandmothers who were new to the U.S. in the mid 1970's were not smokers or heavy drinkers of alcohol, he said. However, in recent evaluation of their fourth generation granddaughters, heavy use of tobacco and alcohol was reported, leaving researchers to conclude that perhaps the influence of the American lifestyle is detrimental to Hispanic health.

"Given that the more Latinos stay here," Hayes-Bautista said, "the more they smoke, the more they drink, the more they do drugs, we had to entertain the question, 'Could it just be that assimilation is bad for Latino health?'"

He reiterated the need to collect more information on Hispanic health trends through research, emphasizing that research models developed for other populations cannot be applied to Latinos.

NIAID grantee and epidemiologist Dr. Yvonne Maldonado, associate professor of pediatrics at Stanford University, presented information on Hispanic health—especially the effects of infectious diseases—not only in the U.S., but also "as a picture of the Americas."

Of the 3 million deaths globally within the Latin American and Caribbean communities, she said, 1 million can be attributed to communicable or infectious diseases—the majority of which are preventable with adequate intervention efforts.

"Fortunately," she concluded, "in the field of infectious diseases, most of the morbidity and mortality due to infections is really secondary to environmental issues, nutritional issues and finally, lack of interventional support. Infectious diseases—except for HIV/AIDS—tend to be a lot more addressable with prevention and valid medical treatment."

The final speaker, Dr. Julio Santiago, a Puerto Rican physician and professor of pediatrics at Washington University School of Medicine, discussed recent advances in diabetes. He also delivered what could be considered the take-home message from all speakers to symposium attendees: "I cannot emphasize this enough," he said, "since the 1980's, several major studies funded by NIH have clearly demonstrated that timely intervention will reduce either the appearance or the progression of major diabetic complications by 50 to 80 percent, using current technology."

Perhaps more timely intervention by the entire biomedical research community now will produce a healthier Hispanic legacy and a more diversified scientific workforce for the year 2050. □



Dr. Julio Santiago

NOBEL PRIZE*(Continued from Page 1)*

transmission requires a cellular molecule called guanosine triphosphate, or GTP. In 1977, Gilman identified the proteins to which GTP binds and named them G proteins. G proteins are a family of proteins bound to the cell surface membrane that serve as intermediaries between incoming signals such as some hormones and drugs and the cellular proteins that respond to these signals. G proteins have been shown to play many roles in normal cellular function, including cell growth and neurotransmission. Aberrations in G proteins and their functions underlie a variety of disease states, from cancer to cholera.

Rodbell followed his discovery of the signal transmission function of GTP with continued work on the nature and mechanism of G protein action in cells and membranes. Today there are 16 known G proteins and scientists have identified more than 300 receptors on cells affected by them.

Gilman's most recent work has focused on the molecular details of the shape and function of both G proteins and their cellular targets. Beyond their roles as premier researchers in molecular pharmacology, both Rodbell and Gilman have made important contributions in training a new generation of scientists who are performing at the forefront of biomedical research.

According to NIH deputy director Dr. Ruth L. Kirschstein, "Drs. Rodbell and Gilman have made significant findings in understanding how cells perceive and react in a coordinated way to the thousands of messages that bombard them. This Nobel Prize underscores how important such basic studies are to understanding normal cell function and the diseases that result when cell processes go awry."

Olah's work focuses on the chemistry of carbocations and oxonium ions. These are highly reactive, positively charged organic molecules that are intermediates in natural and synthetic chemical processes. He pioneered methods for the generation and stabilization of these reactive molecules using compounds called superacids. This enabled him to determine the structure of carbocations and oxonium ions directly, using solid-state NMR spectroscopy and X-ray crystallography.

Olah has received more than \$4 million in research grant support from NIGMS between 1967 and 1993. He has been at USC since 1977. From 1965 to 1977, he was a professor of chemistry at Case Western Reserve University.

Rodbell has worked at NIH since 1956, first in the National Heart Institute, then in the National Institute of Arthritis and Metabolic Diseases (NIAMD, now NIDDK)—where his Nobel Prize-winning research was done—and, since 1985, in NIEHS. He served as scientific director of NIEHS from 1985 to 1989.

Gilman, now a member of the NIGMS advisory council, has been an NIGMS grantee since 1985. From 1972 to 1985, his research was supported by the National Institute of

Neurological Disorders and Stroke. His research support from NIH has totaled more than \$6 million.

His association with NIH began in 1962, when he received predoctoral training support for his M.D.-Ph.D. studies at Case Western Reserve University. From 1969 to 1971, he did postdoctoral research at NIH in the laboratory of Nobel laureate Dr. Marshall Nirenberg with support from the NIGMS Pharmacology Research Associate Program.

Rodbell, now a resident of Chapel Hill, N.C., and the father of four (including a son who is known to many NIH'ers as one of the R&W-authorized vendors who occasionally visit campus), is remembered as an enthusiastic mentor by those still at NIH who worked with him in the early 1970's, when a series of five papers on the subject of GTP won him the acclaim recognized by the Nobel Prize.

