

"Still  
The Second  
Best Thing  
About Payday"

# The NIH Record



The NIH campus lays draped in snow following the Blizzard of 1996, a 2-foot snowfall that began on Jan. 6 and ended 2 days later, only to be followed by snows of 5 and 6 inches in the following week. The accumulations kept NIH'ers—many of whom were already furloughed since midday Dec. 18—home for another 4 days. This photo was taken from the top of the Navy Medical Center, across Rockville Pike from NIH. (Photo by Jerome A. Pollos, Navy)

## Furlough, Snow Bollix Campus Routine

When NIH employees who hadn't been deemed essential flocked back to campus on Thursday, Jan. 11, following nearly 3 weeks of furlough and nearly a week of snow-forced government closure, it was with the blinking, befogged status of refugees returning from forced exile. In to work they staggered by the thousand, many secretly hoping that an evening snow forecast would materialize into yet another stunning vacation—a long weekend capped by the Martin Luther King, Jr. holiday.

The snow answered their wishes that night, and NIH didn't fully reopen until



For more furlough/storm coverage, see pp. 8-9.

Tuesday, Jan. 16, when the entire workforce returned to face fresh blizzards of traffic and paperwork. Indeed, many were too snowed under with work to answer reporters' calls for this story, but around the water cooler, the stories were shared: many colleagues were quietly delighted to have been granted almost 4 weeks of paid leave—at no charge to their leave balances—at the best possible time of the year—the holiday season.

True, the budget crisis shocked NIH. Investigators ran out of supplies mid-

experiment and weren't allowed to procure new materials. Grant money to universities was held up (see accompanying article). Paychecks were cut in half, putting many workers in crisis when bills, especially for housing, came due. Commissioned Corps members were plunged into turmoil when their fur

(See **FURLOUGH/STORM, Page 8**)

## Up in Smoke

## Scientist Warns of Spreading Tobacco Use

By Rich McManus

Renowned epidemiologist Dr. Richard Peto of Oxford University gave a series of lectures at NIH recently that showed off his ability to draw novels out of numbers; especially acute were his warnings—at a Foundation for Advanced Education in the Sciences seminar—regarding worldwide patterns of tobacco

## Two Record Issues Cancelled

Because of the furlough and blizzard, the *NIH Record* cancelled publication of its first two issues of the year. The Jan. 2, 1996, issue (Vol. XLVIII, No. 1) and the Jan. 16, 1996, issue (No. 2) could not be printed because of the unprecedented staff layoffs. This issue, No. 3, marks the return to what we hope will be a normal, uninterrupted publication schedule.

## NIH Receives Generous 1996 Budget Increase

Those may as well have been dollars that fell across the campus as snowflakes recently—top NIH staff were delighted when a 5.7 percent increase over the fiscal year 1995 budget pushed the agency's FY 1996 budget to a shade less than \$12 billion.

"We're real pleased," said Francine Little, director of the Office of Financial Management. "With 4 months of the fiscal year already gone, it's just fantastic news. Everybody around here worked hard for it. It's great news for NIH."

NIH is getting a full 12 months' worth of funding to spend in only 8 months, which will result in more generous support of research grants. Until Jan. 6, when the budget—good through the end of the fiscal year next Sept. 30, which shields NIH from any further furloughs this fiscal year—was signed by President Clinton, NIH had been operating under a Continuing Resolution that limited the operating budget to a few percentage points under the FY 1995 spending level. Even worse, NIH had been anticipating a 1 percent cut from the 1995 level in 1996, and a 3 percent cut from the 1995 level the following year. The new budget increases NIH's purse \$175 million over

(See **NIH BUDGET, Page 2**)

use: Much of the developing world, particularly China, seems bent on mirroring the experience of developed countries such as Britain and the United States since the end of World War II, in which epidemic use of tobacco, particularly among men, is followed about 40 years later by epidemic increases in tobacco-related morbidity and mortality, chiefly due to lung cancer and to respiratory and vascular problems.

"There have been huge increases in smoking recently in developing countries," he said. In China, for example, more than 70 percent of adult males smoke (though the median age for starting the habit is a relatively "old" 20), and cigarette production has escalated from 100 billion (or 1 cigarette a day per man) in 1952 to 1,700 billion in 1992

(See **SMOKING, Page 4**)

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## NIH Communications Experts Honored by NAGC

The National Association of Government Communicators (NAGC) recently honored the work of several NIH information offices—and their assorted contractors—with its annual Blue Pencil and Gold Screen awards.

Winning Blue Pencil awards for written communications, by category, were:

Public Service Announcement-Ad Slick, Honorable Mention, NIMH, for "Panic Disorder 'Train' PSA."

Brochures and Booklets for a General Audience, 1-3 colors, First Place, NEI, for "Diabetic Retinopathy."

Brochures and Booklets for a General Audience, 4 colors, Honorable Mention, NHLBI and NCI, for "Down Home Healthy."

Publication for a General Audience, 1-3 colors, First Place, NHLBI, for "Step by Step: Eating to Lower Your High Blood Cholesterol."

Publication for a Technical Audience, 1-3 colors, Honorable Mention, NIA's Freddi Karp, for "Working with Your Older Patient: A Clinician's Handbook."

Publication for a Technical Audience, 4 colors, First Place, NIAAA, for "Alcohol Health & Research World: Alcohol-Related Birth Defects." Honorable Mention, NHLBI, for "Stay Young at Heart: A Heart-Healthy Nutrition Education Program from NHLBI."

Visual Design, visual communication via posters, flyers, maps, logos, folders, etc., Third Place, NIMH, for "Panic Disorder Poster."

In the Gold Screen awards competition, which honors films, videotapes, and even radio spots, winners and their categories were:

Public Service Program, Second Place, NIMH, for "Panic Disorder: Stories of Hope."

Public Service Announcement, First Place, NHLBI, for "National High Blood Pressure Education Program—'Forget' PSA." Second Place, NHLBI, for "National High Blood Pressure Education Program—'Eating Wrong' PSA." Honorable Mention, NIMH, for "Panic Disorder 'Train' PSA (TV)."

Radio Public Service Announcement, Third Place, NIMH, for "Panic Disorder 'Train' Radio PSA."

The NAGC also honored NCI's Cancer Information Service (CIS) with an "Award of Excellence." CIS, a nationwide network of 19 offices providing cancer information and outreach to the entire U.S. and Puerto Rico, has "contributed substantially to the flow of

information to the public and continues to find creative ways to communicate complicated information in a way that is clear and most useful to people who contact them," said NAGC. "In its 20 years, CIS has helped more than 6 million telephone callers, three-quarters of them cancer patients and their families."

CIS also got a Gold Award in the category Total Health Information Programs in the second annual National Health Information Awards. This program is coordinated by the Health Information Resource Center, a private sector clearinghouse for consumer health information programs and materials.

"Our program was among the more than 600 entries judged by a national panel of health information experts," said Chris Thomsen, CIS acting chief. □

## Healthy Volunteers Needed

Healthy male and female volunteers without significant anxiety problems are needed for a 3- to 4-hour study evaluating cognitive and psychological aspects of anxiety. Eligible participants will receive a \$40 payment. For more information call Jack Trakowski at the USUHS department of medical and clinical psychology, (301) 295-3651. □

## NIH BUDGET

### (Continued from Page 1)

President Clinton's own request for the agency—an outcome wholly unanticipated during last fall's budget battles on Capitol Hill.

Despite the excellent turnout of the FY 1996 budget, NIH officials are reluctant to crow too loudly—only parts of the HHS empire received funding, not all. Noted NIH deputy director Dr. Ruth Kirschstein, "We are pleased that the Congress appreciates the importance of biomedical research supported by NIH to the nation's health, but are concerned that other programs related to the welfare and public health of the American people have not yet obtained funds for the entire fiscal year."

The new budget of \$11.94 billion increases NIH's funding some \$655 million over the amount spent in FY 1995. □

## Retired Scientists Needed

Retired scientists are needed to fill a part-time position indexing for MEDLINE. You may work at home after a 3-month training period at NLM. Knowledge of immunology, hematology, molecular biology, genetics, neuroscience, or other preclinical subjects is urgently needed. For information, call Beth Van Lenten, 6-6766. □

# The NIH Record

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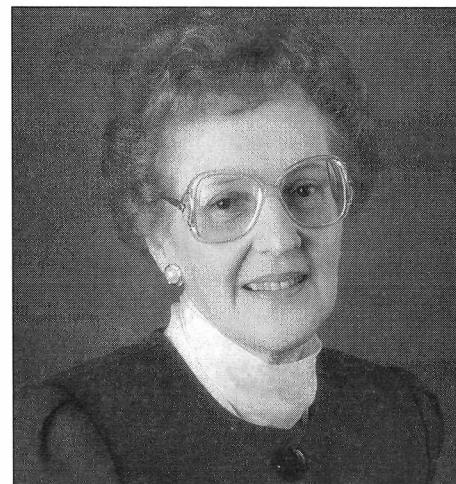
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*Elizabeth Tully, an accounting technician with the National Institute of General Medical Sciences, retired recently after 32 years of government service, 23 of them with NIGMS. Prior to joining NIGMS, she spent 8 years with the Internal Revenue Service and 1 year with the New York State Social Security Administration. She plans to enjoy retirement with her husband and four grandchildren.*

*The NIH Record* reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

## Mini-Med School Ends Capitol Hill Sessions

By Ellen Orjala

Look out Sonny Bono! To the tune of Frank Sinatra's "My Way," Dr. Francis Collins sang, "With me, I hope you'll see the double helix is a highway...I hope you'll learn that it's best to do it my way." The esteemed director of the National Center for Human Genome Research, guitar in hand, was presenting a "graduation day" song to end the NIH Mini-Med School on Capitol Hill.

The Mini-Med School featured four of NIH's most distinguished scientists, who assumed the role of professors, while Capitol Hill staffers became the students, during the four-part lecture series.

Opening night featured NCI director Dr. Richard Klausner, who discussed the meaning of life in his lecture "Cells, DNA, and Gene Expression."