"He was a superb mentor," recalls Dr. Constantine "Dean" Londos, who succeeded Rodbell as chief of the membrane regulation section, now a part of NIDDK's Laboratory of Cellular and Developmental Biology but then a component of NIAMD's Laboratory of Nutrition and Endocrinology. "Marty was in many ways the ideal mentor. He was very upbeat. He got excited about any piece of information you got. He was not the aloof, professorial type. He was here minute to minute, always available.

"The important thing he taught everybody was that it was not important if your data failed to conform to the preconceived ideas held either by you or by people in the field. We were not to worry about conforming, or to worry that our results were out of step. He would make you think about things. His approach was, 'Your information is real. It's telling you something.'

"He wasn't a plodder," Londos continued. "He was the kind who got inspirational flashes, then would run into the lab and do experiments. It was a good introduction for those of us getting started with our careers. He gave people a great deal of independence. Any reasonable idea that you would bring to Marty was just fine with him."

Londos, who spent 14 years with Rodbell starting in December 1971, does experiments today that he calls "a direct extension of work I was doing with Marty, only we're further downstream now from the work honored by the Nobel."

Rodbell phoned Londos shortly after learning of his honor early on Oct. 10. Already on the phone with another colleague who broke the Nobel news, Londos put that caller on hold only to find that Rodbell himself was on call-waiting.

"He was elated," said Londos, "and he wanted to share his elation with his colleagues."

"Marty Rodbell is one of the finest examples of NIH intramural science. He demonstrates what imaginative investigators working in an open and constructive environment can do," said Dr. Phillip Gorden, NIDDK director and a colleague of Rodbell's during the years he

completed his prize-winning research. "It seems to me that all discussions of 'big science' and 'little science' vanish when we see what can be accomplished by creative people."

Of the 69 American Nobel laureates in physiology or medicine since 1945, 50—more than two-thirds—either had worked at or were supported by NIH before winning the prize. In addition to Rodbell, the Nobel laureates who did their prize-winning research at NIH are Drs. Marshall Nirenberg (1968), Julius Axelrod (1970), Christian Anfinsen (1972), and D. Carleton Gajdusek (1976). Ten other Nobel Prize winners, including Gilman, worked in the NIH intramural program at some point during their careers. □

Radial Keratotomy Shown To Be Safe, Effective

After a decade of patient followup, a National Eye Institute-supported study has reported that radial keratotomy (RK) remained a reasonably safe and effective technique to improve distance vision.

However, the study found that more than 40 percent of RK-operated eyes continued to have a gradual shift toward farsightedness. This finding suggests that some people who have RK may need glasses at an earlier age for poor close-up vision, a common problem after age 40, than if they had chosen not to have the surgery.

"Based on these findings, it may be that some people will be pleased with their vision shortly after having RK, but their opinion may change 5, 10, or 15 years down the road," said Dr. Peter J. McDonnell of the Doheny Eye Institute at the University of Southern California and the study's cochairman.

The findings, published in *Archives of Ophthalmology*, were issued from the Prospective Evaluation of Radial Keratotomy (PERK). The PERK study is the first large, well-designed clinical study to evaluate the long-term effects of radial keratotomy on the eye and vision.

RK is performed to improve poor distance vision, called myopia, which affects millions of Americans. For some people with myopia, RK offers the prospect of good distance vision without the need for glasses or contact lenses.

The surgery changes the shape of the cornea, the clear, rounded tissue at the front of the eye. It is performed by making spoke-like, partial-thickness incisions into the healthy cornea. These wounds cause the cornea to flatten, producing clearer distance vision.

Today, about 250,000 RK surgeries are performed annually in the United States, up from 30,000 operations just 5 years ago. However, eye care professionals still have little scientific information about the procedure's long-term effects on the cornea and vision.

To provide these data, PERK clinicians periodically examined the eyes of the 435 participants since the study began in the early 1980's. Based on these examinations, researchers have published occasional reports in medical journals, including the results issued here. □

Mattie Jackson Closes 31-Year Federal Career

After 31 years of federal service, 26 spent at NIH, Mattie Jackson closed her career in government on Sept. 29.

Rising from a clerk-typist with Dr. Luz Froehlich of the former NINCDS in the early 1960's to her latest position as chief of the mid- and senior-level recruitment section in NIH's Recruitment and Employee Benefits Branch (REBB), Jackson's career journey made several sojourns—including a 1-year stint at the Centers for Disease Control and Prevention in Atlanta—but never strayed from DHHS.

"When I started working I didn't plan on making it a career," Jackson said. "It started out just as something to do during my daytime hours. I decided it's time to retire, though. I've enjoyed my career and I've been lucky to have worked with some of the nicest people. I will miss the people most."

Jackson's other clerical positions at NIH included work in NIDDK's secretarial pool and as NINCDS branch chief secretary to Dr. Cosmo Marsen before she was accepted as a STRIDE intern.

As fate determined, however, Jackson was only beginning her first year's training with STRIDE when her husband's company relocated him to Atlanta and the family pulled up stakes in the Washington metropolitan area.