NIH director Dr. Harold Varmus, used to facing a tough crowd on the Hill, received a warm reception from the audience the next week as he delivered a lecture titled "Cancer."

Next up was NIAID director Dr. Anthony Fauci, who discussed "HIV and Other Emerging Microbes," then was immediately interviewed for the nightly news about new AIDS therapies.

Finally, Collins concluded the series with "Human Genetics."

About 140 people attended the series, which is modeled after the NIH Mini-Med School for the public that has drawn huge crowds on the NIH campus the last 2 years.

Dr. Bruce Fuchs of the NIH Office of Science Education brought the Mini-Med School idea to NIH in 1994. In 1995, he decided that the program should be taken on the road so that more people could benefit.

The Capitol Hill audience, according to Fuchs, is "one of many groups we are interested in reaching with science education programs. I think congressional staffers are an important audience because they make decisions on legislation that will impact the way science is done. It is key that they have the best understanding of scientific information available before making those decisions."

The Mini-Med School is different from most other Hill events, Fuchs pointed out, because there is no advocacy with this program. "This really was an educational event," he said, "predicated on the belief that if people have a better understanding of biomedicine they will



NCHGR director Dr. Francis Collins entertains graduates of the Mini-Med School with a song about the trials of studying medicine.

make better policy decisions."

NIH joined the Association of American Medical Colleges (AAMC) to bring the series to Capitol Hill. That partnership will continue in 1996 as the AAMC sponsors the NIH Mini-Med School at Ballou Senior High School in Washington, D.C.

The concept of Mini-Med School originated with Dr. J. John Cohen at the University of Colorado in 1990. Since then, Mini-Med Schools, or programs with similar themes, have been springing up with success across the country in places like Chicago, Albany, Little Rock, and Peoria.

The idea behind the Mini-Med School is to introduce people to the basic concepts that might be taught in a first or second year medical school curriculum, in a way that is understandable and fun. Attendees typically have expressed an interest in science or in their own health. The congressional attendees expressed particular interest in current research and health policy.

Betsy Langer, legislative assistant with Rep. James Oberstar (D-Minn.), said she has been working on health care issues for Oberstar for 2 years. "This was a perfect opportunity to get more information. I just wish it had been longer. I can't say enough good things about the Mini-Med School."

The speakers, she said, did a "terrific job" of making the subject matter understandable. Langer adds, "Now when I am reading the paper and I see articles on NIH or research going on, it just comes to life so much more."

For those students who want to take their education a step beyond the lecture

format, a Capitol Hill Mini-Med School lab session, which had to be cancelled due to the government shutdown, is being rescheduled. NIDR director Dr. Harold Slavkin has designed a set of lab exercises to complement the Mini-Med lectures. The lab session, according to Fuchs, will "take some of the concepts taught in the lecture sessions and put them in a context so that nonscientist students can solve problems and begin to understand the excitement that scientists feel."

The Mini-Med School for the public will be held again this spring at NIH. For more information on this or other Mini-Med School programs, call the Office of Science Education, 2-2469. □

## EAP Video Workshops Set, Workplace Issues Targeted

In February, the NIH Employee Assistance Program (EAP) will continue the 1995-1996 season of its "Tuesdays at the Little Theater" video workshop series on work, career, and personal growth. The next topic will be "Taking Control of Your Workday."

These workshops employ a two-part approach. At each session, a segment of an expert speaker's videotape is shown. Counselors from EAP then lead a group discussion about the topic. Topics address typical workplace issues faced by NIH employees.

The lunch-time, drop-in format is easy to attend. The series is free, open to all employees, and no registration is required. All workshops are held in the Bldg. 10 Visitor Information Center's Little Theater. For more information contact the EAP, 6-3164.

"Taking Control of Your Workday" will be held on the following Tuesdays from noon to 1 p.m.: Feb. 6, 13, 20, and 27.

The next workshop will be "Interpersonal Communication Skills in a Team-Oriented Workplace." It will be held Apr. 2, 9, 16, 23.

A program of summer video sessions will include "The Happiness of Pursuit" on June 4; "Psychogeometrics" on June 11 and 18; and "Power Talking Skills" on June 25.

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## SMOKING

(Continued from Page 1)

(or 10 smokes a day per man).

The well-documented risks of tobacco use "are simply not taken seriously in the developing world. The reason? Because there is such a delay between cause and effect. It would be a different case altogether if people died straightaway after lighting up a cigarette."

Peto, a professor of medical statistics and epidemiology at Oxford, made a muscular case for stubbing out cigarette use.

Some of the facts: You have a 50-50 chance of killing yourself if you smoke, "especially if you start young and keep at it. There is an average of about a half-century delay between first use and death. Smoking kills in different ways, but it is a major cause of death everywhere."

Worldwide, there are some 50 million deaths—from all causes, not just tobacco use—per year. Twenty million of those deaths occur in childhood, mainly to toddlers under age 5. Fifteen million deaths occur in middle age, defined as ages 35-69. Another 15 million die in old age. In this last category, around 8 years of life are lost in U.S. lifelong smokers.

Infant death rates worldwide are decreasing rapidly, he reported. Middle age deaths are increasing simply because the population is increasing. Deaths due to HIV/AIDS and tobacco use "are big and getting bigger as a cause of mortality. Three million people a year are dying from tobacco use and the number is increasing fast," Peto said. By the year 2025, some 10 million deaths worldwide will be attributed to tobacco use.

"The main increase will be in the developing countries of the world," predicted Peto. About 1 million people in these countries currently die from tobacco-related ailments, a figure expected to increase seven-fold within 30 years.

The male tobacco epidemic in the U.S. is "mature" now, having begun in the 1930's and having peaked around the 1980's, said Peto, who applied his analysis of the 50-year cycle of first use to mortality—based on British and American experience—to the developing world, allowing for background risks in each country that exacerbate smoking's claim on lifespan.

Predictably, lung cancer deaths have mirrored the rise in smoking in the U.S.

There was a five-fold increase in male lung cancer deaths in the years 1945-1985, said Peto. A relatively new introduction of women to the smoking habit—largely because "the U.S. has the best adverts [advertisements] in the world encouraging women to smoke," observed Peto—is now bearing its ugly fruit: "If you smoke like a man, you're going to die like a man."

Interestingly, lung cancer rates for nonsmokers have been fairly steady and modest according to figures gathered in the 1960's and in the 1980's. And cancer death rates worldwide "are drifting gently down for all other cancers except lung cancer," said Peto. Smoking now accounts for about a third of all U.S. cancer deaths.

But cancer isn't the total picture when it comes to harm inflicted by tobacco. In the U.S., smoking-related vascular problems are a major killer; in China, it's

*People would take seriously the risks of smoking cigarettes "if they died straightaway after lighting up," said Peto.*

respiratory disease, chiefly chronic obstructive lung disease.

Two-thirds of the deaths of middle-age smokers wouldn't occur, absent tobacco, said Peto. Half the mortality of smokers in their seventies could have been eliminated by stopping smoking, and one-third of the mortality in people in their eighties could be similarly avoided. Overall, about half of all smokers are eventually killed by their habit.

"Even moderate smoking—as few as 10 cigarettes per day—is dangerous," said Peto. "It's not just risky to be a heavy smoker. In fact, most people killed by smoking are not heavy smokers."

Fortunately, quitting the habit is extremely beneficial. In a large study of British physicians who smoked, data proving the tobacco-mortality link prompted a mass cessation of smoking by British docs. Followup analysis of study data revealed that smokers who quit their habit in early middle age did almost as well—in terms of longevity—as non-smokers, Peto reported. "Stopping smoking works!"

In a few odd cases, smoking has some medical benefits, he noted. A few deaths

from Parkinson's disease could probably be avoided by tobacco use, and women's risk of endometrial cancer may also diminish, but neither set of evidence should prompt prophylactic smoking because smoking causes about 100 times as many deaths as it prevents, he said.

Peto touched briefly on alcohol use and health, noting that, in developed countries such as Britain, moderate use of drink appears to result in moderate health benefits, at least in middle and old age. On one graph he displayed describing the death rates of elderly British doctors, a teetotaler's health risk was about the same as that of a bottle-a-day boozer, a statistic that drew guffaws from the Lipsett Amphitheater audience. "I don't know why you're laughing," protested Peto only half seriously.

As to its influence on worldwide patterns of disease, drinking simply isn't in the same ballpark as smoking, Peto concluded.

Peto seemed genuinely alarmed and baffled by the world's willingness to light up and stay lit. "In developed countries, more than a third of all males who die in middle age die due to smoking," he said, shaking his head. "It's really ridiculous. Totally ridiculous."

British men in the 1960's had the world's worst tobacco death rate—almost half of all male cancer deaths were smoking-related in those years—a fate predicted for Chinese men some 40 years hence. "The message for the individual smoker is that smoking is a big risk."

Peto analyzed data taken from a study of causes of death in 28 Chinese cities and 62 provinces in the period 1986-1988 and found startling trends: "Tobacco will exacerbate the already high rates of cancer and other diseases in China. China already has the largest number of tobacco-related deaths in the world and that rate is increasing rapidly."

One-sixth of all deaths in developed countries are tobacco-related, he continued, and now the problem is spreading elsewhere. "Half a billion of the world's population alive right now will eventually die of smoking," Peto predicted. Sadly, he concluded, the risk simply isn't real to most people.

Taking questions after the talk, Peto said that smoking cigars and pipes, provided it is practiced traditionally (that is, without inhaling) results in hazards that are substantially smaller than the dangers from manufactured cigarettes. □

## Inadequate Information Poses Barrier to Use of Long-Acting Contraceptives

Inadequate information about the risks and benefits of long-acting contraceptives may prevent some women from choosing or continuing these methods, according to a group of experts who met recently at an NIH workshop, "Research on Long-Acting Contraception." They called upon health-care providers to provide comprehensive counseling and support for their patients choosing contraception.

"Women deserve accurate, well-documented, carefully presented information on the risks and benefits of contraceptives," said Dr. Robert Hatcher of Emory University in Atlanta. "We have to look for the problems, the risks, and the benefits of any method."