By 1978, the Jacksons had wended their way back to D.C. and she joined the National Diabetes Board as secretary. After a brief stay in that position, she was hired as secretary to Dr. Carl Leventhal, NIDDK deputy director. In 1980, she joined NIH's Division of



Mattie Jackson sits at her desk with photos of her grandchildren surrounding her.

Personnel in the REBB. She would spend the next 12 years there, coordinating such federal student recruitment vehicles as the Junior Fellowship Program, the Stay-In-School Program, the NIH Summer Program, the Cooperative Education Program and the Sobel Program.

"It's been both rewarding and fun to work with Mattie," enthused Carol Storm, chief of REBB's entry-level recruitment section. She shared a peer group with Jackson and has worked with her for about 14 years.

"Mattie provides a team spirit to our work here," said Herb Casey, REBB chief. "She always has a smile and a 'can do' attitude. We

will certainly miss that."

Two years ago, Jackson switched gears within REBB. She began coordinating NIH efforts to attract and retain mid- and senior-level managers.

"My first love has always been recruitment," said Jackson, "especially the student programs. I still have students who call to talk to me and even some who don't know I've changed sections and want me to help them out. I usually do it; I can't say no."

The whole field of government personnel is switching gears with Jackson, it seems: Recent policy revisions at the federal Office of Personnel Management and subsequently within NIH's newly redubbed Office of Human Resource Management look promising, she said, but not promising enough to coax her into staying.

"Changes are good," she said. "They keep your mind active. I'm at that point now."

In retirement, Jackson plans to travel: "My husband and I have always wanted to go to Africa, so that's high on our list"; volunteer at her church, Friendship Baptist, and at her grandson's school: "People have already heard that I'm retiring and have called with things for me to do"; take classes: "I've always been interested in the guidance counseling field, so I'll probably take some courses along that line"; and visit with her grandchildren more frequently.

One thing she plans not to do: "I'll never work full time again," she said, grinning. "This time I'll call the shots."—Carla Garnett □

Eileen Dybvad Retires from NIAID

More than 50 coworkers, family, and friends recently joined to wish Eileen Dybvad a fond farewell as she retires after 20 years of government service, 15 of which were spent in NIAID.

She was a computer programmer with the management information systems section of the Financial Management and Information Systems Branch.

Dybvad's government career began in 1951, when she moved from her home state of Pennsylvania to work in the Editorial and Printing Branch of the Department of the Navy. There she met her future husband, James Dybvad, and left government service soon after their 1954 marriage to raise two daughters.

In 1979, she returned to government service as secretary to the branch chief of the Molecular Biology and Parasitology Branch, NIAID. In 1982, she moved to the NIAID administrative management section and a year later joined the NIAID Office of Program Planning and Evaluation's data control section as a computer assistant, later becoming a computer programmer.

During her NIAID tenure, Dybvad saw many administrative changes. Several reorganizations affected the data control

section, particularly the requirement to respond to more and more requests for data regarding the institute's scientific agenda. The section moved to the Financial Management and Information Systems Branch, which responds to requests for information on NIAID's programs and spending.

Dybvad's entire government career has been punctuated with letters of commendation, cash awards, and quality step increases. At her luncheon, words like "knowledgeable," "generous," "helpful," and "hard worker" were repeated over and over by numerous speakers.

"Eileen was a dedicated and loyal asset to NIAID," said Steven Berkowitz, chief of the Financial Management and Information Systems Branch. "In an emergency, I could always call her at 7 in the morning. Often, she would still be programming late in the day. We will miss her."

Dybvad plans to spend more time traveling with her husband and intends to make the Inner Passage cruise of Alaska's coastline her number-one priority. She also plans to spend more time with her children, grandchildren, and friends. Her coworkers at NIAID wish her a long and happy retirement.—Joyce Woodford

Library Annex To Close

The NIH Library Annex located in the Executive Plaza South Bldg. will close on Nov. 18, but staff at this and other remote sites will still have access to a variety of library resources.

"Those people who have come to depend on the EPS library annex will still be able to access many services by computer, phone or fax," said Suzanne Grefsheim, chief of the Library Branch at NCRR, which operates the NIH Library. For example, users who register with the Loansome Doc program can order articles they identify through a Grateful Med search without leaving the computer. A feature in the library's online catalog also allows readers to request items electronically. And, Grefsheim says, library staff are now exploring several alternatives to campus mail for delivery of library materials.

The decision to shut the annex derives in part from low use of the annex services and collection, which does not justify their costs. Closing the annex will help the NIH Library to "maintain the quality and continue expanding its range of services despite staff reductions that face us and many other NIH branches," Grefsheim notes.

Those interested in more information about services the library can provide to remote users are encouraged to call 6-1156.

NIGMS' Miller Retires After 35 Years in Government

By Wanda Wardell

Dr. Charles A. Miller retired recently after 35 years of government service, 33 of which he spent with the National Institute of General Medical Sciences and its predecessor. At the time of his retirement, he was director of the institute's Cellular and Molecular Basis of Disease Program Branch.

"Dr. Miller has contributed to just about every important development that has occurred at NIGMS, from training and the minority programs to the development of research programs. He has always had something intelligent to say about every issue of science and policy that we have faced," says Dr. Marvin Cassman, acting NIGMS director.

Another NIGMS colleague, associate director for program activities Dr. W. Sue Shafer, echoes these points. "Dr. Miller was one of very few progressive people in the early 1960's and 1970's who recognized the need to bring minorities into the biomedical arena and did something about it. He also helped turn around the impending demise of research training in the early 1970's by moving from department-based training to interdisciplinary training at the predoctoral level.

"This was a key transition point. These two things were very important to the exploding fields of cellular and molecular biology and the allied fields of biochemistry, developmental biology, and biophysics. On a more personal level, he was my first boss and mentor. He helped me grow, and he was always extremely supportive of my moving up and branching out into other professional activities."

From Administrator to Director

Miller came to NIH in 1961 as a health scientist administrator in the Division of General Medical Sciences. NIGMS was created in 1962, and from that year until 1966, he served as an executive secretary and program administrator in the Research Training Grants Branch. From 1966 through 1970, he was head of the biophysical sciences section of the branch, and from 1969 to 1972, he was associate chief of the branch. Miller became chief of the branch in 1972. That same year, he was named NIGMS associate director for research manpower, and from 1973 to 1983, he served as special assistant to the NIGMS director for research manpower.

In 1973, the institute reorganized into four research programs. Miller became director of the Cellular and Molecular Basis of Disease Program, which today has a budget of \$245 million. In this position, he became "a central figure in the development of American cell biology," according to Dr. J. Richard McIntosh of the University of Colorado at Boulder, who is the current president of the American Society for Cell Biology.

"He recognized the value of an integrated approach to cell study, based upon a combination of morphology and biochemistry/

molecular biology...Initially, he supported the investigators who founded American cell biology, and subsequently, he nurtured much of the science that grew from their pioneering work. Through this program, [Miller] has helped to fund some of the best research in cell biology that has been done, not only in this country, but throughout the world."

Adds Dr. Saul Roseman of Johns Hopkins University, "At a time when the NIH extramural program could have gone in the direction of applied research, he relentlessly pushed and pulled NIGMS towards the support of excellence in basic research and training."

Commitment to Minority Programs

Long before there was a general awareness of the need to increase the number of minority biomedical scientists, Miller began efforts in this area. While teaching at Wabash College in the 1950's, he noticed how few minorities there were in science. When he came to NIGMS, he decided to do something about the situation. His work led to the creation of the Minority Access to Research Careers Program, a research training program whose first components were announced in 1972. He has continued to be deeply involved in NIGMS and NIH minority research and research training activities, and served as the institute's acting associate director for minority programs from 1989 to 1992.

"More than any other person with whom I have worked, Dr. Miller is interested in minority research training not only because it is beneficial to the minority community, but also because he is able to see the contribution that such programs make to NIH and to society overall," says Dr. John Ruffin, NIH associate director for research on minority health. Adds NIEHS director Dr. Kenneth Olden, "His commitment to this issue has not waned over the past 20 years."

Putting Science, Scientists First

Scientists and policymakers both within and outside NIH cite Miller's broad knowledge of science and his seasoned judgment. Grantees and grant applicants consider him an administrator with great sensitivity to their needs.

One grantee, Dr. Marc Kirschner of Harvard University, says, "He represents the finest in a long tradition of NIH administrators at NIGMS who have helped build our great postwar biomedical research enterprise. For me he was an authoritative but humane voice, especially for young scientists confronting the bewildering and often intimidating process of obtaining grants and running a laboratory."

Comments Dr. Ursula Goodenough of Washington University, "Throughout my career, I have consistently felt that he cared about my progress, cared about how things were going, and gave me the sense that NIH was not just a dollar spigot, but also a human organization."

Dr. Thomas E. Thompson of the University of Virginia characterizes Miller as "a rare person who always thinks things through and looks at the long-range view of the problem. His actions are based on fairness and rationality within the framework of NIH, and this makes



Dr. Charles A. Miller recently retired after 33 years at NIH.

him a good representative of NIGMS. He is a person who puts science first and never makes things easy for himself, but always has the investigator in mind."

Miller believes that putting science before bureaucracy is a large part of the reason he interacts so well with cell

biologists and biochemists. He says he is proud of his working relationships with scientists in cell biology and biochemistry all over the country, both distinguished scientists and young scientists.

In addition to his role as a program director, Miller has continued to manage a small portfolio of grants. The fact that these were AREA grants, which fund research at institutions that have not been traditional recipients of NIH support, is further evidence of his dedication to facilitating the research careers of scientists at all levels.

Miller's colleagues at NIGMS describe his integrity, straightforwardness, and sense of humor. Many of his coworkers note how he shows fairness in his decisionmaking by encouraging all issues and opinions to be brought up and discussed thoroughly.

A native of Hamilton, Ohio, Miller received his B.A. from Wabash College and his Ph.D. in biology and biochemistry from Indiana University. Among his professors at Indiana were two Nobel Prize winners, Dr. Salvador Luria and Dr. Herman J. Muller.