The methods under discussion were Norplant and Depo-Provera (DMPA), approved by the FDA in 1990, and 1992, respectively.

Because they are long-acting, both Norplant and DMPA offer a level of convenience not found in oral contraceptives. In fact, convenience is the greatest perceived benefit among women choosing these methods, according to a study presented by Dr. Helen Koo of the

are being explored. In one study already under way, NICHD-supported investigators are comparing cardiovascular risk between Norplant and oral contraceptive users.

Another potential risk with DMPA is the possibility that it may decrease bone-mineral density and so increase a woman's risk of developing osteoporosis later in life. Several studies have found decreases in lumbar-spine and femoral neck bone density among long-term DMPA users, compared with nonusers.

Other groups of concern are poor women and younger women. Julia Scott of the National Black Women's Health Network in Washington, said that she's

concerned about whether the lower health status of poor women places them at greater risk than women in better health when using long-acting contraceptives. Cindy Pearson of the National Women's Health Network, in D.C., said that activists are most concerned about teenagers and what effects long-acting contraceptives may have on them. Although the issue of coercion is sometimes raised in connection with long-acting contraceptives, especially when talking about disadvantaged groups of women, the studies presented at this conference did not indicate that women feel they are being coerced to use these methods.—Anne Blank □

## Links Between Heart Disease, Socioeconomic Status Explored

The relationship between socioeconomic status (SES) and cardiovascular disease (CVD) is well established in medical literature: the lower the former, the greater the incidence of the latter. Reviewing this link, identifying research gaps, and developing recommendations were the focus of a recent conference sponsored by the National Heart, Lung, and Blood Institute.

Presentations analyzed if, when, how, and why people generally recognized as being of high social class have fewer heart attacks, strokes, and other forms of CVD than those lower on the SES scale.

"The 'better off' experience less disease, the 'worse off' experience more disease," observed Dr. George Kaplan of the California department of health services. This applies whether SES is measured by education, income, occupation or some other factor.

"We've seen some very consistent patterns, particularly in recent U.S. data, with low SES being related to CVD morbidity, mortality, risk factors, and medical care utilization," said Dr. Millicent Higgins, deputy director of NHLBI's Division of Epidemiology and Clinical Applications.

There is a need for "an epidemiology of everyday life," or more information about routine daily activities and how they contribute to the onset of disease, reported Dr. Helen Hazuda of the University of Texas Health Science Center at San Antonio.

Stress, anger, hostility, depression, and lack of social support appear to increase CVD and have a tendency to be present among individuals of lower SES, according to Dr. James House, director of the



NHLBI director Dr. Claude Lenfant is joined by Dr. Jeremiah Stamler of Northwestern University Medical School in Chicago and Dr. Helen Hazuda, from the University of Texas Health Science Center at San Antonio. Stamler and Hazuda were cochairs of the recent NHLBI Conference on Socioeconomic Status and Cardiovascular Health and Disease.

Survey Research Center at the University of Michigan's Institute of Social Research.

Future research should focus on "the role that SES and position and context play in determining this array of risk factors...that affect CHD (coronary heart disease)," House observed.

Attendees agreed research should more closely scrutinize the day-to-day stresses that people encounter and their CVD and SES-related effects. Researchers "need to think seriously about the texture of ordinary life and how that affects the knowledge, attitude, and behaviors," observed Kaplan.

Within a few months, NHLBI will compile a report on the conference for wide distribution.—Stephen LeBlanc □

## Women who choose these methods are likely to be young and single.

Research Triangle Institute in North Carolina.

Although there is no "typical" user of long-acting contraceptives, user profiles indicate that the women who choose these methods are likely to be young and single.

Despite the recognized advantages of long-acting contraceptives, side effects may present an insurmountable barrier for women who are unprepared for them.

Women who are prepared, however, through proper education and counseling (i.e., informed consent) appear to be better able to adjust to side effects, when and if they occur. Lybia Burgos, a certified ob/gyn nurse practitioner at Planned Parenthood of New York City, says that counseling should take place at a separate session prior to inserting the implants.

As with other hormonal medications, there are potential risks associated with long-acting contraceptives. The effects of both Norplant and DMPA use on cardiovascular risk factors are unclear and

# The Record

## NIDDK, Pima Indians Celebrate 30 Years of Cooperation

By Jane DeMouy

**W**hen 11-year-old Christopher Johns crossed the finish line at Sacaton, Arizona's HuHuKam Memorial Hospital on a recent bright Saturday morning, he was a winner twice over.

As a first-place finisher in one of several 3.5-mile races that highlighted the celebration of "30 Years of Cooperation for Better Health" between the Pima Indians and NIDDK researchers, he carried home a T-shirt and a ribbon. By exercising hard, Christopher and a hundred other runners also were claiming continued health for their own bodies.

Nearly 1,000 members of the Gila River Indian Community marked the anniversary with open house tours of the NIH Clinic, balloons and races, good food, good music and a spirit of gratitude shared by NIH scientists and Pima volunteers.

Members of the tribe's Youth Council painted children's faces while "Three Feathers," a Pima-Papago band, played country music and the "chicken scratch," a popular dance that is a part of many Pima celebrations. This year's festival-goers took home a memorial poster by Pima artist Michael Chiago, featuring an earlier generation of Pima basket dancers.

In a mid-morning ceremony, Dr. Peter Bennett, chief of the Phoenix Epidemiology and Clinical Research Branch of NIDDK, voiced his thanks for the crucial role Pima volunteers continue to play in NIDDK diabetes and obesity research. He presented plaques expressing appreciation to Mary Thomas, governor of the Gila River Indian Community; to Vi Johnson, director of HuHuKam Memorial Hospital; and to Anna Albert, director of the Phoenix Indian Medical Center. Bennett noted the important effort of those who recruit and transport volunteers to the clinic, and honored retired recruiters Bertha Evans and Rechanda Allison with corsages and hugs.

Gov. Mary Thomas expressed thanks to Bennett and NIH scientists for research that will help prevent diabetes in Pima children now and in future generations. Earl Laurence, deputy director of NIDDK, presented the Secretary's Award for Distinguished Service to Dr. Clifton Bogardus.

"We need to think of the present and the future as well as the past," Bennett said. "Significant advances are taking place, and we're very optimistic." He

was speaking of the full-scale Diabetes Prevention Program (DPP), beginning in 1996, following a successful 1-year pilot study among the Pima Indians. The Pima, Zuni, and Navaho tribes will participate in the DPP.

The multicenter study will recruit 4,000 volunteers, and stress lifestyle changes such as choosing a high-fiber, low-fat diet and regular exercise to maintain healthy weight. Eighty percent of people with diabetes are obese. The 6-year DPP will also test the use of oral medications to prevent the onset of noninsulin-dependent diabetes



Dr. Peter Bennett acknowledges the vital work done by Pima recruiter Rechanda Allison.

(NIDDM). Volunteers must have impaired glucose tolerance, a condition which often leads to NIDDM. Half the volunteers will be minorities at high risk for diabetes.

NIDDK began to work with Pima volunteers and the Indian Health Service in the mid 1960's, after a health survey revealed an astonishing rate of NIDDM in the tribe. Half of Pima Indians 35 and older have diabetes, and they develop NIDDM much younger than other populations. NIDDK researchers wanted to know why.

The collaboration has provided insights into the disease that would have been impossible without the long-term cooperation of thousands of Pima Indians. These insights have improved medical knowledge and health care for people with diabetes around the world. "The Pima Indians are giving a great gift to the world by volunteering for research studies," says Bennett. "We are all in their debt."

NIDDK research established that the Pima Indians had 10 times the prevalence of NIDDM found in Caucasian populations, and developed a formal definition of diabetes and diagnostic criteria now used by the World Health Organization.

Longitudinal studies showed that obesity and high levels of insulin in the blood were strong risk factors for diabetes, and that this hyperinsulinemia resulted from insulin resistance, a hallmark of NIDDM.

These studies have also illustrated that diabetes and obesity run in families, developing from genetic, prenatal, and environmental influences. NIDDK research has highlighted the genetic complexity and the physiology of obesity, and clarified how metabolic rate contributes to unhealthy weight.

An important piece of current research among the Pima Indians is the search for genes that predispose individuals to obesity, insulin resistance and diabetes. Identifying these genes would allow doctors to identify individuals at high risk for NIDDM. These individuals could then prevent or delay the onset of diabetes by choosing a low-fat diet and exercise, or medications, if the DPP illustrates their benefit.

Other work among the Pima Indians led to a new understanding of the mechanisms of glycogen regulation and its role in insulin resistance. When glucose is not needed for immediate energy, it is converted to glycogen and stored in skeletal muscle, but in people with insulin resistance and NIDDM, glycogen synthesis through this pathway is reduced.

Clinical practice has also changed because of NIDDK-Pima studies. Dr. William Knowler and colleagues established that high blood pressure predicts the complications of diabetes. Lowering blood pressure may slow the onset of complications and the progress of already existing kidney disease, one of the most lethal complications of diabetes. Clinicians now understand the value of detecting hypertension in people with diabetes and treating it early.