From 1943 to 1945, he served in the U.S. Air Force and was awarded the Distinguished Flying Cross for 35 missions over Germany.

Miller is an active member of the American Society for Biochemistry and Molecular Biology (ASBMB) and the American Society for Cell Biology. Several years ago, ASBMB formally recognized his many contributions to the fields of biochemistry and molecular biology by naming him one of the society's first two Distinguished Service Associates.

Among his other awards are the DHEW Superior Service Honor Award (1975), the DHHS Merit Award, and the Senior Executive Service Award (1985). □



The NIH Life Sciences Education Connection

Interested in elementary science education? Nervous about working with teachers and children?

Many who stopped by the Life Sciences Education poster at Research Festival '94 expressed an interest in volunteering, but also stated some concerns that they had never worked with kids. Others said they were unsure whether they would know what to do or how to relate to their audience level.

If this sounds like you, we have good news. The Science Alliance program is offering a workshop to help you get started. The workshop will feature Dr. Margaret Tumstall from the American Academy for the Advancement of Science and Charles James from the Carnegie Academy for Science Education. They will provide practical tips on designing and implementing classroom activities, ways to engage teachers and students in science, and how to set reasonable goals. The workshop will include hands-on activities as well as practical advice.

The workshop will be held Nov. 2 from 1 to 4 p.m. in the Rathskeller at the Cloister (Bldg. 60). Contact Dr. Irene Anne Eckstrand for more information or to register. She can be reached by phone (4-0943), fax (4-2228), or e-mail (eckstrai@gm1.nigms.nih.gov). □

Career Day Planned, Oct. 27

The NIH Career Day program, sponsored by the NIH advisory committee for women and the Office of Equal Opportunity, will be held Oct. 27, from 11 a.m. to 2 p.m. in the Visitor Information Center and Lipsitt Amphitheater, Bldg. 10. The theme is "Stepping Stones to Success."

The program is designed to provide NIH employees with information about career development, occupational series at NIH, educational programs, and employee benefits, as well as an opportunity to network with members of professional organizations.

NIH employees representing various job series, advisory committees, and training programs will be available to answer questions. In addition, representatives from local colleges and universities will also be available to supply information on their various programs.

Sign language interpretation will be provided. For reasonable accommodation contact Carlton Coleman, Disability Employment Program manager, 6-2906 (voice or TTY). For more information call Lucretia Coffey, 6-9013. □

Donor Center Extends Hours

For NIH's convenience, the Blood Donor Center will be open from 7:30 a.m. to 6 p.m. every third Thursday of each month. Extended hours will begin on Thursday, Nov. 17. Call 6-1048 to schedule an appointment. □

Miller Leaves Intern Coordinator Post

By Doris Brody

In Durant, Okla., early one March morning, Cynthia Miller, program manager of two management intern programs at NIH, and Chris Wisdom, a member of the NIH administrative training committee (the ATC oversees the intern programs), were trying to chip a night's accumulation of ice from their rental car (no scrapers included) with hair picks. Then they attempted to drive. "Ma'am, do you know



Cynthia Miller

your wheels are spinning?" asked a local man, tapping on their window. They knew.

Chipping ice was in neither of their job descriptions, nor was braving lows of minus-30 degrees, which they got when they arrived in South Dakota.

"If we go to the schools (in this case, Southeastern State University in Oklahoma, the University of South Dakota at Vermillion, and Sinte Gleska University in Rosebud, S. Dak.) and tell them about the NIH program personally, we stand a much better chance of getting the kind of applications we are seeking," Miller explains.

"She has brought an extra measure of enthusiasm and caring to her job," says Wisdom, who is deputy executive officer of NIGMS. "And she has worked very hard to recruit the best applications from as diverse an applicant pool as possible."

On Oct. 1, Miller left her position as program manager of both the NIH Management Intern Program and the Presidential Management Intern at NIH Program to take a personnel management position in the NIH Division of ICD Consulting.

The interns and the ATC will miss her. As coordinator, Miller's job was to handle the "nuts and bolts" of running the two training programs, which are designed to fill management positions at NIH with top-quality men and women. Those who worked with her say she also brought heart and soul to the program.

"She was their lifeline...the interns love her," says Doty Tisevich, legislative liaison for NCI and a member of the ATC.

"She was our guide through the maze, a tremendously valuable resource," says Anna Lopez, a Presidential Management Intern who is currently doing a rotation in the NCI contracts office. "She has been so friendly and receptive."

Both the Management Intern Program, a 12-month training program designed to fill administrative positions at the GS 5-9 level, and the Presidential Management Intern Program, a 2-year government-wide training experience that graduates administrators at the

GS-12 level, will continue at NIH. Under the recent reorganization, these programs will be managed from the NIH Division of Career Resources.

In addition to recruiting applicants, Miller's job involved her in nearly every aspect of the interns' NIH training, from the arrival of nearly 300 applications for the NIH Management Intern Program to the day a trainee landed a permanent job. She coordinated interviews and helped design interview exercises. She helped the successful applicants plan their training, find assignments and mentors, and learn to network. She organized seminars and meetings for the interns and, most of all, she talked to them a lot. She also helped the ATC do its job efficiently.

"She did a major leadership job. She was very effective in working with the ATC to recruit and design good training," says Ric Shafer, NCRR executive officer, who served on the ATC during Miller's tenure as coordinator of the intern programs. "She was also very personable and warm. Well, maybe not in South Dakota last March." □

Handmade Quilt Raffle

Members of the Clinical Center's clinical pathology department are now selling raffle tickets for their second handmade quilt. Six members of the department have been sewing during their lunches and after hours to complete this project, which has been going on for more than 1½ years. Squares of the queen-size quilt were made in the Martha Washington Star pattern in shades of green and burgundy.

The first quilt made by the group was raffled in 1992 and earned about \$2,000 for CC patient charities.

Members of CPD will be selling raffle tickets outside NIH cafeterias and in the Bldg. 10 lobby. Tickets are on sale for \$2 each or 3 for \$5. The raffle will be held on Friday, Dec. 16. All proceeds go to the Friends of the Clinical Center. For more information, call Sheila Barrett, 6-5668, or Pat Kruczak-Filipov, 6-4433. □

Chi-Kung Training Offered

The NIH Aikido Club is sponsoring chi-kung training. All persons are welcome. Training is for both health and martial arts applications. Instruction is provided by Shurin Ma, chief instructor, Capitol Chi-Kung Center, and his senior student, William Pettiford. If interested, come a few minutes before the start of class to meet the instructor in the Malone Center, next to the Fitness Center, Bldg. 31 B4 level. Classes are held Tuesday mornings, 7-8, and Wednesday evenings, 8-9:30. Cost is \$40 per month. Questions may be addressed to Ma (703) 532-5374, Pettiford (202) 672-9918, or Dr. Don Murphy, 6-1736. □



TRAINING TIPS

The Division of Workforce Development, OHRM, offers the following courses:

Courses and Programs Starting Dates

Management and Supervisory 6-6211

Introduction to Supervision	11/14-18
Interacting With Difficult People	11/15
Working With Personal Differences	12/1-2
Reinventing NIH: An Introduction to Work Process Redesign	12/1-2
Interpersonal Relationships in the Work Environment	12/6-7
Federal Budget Process	12/6-7
Successful Middle Management	12/6-8
Recognition Secrets: Innovations for Rewarding Today's Workers	12/15
Preventing Sexual Harassment at NIH	12/14

Communication Skills

Working With Personal Differences for Technical and Support Staff	12/12-13
Report Writing	12/12-13

EEO Training

Preventing Sexual Harassment at NIH for all Employees	12/14
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Special Courses

NIH Retirement Seminar	11/7, 12/14
Privacy Act Seminar	11/10

Administrative Systems

Delegated Acquisition Training Program	11/28
Domestic Travel	12/6
Basic Time and Attendance	12/8
Introduction to NIH Property Management	12/19

Additional courses are available by request. For more information, call DWD, 6-6211, or consult the DWD Catalog.

DWT Training Classes

Introduction to Receiver Operating Characteristic	10/28
Resource Access Control Facility (RACF) for IBM MVS Data Security	10/31
Client-Server Access to Centrally Managed Data	10/31
PC ↔ Mainframe Communications with Kermit	11/1
Security Lessons Learned in the Trenches	11/1
Genomic Software for Unix Platforms	11/2
OS/2 2.1 Overview	11/2
SAS Fundamentals I for Nonprogrammers	11/3-4
Introduction to Networks	11/3
Introduction to Computer Security	11/4
Introduction to Networks	11/7
SAS Fundamentals II for Nonprogrammers	11/7-8
Gopher for the Mac	11/7
Gopher for the PC	11/7
COBOL Conversion	11/8
Memory Management on the PC	11/8
DB2 Application Programming	11/8-10
Advanced Network Topics	11/9
C Language Fundamentals	11/14-18

NCI Administrator Meredith Mourned

Dr. Orsell M. Meredith, a scientific review administrator for NCI's Division of Extramural Activities (DEA) died at home on Sept. 19 of pancreatic cancer. He was 70 years old.

Meredith was known as a "vibrant human being with a Jeffersonian appetite for knowledge and personal growth," said Dr. Robert F. Browning, acting deputy director of DEA, and chief of the Grants Review Branch.



Dr. Orsell M. Meredith

"He read as many books as he could possibly get his hands on, and on virtually every subject," Browning said. Meredith was also fond of biking, canoeing, skiing, ballroom dancing, and tennis. "Exercise was his cure for everything," Browning added.

In 1975, Meredith joined the Division of Research Grants, where he was responsible for the initial administrative and scientific review of research grant applications. In 1979, he transferred to a position as a health scientist administrator in NCI's Grants Review Branch.

Before coming to NIH, from 1953 to 1962, he was an assistant research pharmacologist and assistant professor at the University of California, Laboratory of Nuclear Medicine and Radiation Biology in Los Angeles. From 1962 to 1966, he was a research scientist for Lockheed Missiles and Space Co. at the Palo Alto Research Laboratory. There, he conducted radiobiological research and consulted with company engineers on the physiological design problems of manned spacecraft and space biological experiments.