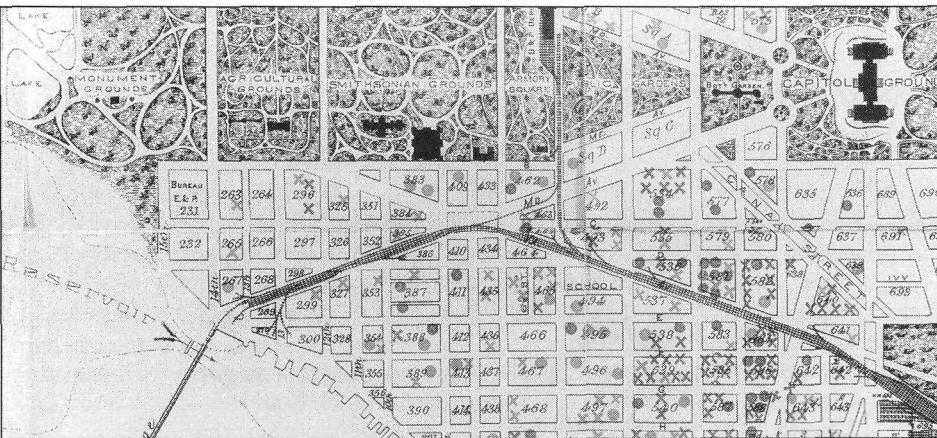
Dr. David Pettitt and colleagues, studying pregnant diabetic Pima women,

found that their children are at higher risk for obesity and diabetes, apart from any genetic tendency a child may have inherited. When a fetus is overfed by high levels of glucose in the mother's blood, premature birth, birth defects, toxemia, and other problems may result. Pettitt's work has also made it clear that the effects of an uncontrolled diabetic intrauterine environment do not end at birth. A mother's high blood sugar can lead to abnormal glucose tolerance and diabetes in the next generation.

Because of this knowledge, every pregnant woman is now routinely given a glucose tolerance test, so that high blood sugar can be strictly controlled prior to her child's birth.

NIDDK researchers documented end-stage renal disease (ESRD) among the Pima Indians, leading to a better understanding of the kidney disease of diabetes and the prevalence of ESRD among people with NIDDM. Before this work, ESRD was thought to be primarily a complication of insulin-dependent diabetes.

Now, says Bennett, hope for the future is high: Phoenix researchers are focused on deciphering the genetics of diabetes; preventing the disease through behavioral and pharmacological interventions; and altering the course of diabetic complications. In their attempts to discover what makes native Americans so terribly susceptible to diabetes, NIDDK researchers and the Pima Indians have changed the way diabetes and obesity are understood and treated, well beyond the environs of Arizona's Gila River. □



"Death and Disease in the Neighborhood: Medical Maps of Washington, D.C., 1878-1909" is a new exhibit on display through Apr. 25 in the National Library of Medicine's main lobby (Bldg. 38). The exhibit traces the evolution and publication of epidemiological maps of the U.S. capitol city until 1909, when the public health officer of the District of Columbia discontinued their use in his annual report to the city's commissioners. The map above shows location of fatal cases of lung diseases for the year ending June 30, 1892. Each dot indicates a death from consumption; each "x" represents a death from pneumonia, bronchitis, or another acute lung disease.

## NIH, Armenian Health Ministry Sign Agreement

Fogarty International Center director Dr. Philip E. Schambra and Ambassador Rouben Shugarian of the Republic of Armenia signed an agreement recently between NIH and the Armenian Ministry of Health and the Armenian National Academy of Sciences. Diplomats from the Armenian Embassy and representa-

nian biomedical research system and establishment of an Armenian clinical research center; and development of a scientific information system in Armenia.

Schambra noted that initial activities will encompass research and training of Armenian scientists at NIH in molecular techniques related to the study of familial mediterranean fever, a form of recurrent peritonitis. Both he and Ambassador Shugarian expressed their hopes that the agreement was the beginning of a fruitful partnership between the two countries. □



FIC director Dr. Philip E. Schambra (l) and Ambassador Rouben Shugarian of Armenia sign a cooperation agreement.

tives of several NIH institutes and the PHS Office of International and Refugee Health gathered at the signing ceremony held at the Lawton Chiles International House.

The new agreement provides opportunities for exchange of information, development of skills and techniques, and collaboration in areas of mutual scientific interest. Areas identified as high priority include: familial mediterranean fever, tuberculosis, cancer, immunology, and hematology; opportunities for exchange of scientists; consultation on the reorganization of the Arme-

## Watson Honored by AAMI

Dr. John Watson, chief of NHLBI's Devices and Technology Branch in the Division of Heart and Vascular Diseases, has become the first public-sector administrator to receive the Laufman-Greenbatch Prize from the American Association of Medical Instrumentation (AAMI) Foundation.

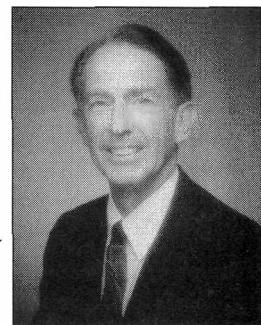
The award honors Watson's work in applying engineering principles to biomedical research. AAMI previously had given the award only to private-sector scientists and engineers.

"Recognition by one's peers is the highest of honors," said Watson. He attributed part of the achievement to NHLBI's long-term commitment to bioengineering and biotechnology. The institute, he noted, has maintained a vigorous bioengineering program since the 1970's.

He also cited the special NIH atmosphere, which makes possible collaborations with colleagues in other institutes. Watson applauded AAMI and its members for using and participating in the peer-review of standards and research.

Watson believes that bioengineering technology will play an increasingly important role in health research in the 21st century. His own background spans the fields of engineering, physiology, and clinical medicine.

The AAMI award is not his first major honor—he received the PHS Special Recognition Award and is a founding fellow of the American Institute of Medical and Biological Engineers. □



Dr. John Watson

# The Record

## FURLough/STORM (Continued from Page 1)

furlough-exempted status as essential workers played havoc with longstanding vacation plans. And Clinical Center employees worked through both snow and furlough while their nonessential colleagues in other parts of NIH slept in and rested.

The campus was surprisingly busy during the long layoff, as anyone who visited the NIH Federal Credit Union during that period can testify. As the furlough drew to a close on Jan. 5, some 7,300 workers were on duty in emergency slots (versus 8,400 NIH'ers who were idled). Many parking lots were packed, and to all appearances the campus seemed to be business-as-usual.

But the impact of the layoff was felt particularly hard in some quarters, notably the Clinical Center.

"No new patients were admitted to protocols during the furlough and the snow emergency. Patient care for those already enrolled in protocols continued as normal, although with a reduced staff," said Dr. David Henderson, CC deputy director for clinical care. "Staff pitched in to provide seamless service. We appreciate their exceptional efforts and extraordinary dedication."

Nursing department members rotated on and off furlough for the duration of both shutdowns and showed remarkable dedication in efforts to be at work during the snow



*Storm damage to Bldg. 10 included a collapsed canvas roof over the main south entrance and the uprooting of a large umbrella on the nearby sundeck.*

emergency. "The nurses stayed focused on the priority of patient care," says

Kathy Montgomery, associate CC director for nursing. "Patients were consolidated on units where possible. Staff took on extra assignments and made the best of a bad situation. They demonstrated that the team can pull together, whether the crisis is a political one or a weather one."

Accumulating snow brought down the canopy at the CC library entrance and heavy winds toppled one of the giant

umbrellas on the sun deck, but otherwise the building weathered the snow storm with little damage.

Some 77 volunteers with all-wheel-drive vehicles ferried some 200 patients and employees between the CC and home during the blizzard's worst, and 580 employees spent at least one night at the hospital. Admissions personnel fielded close to 1,000 phone calls a day, many from patients around the country whose pending hospital visits coincided with the blizzard.

NIH Recreation and Welfare Association General Manager Randy Schools,

### Shutdown Results Snowball

## Furlough, Blizzard Delay Grants Issuing, Processing

The 3-week federal furlough and 1-week blizzard of 1996 had a significant impact on NIH's extramural community that employees, grantees and potential grantees nationwide will still be feeling well into spring.

Approximately 2,000 grant awards were not issued that ordinarily would have been made during the months of December and January, according to Geoffrey Grant, director of the Office of Policy for Extramural Research Administration in NIH's Office of Extramural Research. "Those awards," he explained, "both new and continuations support of highly meritorious and important research, will now have to be made in the next month or so as staff deal with the additional awards that are

due in February, March and beyond."

There were two regular application deadlines during the furlough for which applications were actually delivered to campus by mail, Fedex, etc., but staff were not here to do any of the basic receipt processing or entry of the information in the NIH database, Grant continued. Staff will now have to work doubly hard to catch up on these applications and others that had been in-house, while they face another deadline on Feb. 1, which is one of the major NIH receipt deadlines of the year.

In addition, some review meetings were canceled, either because the meeting would have occurred during the furlough period or because materials could not be sent out in sufficient time. At least one

National Advisory Council meeting may still be canceled for the same reason. "There just isn't sufficient time to distribute materials to members in order to ensure a fair review of applications," Grant said.

There were many other implications with respect to the conduct of research contracts, announcements of research interests that were not issued, and meetings that were canceled.

"It will take 6 to 9 months to dig out from this backlog of work that snowballed during the furlough," Grant concluded. "We may be finished digging out from the blizzard, but the real digging out has just begun."



whose gift shops around campus normally make their biggest profits of the year during the holidays, says R&W lost at least \$20,000. And worse, he faced laying off some employees at Christmastime.

"The R&W suffered through a triple-whammy," he said. First, the late-November furlough, which squelched

Thanksgiving sales. Then 3 weeks of unrecoverable losses during the Christmas/Hanukkah season, capped by another week of snow closure. "It was the most difficult period for business I have seen in over 30 years of retailing and association management," he said.

Schools said a single focus occupied him during the crisis—saving the business. "It will take months to normalize operations and bring back a normal cash flow." Meanwhile, initiatives such as the R&W membership drive for 1996, new Fitness Center programs, plans for employee recreation activities, as well as gift shop sales were set back.

"It's great to see our employees back," exulted Schools on Jan. 17. "We missed you and love to see your smiles again."

## Blizzard Heroes Abound

Where were you during the Blizzard of 1996? If you were snug in bed, rest assured that many NIH and ORS employees were on the job. In particular, employees of the Division of Engineering Services (DES), Public Works Branch (PWB), were hard at work to keep the campus open by clearing snow from roadways, sidewalks and parking lots. The Clinical Center and animal care facilities received priority so that ambulances, health care providers, and animal care specialists could continue their work.

An unprecedented storm dumped approximately 32 inches of snow during the week of Jan. 7-16 on the Bethesda campus, and more than 43 inches of snow at the NIH Animal Center (NIHAC) in Poolesville. At the main campus, this required that more than 8½ miles of primary roads be kept open, as well as 43 acres of surface parking lots, and 15 miles of sidewalks. In addition, there are several hundred building entrances that had to be accessible, 42 of which are to the Clinical Center alone.