Meredith also worked as a radiological biologist, from 1966 to 1969, at the Naval Radiologic Defense Laboratory, where he managed biomedical research programs involving emergency medical plans and radiobiological effects in the event of a nuclear disaster. From 1969 to 1975, he worked as a physical scientist for the Naval Surface Weapons Center in White Oak, Md., where his assignments included studying the physiological effects of nuclear weapons on military personnel and developing protective measures against these weapons.

During World War II, as a gunnery officer in the U.S. Navy aboard a destroyer, Meredith said he "supervised torpedo gang activities, stood watch on the bridge and directed fire control, among other things."

Meredith was born in Jamestown, N.Y., on Oct. 19, 1923. He attended St. John's College in Annapolis, Md., from 1941 to 1943 and earned his bachelor of science degree in biochemistry from the University of Chicago in 1948. He then continued his studies, earning his M.S. and Ph.D. degrees in pharmacology and toxicology from the University of Southern California in Los Angeles, in 1951 and 1953 respectively. In 1974, he went on to earn an M.S. degree in technology of management at American University in Washington, D.C.

Meredith wrote more than 22 medical articles, mostly in the field of nuclear medicine, as well as seven technical papers that are still classified "Top Secret" on nuclear and chemical warfare for the U.S. Navy. He was a member of the Radiation Research Society, the American Society for Pharmacology and Experimental Therapeutics, and the Society of Nuclear Medicine.

He is survived by his wife, Lynn Meredith, of Los Altos and son Michael, of Mountain View, Calif.—Francis X. Mahaney, Jr.

Ansher Joins Grants Associates Program in OER

Dr. Sherry Ansher is the newest member of the Grants Associate Program in the Office of Extramural Research.

She received her Ph.D. in biochemical pharmacology from Johns Hopkins University, where she studied the anticarcinogenic potential of a novel class of thiol-containing compounds to inhibit carcinogenesis in animal models through the induction of detoxication enzymes in the liver and other tissues.

Ansher completed her postdoctoral training as a staff fellow in the section on enzymes and cellular metabolism, NIDDK, concentrating on the purification of enzymes of detoxication in the liver. From NIH she moved across the parking lot to the Center for Biologics Evaluation and Research, FDA, to investigate mechanisms of adverse reactions to vaccines by examining the effects of vaccines and cytokines



Dr. Sherry Ansher

on hepatic drug metabolism in mice. While at FDA she also was involved in the regulatory activities of the agency, including the review of Investigational New Drug, Product License and Establishment License

applications.

Ansher is looking forward to the opportunity to work with the NIH extramural programs. □

Inner-City Students Visit NIH via TAP Program

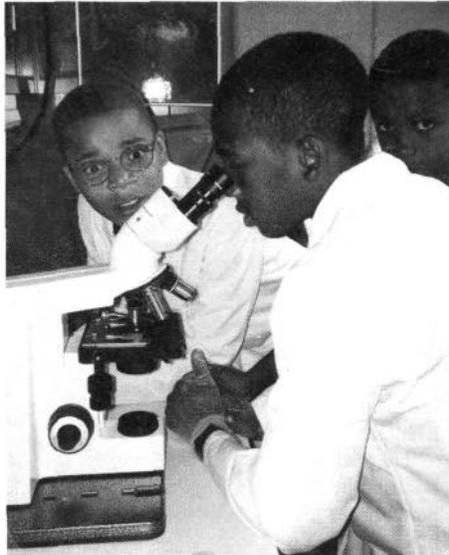
Through the NIH Visitor Information Center's Minority Youth Outreach Program (MYOP), 60 eager Tenley Achievement Program (TAP) youngsters recently spent an enjoyable and educational day at NIH. TAP is a supplementary achievement program for inner-city minority students, sponsored by the Tenley Study Center of Northwest Washington, D.C.

Kim Lockett, MYOP coordinator, started off the day by welcoming the TAP visitors and giving them an overview of NIH. Dr. Wendell McConnell of SAMHSA's Center for Substance Abuse followed, giving a presentation about AIDS awareness and prevention that generated many lively questions.

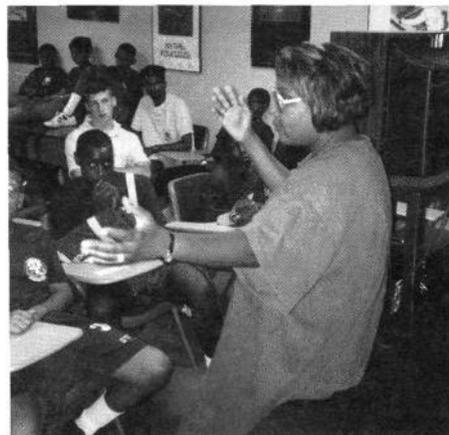
The students then split into groups by grade. The 9th graders, led by Sharon Greenwell of the VIC (part of the Office of Communications, OD), met with Dr. Janet Franklin of NCI's Pediatric Oncology Branch and visited a pediatrics ward to see and speak with young patients, including some who were HIV-positive. The 8th graders became scientists for a day in the VIC Learning Lab. With the help of the VIC's Neil Alvanzo, they identified numerous types of bacteria using microscopes and other medical instruments. The 7th graders experienced a day in the life of a pathologist. Dr. Kevin Gardner, NCI senior staff fellow, explained how he performs autopsies to determine the causes of death. As a treat to the young doctors and much to their excitement, he displayed preserved organs—heart, liver, kidney, lungs, etc.

Brian Parker, director of TAP, was so pleased with the visit that he plans to make it an annual event. He predicts that in the not too distant future, some of these TAP students themselves will become NIH researchers.

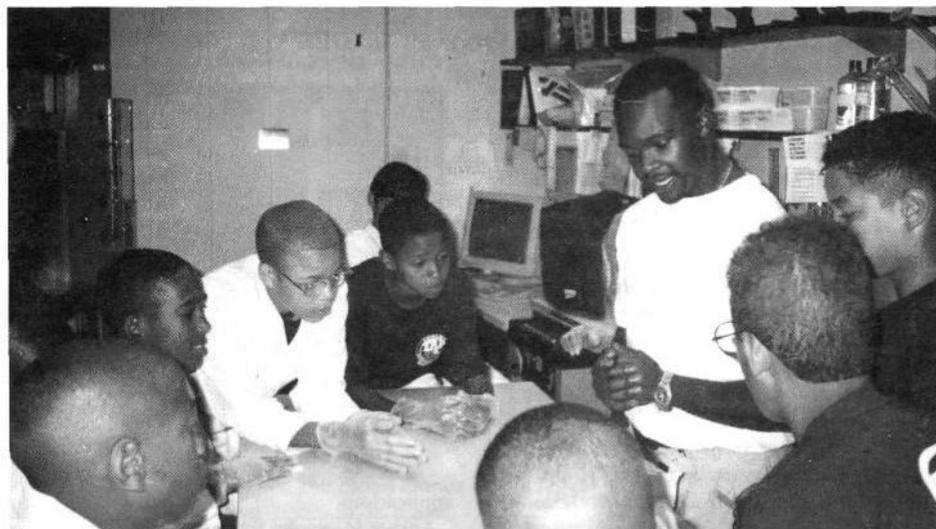
To receive more information about the Minority Youth Outreach Program, call Lockett, 6-1776. For more information about the Tenley Achievement Program, call Parker, (202) 362-3470.—Paul Coppola



TAP students view bacteria through a microscope in the VIC Learning Lab.



Sharon Greenwell of the Visitor Information Center's Minority Youth Outreach Program makes a presentation to TAP students.



Neil Alvanzo of the VIC explains a bacteria-staining technique to eager TAP students in the Learning Lab. Sixty middle-school students spend a day on campus getting an inside look at biomedicine.

Women's Health Seminar Series Begins Nov. 22 at Lister Hill

The Women's Health Seminar Series will kick off its fourth season with a look at the "Communication Revolution in Health: Media, Counseling, and Gender." Dr. Phyllis T. Piotrow will open the program at 2 p.m. on Tuesday, Nov. 22 in Lister Hill Center, Bldg. 38A.

An internationally recognized expert in health communication, Piotrow will explain how the mass media influences health behavior. She will examine the many changes taking place in communications in the 1990's including communication on women's health and on prevention and cure. Piotrow also will look at changes in communication between health providers and their clients, and between sexual partners about reproductive health issues. She will examine the use of entertainment and entertainers to communicate health issues, and discuss advances in communication technology. She will explain how health professionals are responding to the multiple challenges of the communication revolution and turning these challenges into new opportunities to enhance health for everyone by the year 2000.

Piotrow is director of the Center for Communication Programs and a faculty member at Johns Hopkins School of Hygiene and Public Health. The center's work ranges from publications for professionals to national communication campaigns, music videos, television dramas, and other innovative mass media and interpersonal approaches to health communication. Piotrow has provided technical assistance and training in more than 20 developing countries.

The series is sponsored by the women's health seminar committee of the Office of Research on Women's Health. The 4-part series includes current research findings by nationally recognized experts. Admission is free and open to the public. For more information, call 2-1770. □

Elderly Females Sought

NIMH needs older normal female subjects between ages 60 and 79. Participants must not be taking medications or have a history of major medical or psychiatric illness. Procedure involves mapping brain structure with magnetic resonance imaging and mapping brain function with positron emission tomography (PET) while subjects perform various problem-solving tests. The PET scan involves exposure to an amount of radiation that is within both NIH and FDA guidelines. Volunteers will be paid. For information contact Brenda Kirkby, 2-3682, or Dr. Esposito, 2-3683. □

Chamber Music Concert Set

The Rock Creek Chamber Players will present a free public concert in the 14th floor assembly hall of the Clinical Center on Sunday, Nov. 6 at 3 p.m. The program, sponsored by the recreation therapy section, will include Hummel's Septet for piano, winds and strings, and Dohnanyi's Serenade for string trio. For more information call (202) 337-8710. □