Many areas, such as handicapped parking spaces and sidewalks, had to be shoveled by hand. To maintain access to NIHAC, 4½ miles of Elmer School Rd., a county road, had to be plowed by DES employees every hour during the height of the storm. Overall, this effort required many employees to make personal sacrifices to carry out these activities for the benefit of patients, blood donors, and the entire NIH community.

NCRR's Veterinary Resources Program animal care staff braved the blizzard to take care of animals housed on campus and in Poolesville. Unusual dedication from these workers and team effort kept the animal facilities operating near normal. With food deliveries arriving at the last minute, numerous heating breakdowns, and infrequent trash pickup, employees had to be resourceful.

Of course, getting to work was one of the biggest obstacles. Some employees with 4-wheel drive vehicles volunteered to transport coworkers and ground crews took extra measures to ensure safe passage for personnel.

These special efforts were not in vain. All animals at Poolesville survived and despite occasional electrical problems no buildings suffered complete breakdowns.

About 20 employees from the PWB worked around the clock from Saturday night to Wednesday night without going home to their families or the snow in their own driveways to ensure that NIH was able to open on Thursday. Following this effort, another major snowfall occurred on Friday, once again closing the federal government. Many of these same employees regrouped on Friday for another marathon effort over the weekend. One such employee, Lynn Mueller, chief of the grounds landscaping and maintenance section, PWB,

not only spent these days and nights directing the snow removal, but often was seen with a shovel in hand personally providing these services. In addition, Mueller was responsible for anticipating the storm and implementing the NIH snow abatement plan. This included mobilizing the DES workforce and a group of volunteers to clear the way. Every PWB 4-wheel drive vehicle was fitted with a snowplow prior to the storm, and all the salt and sand reserves were topped off. Because of his personal energy, Mueller was able to maintain a motivated workforce throughout the

week, despite the unbelievable weather.

Just as the campus was returning to some sense of normalcy, a major water line serving the NIH on-campus residences ruptured Saturday morning, curtailing the water supply to these homes. This was followed by a rupture of a sewer line servicing the Children's Inn. Once more, PWB employees rallied to repair these breaks. Service was eventually restored almost 2½ days later because of snow-related complications.

"A robust round of applause should be given to these heroes, as well as the many other unsung heroes who provided the essential services NIH needed to continue operations during these bouts with nature," said Steve Ficca, NIH associate director for research services. "I for one appreciate the efforts of these individuals, since I had a hard enough time just keeping my driveway clear and my own house warm. We all owe a sincere thank you to all who volunteered and helped during the Blizzards of '96!" □

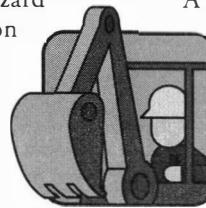
## Panel Tackles Facts on Fat

NIDDK and the Smithsonian Associates, the public educational component of the Smithsonian Institutions, will sponsor a 1-day panel discussion concerning recent research findings on fat and obesity on Saturday, Feb. 3, from 1 to 4 p.m. at the Ripley International Center.

The panel will focus on how people can realistically incorporate information about fat, dietary guidelines, weight loss, diet drugs, and exercise into their daily routines; what new drugs and products are available or on the horizon that may help prevent obesity; and how people can permanently alter behaviors that cause obesity.

The speakers are Dr. Alan Shuldin, Johns Hopkins University School of Medicine; Dr. Arthur Campfield, Hoffmann-LaRoche Pharmaceutical Co.; Dr. Rudolph Leibel, Rockefeller University and Cornell University Medical College; and Dr. Thomas Wadden, University of Pennsylvania School of Medicine. The panel moderator is Dr. Van Hubbard, director, Division of Nutrition Research Coordination, NIDDK.

Tickets are \$25 for members of Smithsonian Associates and \$32 for nonmembers. For more information call (202) 357-3030. □



# The Record

January 30, 1996

## Orthopaedist Panagis Joins NIAMS Extramural Program

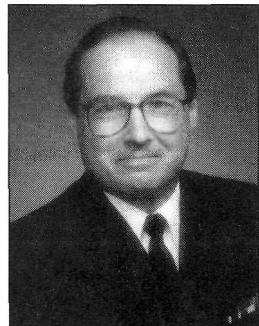
By Judith Wortman

Dr. James S. Panagis, an orthopaedic surgeon, has joined the extramural staff of NIAMS. He will direct the newly named orthopaedics program, managing extramural grants in such areas as joint replacement, bone and muscle injuries and repair, and disorders of the spine.

Panagis comes to NIAMS from the Agency for Health Care Policy and Research (AHCPR), another component of the HHS. There, he served as a medical officer in the Center for Outcomes and Effectiveness Research and was responsible for planning and overseeing research and disseminating findings concerning the effectiveness, economy, and appropriateness of health care. His broad oversight extended to projects in low back pain and hip and knee replacement. In keeping with his special interest in the quality of life of persons with disabilities, Panagis worked to improve medical criteria for determining disability and to improve access to primary care and employment for these individuals. He was awarded the Public Health Service Commendation Medal in 1994 in recognition of his exemplary contributions to the development of research to address the needs of special and underserved populations, particularly the unique needs of persons with disabilities.

It became evident in his youth that Panagis was destined to become an orthopaedic surgeon. He says, "As a child I was always drawn to mechanical things. I was even accused of dissecting my meat too finely before I ate it." It was no surprise to his family when he entered the Medical College of Wisconsin and chose orthopaedics as his specialty. Then, after a surgical internship in the PHS Hospital in Baltimore, and an orthopaedic surgery residency at the PHS Hospital in Staten Island, N.Y., he accepted a hand and microvascular surgery fellowship at the University of California Medical Center, San Diego.

A past hobby of Panagis's was restoring old British sports cars. He finds many similarities between the instruments used for orthopaedic surgery and the chisels, hammers and screwdrivers he used on these cars. He calls hand surgery the "queen of surgical specialities" because it is "technically demanding and extremely



Dr. James S. Panagis

intricate with respect to using the operating microscope to repair blood vessels and nerves and using extremely small screws and plates to fix fractures."

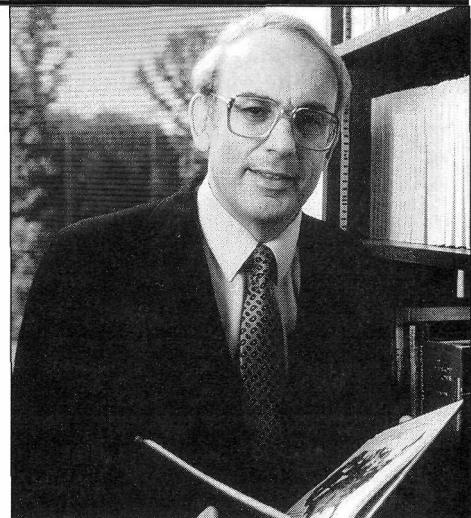
When he was offered the opportunity to be the first orthopaedic surgeon for the Kaiser Permanente medical center serving the Springfield and Reston, Va., areas, Panagis moved his family to the East Coast. After 2 years, his interest in limiting his practice to hand surgery led him to set up a private practice. At the same time, he was an assistant clinical professor of orthopaedic surgery at Georgetown University and served as director of the hand clinic in the Bureau of Crippled Children of the Virginia health department. Meanwhile, his wife Therese, a registered dietitian whom Panagis met in a former PHS hospital, put her professional career on hold to raise the couple's four sons. The boys are now 12, 14, 15, and 17 years of age.

Expanding his horizons, Panagis entered George Washington University's public health program and received his M.P.H. in 1991. While at GWU, a professor who had worked at AHCPR introduced him to officials of the agency. Recognizing his experience and skills, AHCPR's Center for General Health Services Extramural Research recruited him. Now, Panagis views his move to NIAMS as a "unique opportunity to combine what I have learned in health care policy and grants and contracts management at AHCPR with my experience and interest in orthopaedics."

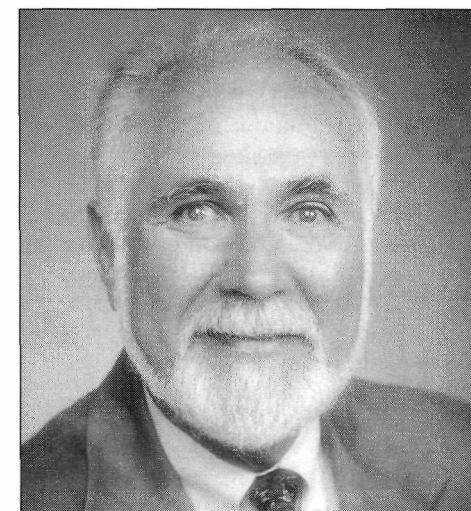
Dr. Joan McGowan, director of the new NIAMS Musculoskeletal Diseases Branch that includes the orthopaedics program, says, "We are especially pleased to have someone with a clinical background in orthopaedics working with us to develop new research ideas and initiatives in this area." □

## Healthy Adults Sought

NIMH is looking for healthy adults to participate in brain imaging studies of potential antidepressants. Volunteers will be paid for participation. If interested, call 2-4926 and leave a message for Libby Jolkovsky. Be sure to include day and evening numbers. □



*Dr. Joseph F. Fraumeni, Jr., director of NCI's Division of Cancer Epidemiology and Genetics, recently received the John Snow Award from the American Public Health Association's epidemiology section. The award was given for "distinguished service to the public health through outstanding contributions to epidemiology." Fraumeni is widely recognized for his studies on familial cancers and, most notably, for his role in the identification and characterization of the Li-Fraumeni syndrome, a family cancer syndrome.*



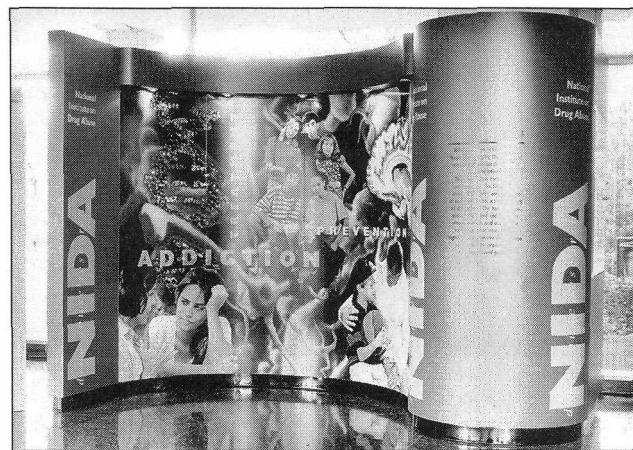
*Dr. Harold Slavkin, director of the National Institute of Dental Research, has been named a fellow of the American College of Dentists. He was inducted into the organization at the ACD's 75th anniversary meeting held recently in Las Vegas. The college, established in 1920 to advance the standards of the dental profession, honored him for his contributions to advancing dentistry and improving oral health care. Last July, Slavkin joined NIDR as its sixth director. He is also head of the Laboratory for Developmental Biology at NIAMS.*

## New NIDA Exhibit Unveiled on Campus

The National Institute on Drug Abuse recently unveiled its new exhibit in the main lobby of Bldg. 31. The exhibit is designed to emphasize NIDA's mission to "lead the Nation in bringing the power of science to bear on drug abuse and addiction." As a consequence, its main focus is on humanizing the problems associated with drug abuse while emphasizing the science that enables individuals to avoid drugs and overcome addiction.

"In commissioning the design, we wanted to show that drug abuse research is ultimately about helping people and relieving the suffering that drug addiction causes," said Dr. Alan I. Leshner, NIDA director.

The exhibit's background mural presents a variety of colorful photographs depicting aspects of NIDA's research including the AIDS virus, DNA, neurons, and the brain. The foreground depicts the human aspect with pictures of



children, mothers, and fathers. In addition to its attractive design, the exhibit includes a display case where visitors can see new publications, campaign materials, and announcements of NIDA meetings and events. Additional copies of these and other publications are available in NIDA's offices located in Bldg. 31, Rm. 1B59.

"We are pleased to have our exhibit so prominently displayed on campus. We hope that many will take an opportunity to stop by to see it," said Leshner. □

## Grantee Gets Dana Award

Dr. H. Robert Horvitz, an NIGMS grantee since 1978, has been named a recipient of the 10th annual Charles A. Dana Award for pioneering achievements in the area of health for his "ground-breaking research on the fundamental cellular and molecular mechanisms involved in the development of the brain and nervous system."

Horvitz is a professor of biology and a Howard Hughes Medical Institute investigator at Massachusetts Institute of Technology. Through his research, he has precisely defined the neural circuits involved in basic behaviors such as egg-laying in a simple model organism, the nematode *C. elegans*. In addition to his 18 years of support from NIGMS, he has received past funding from NICHD.

The award was presented at a recent ceremony in New York. Horvitz shares the award and its \$50,000 cash prize with Dr. Carla Shatz of the University of California, Berkeley. □

## Camera Club Meets, Feb. 13

The NIH Camera Club will meet on Tuesday, Feb. 13 at 7:30 p.m. in Bldg. 31, Rm. 6C07. Speaking will be Molly Roberts, a contract photographer for the *Washington Post*. The topic of the competition is "Windows and Doors" and formats include black-and-white prints, and color prints and slides.

The club—open to all interested—meets the second Tuesday of the month from September through June. For more information, contact Dr. Yuan Liu, 4-6382. □

## Women Needed for Study

NIMH is seeking women who are postmenopausal (no menses for 1 year or more) and medication-free to participate in a study investigating the effects of hormones on behavior. Hormonal evaluation will be performed and payment is provided. For information, call Dr. Catherine Roca, 6-9675. □

## Treatment for Panic Attacks

People currently experiencing panic attacks may be eligible for a free treatment outcome study evaluating nondrug treatments for panic and anxiety. For more information call Jack Trakowski at the USUHS department of medical and clinical psychology, (301) 295-3651. □

## Sarcopenia Explored as New Player in Frailty Research

Frailty is a critical national health problem. It affects people's physical performance and ability to live independently. Some 25 million older Americans are frail. Most are in their eighties—the fastest growing segment of the population. Their care costs the nation as much as \$80 billion a year.

Researchers are looking closely at a new clue to the puzzle of frailty among the elderly. The clue is sarcopenia, or muscle atrophy in old age. Like loss of bone (osteoporosis), loss of muscle can lead to weakness, falls, and a loss of mobility. And, like osteoporosis, sarcopenia will assume a major role in frailty research. The National Institute on Aging will spend an estimated \$1.5 million on sarcopenia-related research projects in fiscal 1996.

"We lack information about so many critical areas of aging muscle," said Dr. Chhanda Dutta of NIA's Geriatrics Program. "We do not understand all the consequences of loss of muscle mass and muscle strength. We need to understand both the functional and physiological impact of sarcopenia to assess the magnitude of the public health problem it poses."

To gain a better understanding, NIA organized the first international workshop on sarcopenia. Twenty-nine abstracts were presented covering four areas: epidemiological studies; functional and metabolic consequences; origins, causes and functional changes; and possible interventions for treatment of sarcopenia. The workshop proceedings and summary of the research recommendations have been published in a special issue of the *Journals of Gerontology: Biological and Medical Sciences* (Vol.50A).

Because sarcopenia research is in its infancy, very little information is available. The workshop raised some important questions about the potential consequences of sarcopenia, especially from a public health perspective: Do the metabolic effects of muscle loss mean accelerated bone loss, less tolerance for temperature extremes, impaired glucose homeostasis, and obesity? And what about the interaction between muscle and bone? Researchers are in the process of addressing these and many other sarcopenia-related questions.

For more information about the special journal issue on sarcopenia, contact Eve Herold, (202) 842-1275. □

# The Record

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## Education Office's Luncheon Honors Trainees

The Office of Science Education recently sponsored a luncheon to recognize work being done by clinical research trainees at NIH who are participating in the Clinical Research Loan Repayment Program (CRLP). The luncheon was an opportunity for trainees to meet with NIH director Dr. Harold Varmus, who was joined by Dr. Ruth Kirschstein, NIH deputy director, Dr. Michael Gottesman, NIH deputy director for intramural research, and members of the LRP review committee, to discuss their research and career goals, as well as the benefits of the CRLP.

Varmus engaged participants in a discussion about their current research, as well as the need for a loan repayment program to attract physicians to clinical research at NIH. Several participants stated that the LRP has allowed them to become more involved in their research when they would have otherwise had to consider "moonlighting" in order to payoff large student debts. Through the



*Included in the luncheon were (seated, from l) Dr. Mark Gladwin, CC-CCM; Dr. Claire Esposito, CC-CCM; Dr. Janine Smith, NEI; Dr. Ronald Hurst, NCI. Standing are (from l) Dr. Terri Cornelison, NCI; Dr. Howard Kaufman, NCI; Dr. Juan Rivera-Nieves, NHLBI; Dr. Caroline Philpott, NICHD; Dr. Henry Lancaster, NIDR; Dr. Harold Varmus, and Dr. Wendol Williams, NIAAA.*

LRP they are now able to focus their time and energy on research.

By the end of the luncheon, participants had volunteered their support for recruitment of future qualified candidates to NIH. The participants hope to meet on a regular basis in order to share progress in their research and exchange ideas across ICDs.

Laboratories interested in utilizing the LRP as a recruitment incentive should contact Bernice Williams, 2-6425. □



*Rounding out a successful year of activities, the Asian/Pacific Islander advisory committee (AAAC) recently gathered for a photograph. Among AAAC's activities this year were NIH's celebration of Asian/Pacific American Heritage Month, including a noontime cultural program; an evening program and reception, and scientific lectures by three prominent Asian American scientists. Also, several Asian/Pacific Islanders participated in the recent NIH Diversity Congress, representing both their ICD and the NIH Asian/Pacific Islander community. Shown above are (rear, from l) John Medina III, Dr. Susan Cheng, Dr. Isabella Liang, Dr. Hameed Khan, Dr. Bill Bunnag, Fred Yamada, Thomas Tsai, Dr. Afzal Ansari. In middle row are (from l) Laura Sheehan, Julia Derr, Dr. George Alexander (executive secretary, AAAC), Dr. Opendra Sharma (chair, AAAC), Amar Bhat (vice-chair, AAAC), Prahlad Mathur. At the front are (from l) Annie Aung and Dr. Patricia D'Souza.*

## Apply for Grants with Former Soviet Scientists

The newly established U.S. Civilian Research and Development Foundation (CRDF) for the Newly Independent States of the former Soviet Union (FSU) has announced a grants program to support cooperative research between U.S. scientists and engineers and their counterparts in the FSU.

CRDF invites proposals from NIH grantees and intramural scientists who have current or prospective collaborations with scientists in the FSU. Funding is available for 2-year cooperative grants ranging from \$10,000 to \$80,000 in any area of civilian research and development. At least 80 percent of the support awarded for each project will be used for project-related expenses in the FSU. All proposals will be evaluated through competitive peer review.

In order to have a maximum impact on the current research funding crisis in the FSU, the CRDF plans to commit its current funds within 2 years. The deadline for receipt of applications is Mar. 1. CRDF will announce the first awards by July 1 and all awards by Sept. 1.

Interested individuals should email requests for a detailed program announcement and application instructions to CRDF at:

information@crdf.org., or through the world wide web at: <http://www.internext.com/crdf>. Those without email should contact CRDF by phone: (703) 526-9720 or fax: (703) 526-9721. Information also is available from Karen Peterson, Fogarty International Center program officer, 6-4784; e fax 0-3414; email p9k@cu.nih.gov.e

## NIH Fencers Shine

Larry Pinkus and Michel Mamlouk fenced in a senior veterans (over age 40) international team competition against Belgium, England, Germany and Italy recently. Pinkus was on the U.S. sabre team that finished second to Germany. Mamlouk was on the U.S. epee team. The two qualified for membership on the teams by making the finals of the U.S. Senior Veterans Nationals. The NIH Fencing Club welcomes new members of all ages to its meetings on Tuesdays at 7:30 p.m. on the 14th floor of Bldg. 10. Call 5-1214 for more information. □

# The Record

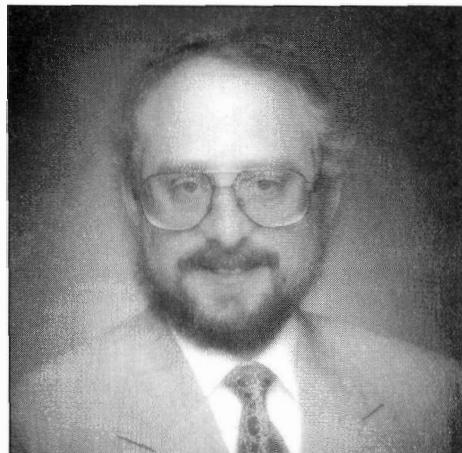
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## DCRT Computing and Networking Resources

Maybe you need to know if you can run Reference Manager, a program that helps retrieve and format bibliographies, on your Mac. Or you want to find out when a users' group, say the Database Technology Group, meets. Maybe you just want a listing of services provided by DCRT.

The updated edition of DCRT's Computing and Networking Resources, a guide to the many databases, software packages, and computer services available at NIH, answers all these questions. The guide covers a wide spectrum of applications, ranging from administrative to scientific (such as molecular modeling, image processing, and statistical data analysis) as well as a variety of platforms including PC's, Macs, Unix, MVS, SGI, Convex, and Intel highly parallel supercomputers. Get your copy by calling 4-DCRT. You can also find it on the World Wide Web under publications on DCRT's home page at <http://www.nih.gov/dcrt/>. □



*Dr. Kenneth Jacobson, chief of the molecular recognition section, Laboratory of Bioorganic Chemistry, NIDDK, spoke recently at a symposium on "Macromolecular Recognition: Synthetic Polymers to Proteins," sponsored by the College of Staten Island of the City University of New York and Polytechnic University. The program honored Prof. Ephraim Katchalski-Katzir, former president of Israel (1973-78), on the occasion of his 80th birthday and his original research on biopolymers and polypeptides. Jacobson, who spoke on adenosine receptors, has authored more than 180 papers and has worked extensively on drug design and receptor-ligand interactions. He credits Katzir with inspiring him to use molecules to study the processes of life.*

## Secretary Shalala Speaks Out Against Smoking

"In the end we are going to win the battle against youth smoking," said HHS Secretary Donna Shalala, addressing a recent tobacco use prevention conference sponsored by ASSIST (the American Stop Smoking Intervention Study). The conference entitled "Tobacco Prevention: Connecting for the Future," brought together over 200 representatives of state health departments, the American Cancer Society, and a variety of coalition members representing youth groups, private voluntary organizations, the business sector and other key community groups.

Dr. Richard Klausner, NCI director, also spoke at the ASSIST meeting and emphasized the importance of preventing children and youth from smoking. The ASSIST project is managed by NCI's Division of Cancer Prevention and Control, headed by Dr. Peter Greenwald.

Attendees spent 2 days discussing issues related to tobacco use among women and girls, coalition development and maintenance, and youth tobacco issues. Participants will use the knowledge and strategies gained when they return home to their communities.

Shalala noted, "Look how far we've come, in large part because of the

## Families with Epilepsy Needed

Investigators in the NINDS family studies unit are recruiting families with epilepsy for a genetic study. Eligible families must have at least two generations of adult individuals with epilepsy. The research protocol will involve providing family history, medical records and blood samples. For more information, contact Linda Nee, family studies unit, Clinical Center, Rm. 5N226, Bethesda, MD 20892, phone 6-3559, fax 2-1007, email [lindanee@codon.nih.gov](mailto:lindanee@codon.nih.gov). □

## Join R&W in 1996

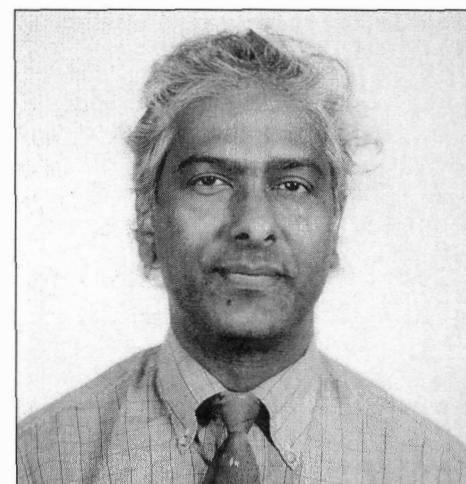
The 1996 R&W membership drive is well under way. Once again, it costs only \$5 to join for the year. Membership entitles you to rent videos, receive store discounts, travel for less, process film and have clothes drycleaned from work, purchase discount tickets to area sports and cultural events, help support the NIH charities, and much more. Stop by an R&W giftshop or mail in the coupon in the R&W newsletter to join R&W today! It is the best \$5 investment you'll ever make! □



*HHS Secretary Donna Shalala*

extraordinary efforts that you all have made and dedicated your careers to. So, as they say in another business, 'Let's just do it.'"

The ASSIST project, sponsored jointly by NCI and the American Cancer Society, aims to reduce the level of death and disability due to tobacco use in the United States. About one-third of all cancer deaths in the U.S. are currently tobacco-related. ASSIST uses a variety of policy-based approaches in the 17 states funded by this effort to change the social environment related to tobacco use and reduce the prevalence of smoking. □



*Dr. Nadarajen A. Vydelingum, scientific review administrator in the Division of Research Grants, was recently selected by the American Heart Association (AHA) to participate in the student science program as a lecturer in the association's lecture series. Vydelingum, a past AHA research fellow, spoke at Rockville High School to 180 Montgomery County high school students on lipid metabolism and diabetes.*

# The Record

January 30, 1996

## NIH Associate Director George Galasso Retires

By Carla Garnett

In spring 1968, Dr. George Galasso, then a tenured associate professor at the University of Virginia, decided to leave academia for a career in federal government science. By the end of the university's summer term, he determined, he would enter the Grants Associate Program and join the science administration staff of the National Institutes of Health. Shortly before June, however, Galasso received a phone call. "You'd better plan on being here by June 30," the caller advised. "We're expecting a government freeze in early July and we won't be able to hire anyone after that."

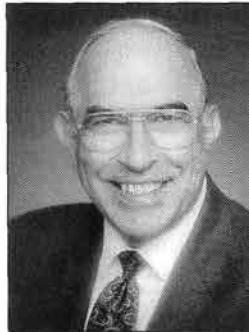
"There have been a lot of changes, but a lot has stayed the same," Galasso said, wryly, reflecting recently on the beginning and ending of his NIH career. He retired as NIH associate director for extramural affairs on Jan. 2 after 30 years of federal service.

Commenting on current attempts to reduce the federal workforce and his decision to retire, Galasso said, "The big change now is that we are expected to do much more with much less. At this point, I still have an opportunity to do other things and continue to make contributions to science and health. It's time for me to move on."

Among his professional accomplishments here, Galasso's initiation of the Antiviral Substances Program for NIAID in 1969 stands out as one of his first and most lasting success stories. During a time when many scientists doubted the clinical usefulness of interferon and antiviral agents, Galasso endorsed them as safe and effective. Interferon today is the drug of choice in the treatment of several diseases. In fact, a contract for the evaluation of antiviral agents that Galasso procured continues currently and is regarded as the model for antiviral testing. The contract led to the approval of vidarabine, the first antiviral drug for the systemic treatment of an ongoing life-threatening disease (herpes encephalitis).

Also recognized as a prolific mentor to other scientists and science administrators, Galasso has recruited some of NIH's best and brightest to the campus, and helped advance their careers.

"He has exerted an enormous and positive influence in my life and career and I have great admiration and affection



Dr. George Galasso

for him," said Dr. John La Montagne, director of NIAID's Division of Microbiology and Infectious Diseases. "He is a man of unique skills. I have known George for almost 20 years. He is the person who first hired me at NIH in 1976 as influenza program officer in the [NIAID] Infectious Diseases Branch.

George was the chief of that branch at the time.

"The experience of working for him and with him on influenza and other problems was truly unique," La Montagne continued. "He has been, for me, a valuable role model and mentor. In influenza we managed with George's enthusiastic support to conduct clinical trials of influenza vaccines that markedly improved the vaccines in use today."

Under Galasso's leadership, he said, NIAID also was able to undertake a program of coordinated research to develop live, attenuated influenza vaccines. These vaccines, administered using nose drops rather than injected into the muscle, are very promising and under active development.

"Certainly one of my most vivid memories of those days was the effort on antivirals," La Montagne recalled. "George can truly be considered a pioneer in this field. He had the faith that antiviral drugs could and would be developed. This vision has certainly become a reality today, with many new antivirals licensed for use in the U.S. He will be missed from the NIH, but he has definitely left his mark."

Demonstrating his dedication to science he believed in, Galasso, who had been chief of NIAID's Infectious Diseases Branch since 1971, was one of the first in the late 1970's to offer his arm to receive a then-experimental hepatitis B vaccine developed at NIH by Dr. Robert Purcell. The vaccine was eventually approved by FDA.

"We'd done every kind of safety check that we knew to do," Galasso remembered. "We couldn't very well send this vaccine out for field trials and expect people to try something we weren't willing to try too."

Most recently, Galasso has applied his expertise in program management to the dual roles of NIH associate director of extramural affairs and deputy director of

the Office of Extramural Research. He was appointed to those posts in 1983 by NIH director Dr. James B. Wyngaarden.

"Most of NIH knows Dr. Galasso for the 30 years of dedicated service to the extramural programs of the NIH," said Dr. Wendy Baldwin, NIH deputy director for extramural research. "I want to comment on something very different. Much of the OER is moving to a new building and there is a major reorganization under way. Dr. Galasso has taken a major role in ensuring that this worked smoothly, including working with county inspectors and the million and one things that have to be done to ensure a move. Many people near retirement and 'disengage' from their work, but he has been willing to take on a project that would not impact him personally (he would be gone about the time it took effect) and yet he is working tirelessly right up to the last minute—the definition of a professional."

A member of the editorial boards for several journals and distinguished scientific organizations including the International AIDS Society, which he organized, and the International Society for Antiviral Research, which recently elected him president, Galasso has managed to maintain his science proficiency even after 13 years in a purely administrative position.

"I'm a great believer that the people in the extramural science program should maintain their proficiency in science," Galasso said. "I also practice what I preach." Over the years, he has chaired NIH's Staff Training in Extramural Programs advisory committee as well as the grants associates advisory committee. An alumnus of the GA program, Galasso has mentored numerous GAs in addition to trainees of several other programs and recruitment mechanisms.

During his tenure here, he has received several NIH and PHS awards and the Distinguished Service Award from the University of North Carolina, and has been conferred the honorific title Cavaliere della Repubblica of Italy.

"My most treasured memory of NIH will be my involvement in the science programs that have made a lasting impact on health," Galasso concluded. "I am proud to have had the opportunity to serve NIH in the development and advancement of programs that are terribly important for science and beneficial for public health." □



## TRAINING TIPS

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

### Courses and Programs      Starting Dates

#### Management and Supervisory

Managing Conflict in the Workplace	2/17
Attitudes: How They Affect Productivity	2/13
Practical Management Approaches	2/14
Interacting with Difficult People	2/21
Effective Supervision: A New Role Perspective	2/27
Congressional Operations Workshop for NIH	3/11
Positive Stress Management	3/20
Assertive Leadership	3/26

#### Scientific and Medical

How to Write & Publish Scientific Papers	3/6
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#### Communication Skills

Effective Writing I	2/26
Writing Skills Review	3/8

#### EEO Training

Preventing Sexual Harassment at NIH for All Employees	2/6
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#### Special Courses

NIH Retirement Seminar	2/14, 3/18, 4/8
Planning Early for Retirement	2/6
American Sign Language I & II	2/20
Appropriation Law	3/12

#### Administrative Systems

Delegated Acquisition Training Program	3/4
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#### Administrative and Skills Development

NIH Correspondence: Letter and Memo Preparation	2/29
Motivating Yourself for Peak Performance	3/1
Editing: An Introduction	3/11

#### Personal Computing

Intro to PC's for New Users	2/8
Intro to DOS 6.0	2/7
Welcome to Macintosh	3/7
Intro to WordPerfect 3.1 (Mac)	2/5
Intro Excel 5.0 (Mac)	2/12
WordPerfect 6.1 for Windows	3/12
Intro to Windows 3.1	2/6, 3/5
Advanced Windows	2/13
Excel 5.0 for Windows	2/20
Desktop Publishing with WP 6.1 (Win)	2/15
Pagemaker 5.0 (Win & Mac)	3/4
Intro to MS Word 6.0 (Mac)	3/12
MS Mail for Windows	2/13
MS Mail for DOS	3/5

For more information, call DWD, 6-6211, visit the training web page <http://www-urc.od.nih.gov/dwd/dwdhome.html>, or consult the DWD catalog. □

## Pianist Lupu To Perform

The sixth concert of the 1995-1996 FAES Music Series features Radu Lupu at the piano, 4 p.m. Sunday, Feb. 4 in Masur Auditorium, Bldg. 10. Tickets are \$20 at the door; \$10 for students. For more information call 6-7975.

## Healthy People Needed

The Clinical Psychobiology Branch, NIMH, is seeking individuals in very good health (both past and present), ages 18-65, to participate in a mood disorder research study. Participants receive payment and all information remains confidential. Call 6-0500 for more information. □



The PHS Uniformed Services Social Workers recently presented its 1995 PHS Social Worker of the Year Award to Capt. Edward Farley at the annual meeting in Philadelphia. The award recognizes the most outstanding social workers from each of the uniformed services. In receiving the award Farley was recognized for his "noteworthy contributions to the field of professional peer communication and networking." His dedication to and support for Internet access and email have enabled his colleagues to work more effectively with the available electronic tools. Farley is a senior systems analyst/program manager in the Division of Research Grants.

## Hypertension Study Recruits

The NIH Cardiology Branch seeks white females and black males with high blood pressure for a 1-day outpatient study. This study has been open to all races and genders. Volunteers should not have any other medical problems and should not have a cholesterol higher than 200 mg/dL. Participants will be paid. Call 6-8739. □



Dr. Clifton A. Poodry, director of the NIGMS Division of Minority Opportunities in Research, has been awarded the American Indian Science and Engineering Society's Ely S. Parker Award. The award recognizes American Indian scientists and engineers who have demonstrated outstanding lifetime achievements through professional work and service to the Indian community. Throughout his career, Poodry has been dedicated to working with minority programs, particularly those involving Native Americans. He was presented the award and a traditional Indian Pendleton blanket during the society's recent annual meeting in Detroit.



Wanda Warddell recently retired after 33 years at NIH. She began her career in 1962 with the Division of Research Facilities and Resources. She transferred to NIGMS in 1965. At the time of her retirement, she was a public affairs specialist and Freedom of Information and Privacy Act coordinator in the NIGMS Office of Research Reports. Since 1966, Warddell also served as the institute's NIH Record correspondent.

# The Record

January 30, 1996

## 'Visible Woman' Joins Male Counterpart

An anonymous 59-year-old Maryland woman who donated her body to science is now immortalized on the Internet as the Visible Woman, completing the second phase of NLM's Visible Human Project.

The three-dimensional, computer-generated female "cadaver" joined her male counterpart during a recent meeting of the Radiological Society of North America.

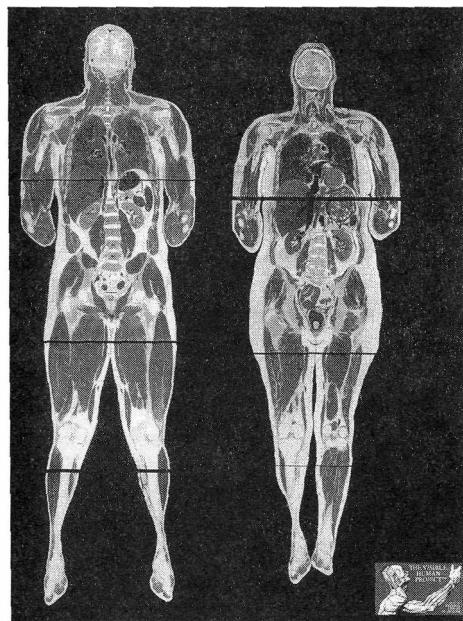
The Visible Woman will give viewers an incredibly detailed depiction of how the body works. While both databases were created from thousands of images of a male and a female body collected with state-of-the-art radiographic and photographic techniques, the Visible Woman's resolution is three times sharper than the male cadaver.

"We demanded more of our technology and ended up with a significantly higher resolution for the Visible Woman than

and funded by NLM, while the imaging and data assembly were carried out by researchers at the University of Colorado Health Sciences Center in Denver.

The donor body for the Visible Woman was imaged from head to toe using computed tomography, magnetic resonance and x-rays. The body was embedded in a gelatin, frozen, and sliced crosswise into more than 5,000 slices, each one-third of a millimeter thick. A custom-made mechanical planing device—called a cryomacrotome—was used to slice the body.

The next phase of the project will be to label the Visible Man and Woman. "Right now, looking at them is like looking at a road map without street names," said Dr. Michael J. Ackerman, who is managing NLM's Visible Human Project with Lindberg. "We are already working on making this an 'intelligent' database by labeling each part of the body and incorporating descriptions of how the parts relate to each other." □



*The Visible Man (l) and Visible Woman, shown above in vertical cross sections, together constitute some 55 gigabytes of data that is available via the Internet or on magnetic tape from NLM.*

we achieved for the Visible Man," said NLM director Dr. Donald Lindberg. "This is vital because the data can then be reformatted to show additional information with even more detail. Medical professionals can study the Visible Woman data to learn more about female anatomy, perform better surgical planning, continue training, and conduct research."

The Visible Human Project is managed

## NIH Record To Undergo 'Renaissance,' Says Varmus

NIH director Dr. Harold Varmus recently informed the directors of NIH's institutes, centers and divisions that the *NIH Record* will undergo a renaissance in 1996. Our goal is to provide an employee newsletter that engages more substantially those issues most important to NIH'ers.

Varmus has offered to do the leadoff interview, and enthusiastically endorses a livelier publication targeted more closely to our readers' tastes. A World Wide Web-accessible NIH employees' home page will augment the revitalized *Record*, allowing NIH'ers to retrieve information that used to find a home in these pages.

In the coming months, look for small changes at first, then perhaps more noticeable changes. We are free to modify almost any aspect of the publication, from the name, to the frequency of distribution, to the editorial content.

Employees with suggestions about improvements to the *Record* may contact Editor Rich McManus, fax 2-1485, email rm26q@nih.gov.

## Interested in Cytokines?

A Cytokine Interest Group has now been formed and is open to all NIH staff whose research involves cytokines, lymphokines, chemokines, interferons, growth factors. A database of interest group members is being generated that will contain member research areas and resources that members can make available to the NIH community. The CIG will sponsor four symposia a year with three being held in Bethesda and one in Frederick. The first, to be held on the afternoon of Feb. 20 in the Natcher Bldg. auditorium, will focus on TGF-beta. The second symposium, tentatively scheduled in Frederick in the spring, will focus on chemokines. Those interested in joining the group should contact Howard Young (youngh@ncifcrf.gov) or Alan Sher (asher@box-a.nih.gov) for a sign-up form. □

## Menstrual Cycle Studies

NICHD seeks healthy women with normal menstrual cycles who are not pregnant, nursing or taking medication. Endometrial biopsy or 2-3-day hospitalization required, and pay is available. Call 2-1481. □