

# NIH RECORD

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## 'Doctors on Call' Telemedicine Under Way At the Clinical Center

*By Carla Garnett*

It used to be a big problem if you were here and your doctor were there. One or the other would have to travel for you to get the best care. What if you were too sick to travel, or your doctor couldn't leave other patients, or you needed a specialist halfway across the country? An extension of the technology that gave birth to face-to-face video conferenced business meetings is quickly becoming a solution.

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*Telemedicine, an extension of teleconferencing, allows an examination to be transmitted live to medical facilities worldwide.*

## Comparatively Mild Challenge NIH Runner with Disability Tackles Marathon in Antarctica

*By Rich McManus*

When NIH licensing specialist and patent advisor John Fahner-Vihtelic journeyed to Antarctica Feb. 18 to participate in what some call the most difficult race on Earth -- the Antarctica Marathon -- it was far from the most grueling physical trial he has ever endured in life. Not by a longshot.

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*Continued...*

Called telemedicine, the new field can bring the best medicine to you, wherever you happen to be. It gives new meaning to the words "doctors on call."

Now NIH is nearly ready to extend the concept by bringing the latest medical research to the bedside of people taking part in clinical trials, who might be too ill to come here, or who may require frequent follow-up and monitoring.

"We will actually interview patients and examine them, see their x-rays, pathology, and laboratories [tests] simultaneously with the doctor on the other end," said Dr. Steve Holland, an NIAID investigator who soon will use telemedicine facilities at the Clinical Center to conduct a clinical trial of people with tuberculosis. "For experimental therapies, I think this offers a chance to do new and innovative things under an expert's observation over a great distance. Just think of the difference between a simple phone call describing a work of art and being able to see the picture at the same time."



*A specially designed ophthalmoscope is connected to the transmitter shown in the background. The Clinical Center, which already uses such transmission equipment, will be outfitted with similar instruments in about 6 weeks. Telemedicine technology enables clinicians to reach patient populations otherwise inaccessible to them.*

"Telemedicine technology is beginning to reach people who may never have had access to the care they needed or to the benefits of NIH's medical research," said Audrey Kelly, telemedicine manager at the Clinical Center. "This expands the knowledge base doctors can share with each other and it broadens the capability for physician consultation and patient monitoring. The future benefits of telemedicine are truly unlimited."

Dr. John Gallin, CC director and chief of the Laboratory of Host Defenses, has been a vocal enthusiast of telemedicine and has encouraged members of his own lab to explore its applications.

The Clinical Center currently has several telemedicine projects in progress or under development to support clinical research trials: Dr. Peter Choyke of

the diagnostic radiology department uses telemedicine as a teaching tool. Each month he conducts training with medical students at the Navy Medical Center, displaying radiological images that are transmitted over video lines. Each resident is asked to diagnose the condition displayed on the remote monitor. Choyke can interact with the radiology resident in this online setup, showing, annotating, reviewing and expanding on the resident's diagnosis and recommendation.

CC surgeons are interested in using telemedicine in the operating room to view laparoscopic procedures being performed at distant locations and to demonstrate to others procedures they are performing themselves. Telemedicine used in surgical training can become a powerful tool to teach and monitor complex surgical procedures at distant medical facilities.

An international telemedicine project is under development that will involve investigators in Australia, South America, Thailand, and South Africa collaborating with NIAID investigators at the CC, Kelly said.

In his first patient telemedicine trial, Holland and collaborator Dr. Terri Lightner, a physician at South Texas Hospital, will administer interferon gamma, an immune stimulating cytokine, to patients with multi-drug resistant tuberculosis.

"The initial phase of the trial is simply to assess drug tolerance and toxicity," he explained. "But subsequent phases will look at whether interferon gamma can accelerate or enhance the clearance of TB." Lightner, whose facility for transmitting patient data over phone lines is already in place, will actually administer the drug in Texas, while Holland oversees and advises from a CC video facility. In about 6 weeks, a facility will be outfitted with new medical examination devices that will allow Holland not only to observe but also to participate in the actual examination.

While Holland's joint effort with Lightner will be his debut patient trial using telemedicine, he said that he was turned on to the technology's benefits last fall, as a method of solving another type of long distance consulting problem. A serendipitous result was meeting Lightner and other physicians more deeply involved in developing telemedicine projects.

"I got interested in data-sharing," Holland said, "through my collaborator Jim Cook, chief of infectious diseases at National Jewish Hospital in Denver. We were trying to jointly manage patients seen both here and there and found it difficult. Jim already initiated contacts and work with Los Alamos National Laboratory in New Mexico that was directed at creating a graphical patient record with embedded microbiologic and radiologic data. When I met Dr. Lightner, she was already involved in using teleconferencing for patient management in her practice. As we developed a collaboration with her, it became clear that telemedicine was a natural way to keep up with the data and patients. Since she has done an enormous amount of preparation and implementation with her collaborator in San Antonio, it just seemed appropriate to jump on the bandwagon and try to incorporate patient studies as well."

While there are the obvious advantages of time saving, convenience and increased patient accessibility, there are several concerns that will have to be

worked out before the technology comes into widespread use. Holland noted the top two -- confidentiality and user comfort. "I don't think these confidentiality questions are any different fundamentally than telephone or fax transmissions," he said, "and doctors, nurses and patients will need to develop a level of comfort and familiarity so that they know what to expect."

Current video equipment that is used to hook up NIH researchers with other facilities across the country requires tying up the equivalent of six telephone lines. The charges for this are similar to the costs of six long distance telephone calls between the locations. The video equipment costs per site are about \$40,000 for a state-of-the-art video unit that includes the necessary coder/decoder devices. The specially designed medical instruments, such as stethoscope, ophthalmoscope, or otoscope, can increase the equipment charges anywhere from \$8,000 to \$30,000. Still, a typical telemedicine unit could pay for itself soon enough in travel expense savings of both physicians and patients.

Kelly also said that the telemedicine industry must develop minimum standards so that all units correspond at the same speed and speak the same language. Measured in kilobits, the quality of the transmission improves with higher kilobit settings. Improving picture quality also increases the number of phone lines in use, and thereby raises the cost of the connection.

"Video conference users seem to have settled into 384 kilobits as an acceptable transmission speed," she noted, demonstrating about a half-second time delay between an actual movement and the movement seen on the monitor.

"Interest in telemedicine is increasing daily," she concluded. "Dr. Gallin is enthusiastic about the opportunities that telemedicine offers for improving care and research. NIH will be a pacesetter for using telemedicine in research, especially in an environment that draws patients from every state and many other countries. During Dr. Holland's trial, NIH will be documenting and comparing the cost/benefit factors of alternative treatment approaches. The key to acceptance of telemedicine is proving its clinical, academic, and economic benefits to the medical community. Telemedicine will improve both the quality and efficiency of care at the Clinical Center."

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## Comparatively Mild Challenge NIH Runner with Disability Tackles Marathon in Antarctica

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*On the Front Page...*

When NIH licensing specialist and patent advisor John Fahner-Vihtelic journeyed to Antarctica Feb. 18 to participate in what some call the most difficult race on Earth -- the Antarctica Marathon -- it was far from the most grueling physical trial he has ever endured in life. Not by a longshot.

*Continued...*

That distinction belongs to the 16 days the former Green Beret medic spent trapped alone in a wrecked station wagon at the bottom of a ravine in a desolate forest in Washington State. Having survived that, a 5-hour race across the White Continent, even on an artificial limb, poses no particular obstacle to Fahner-Vihtelic.



*On the eve of his trip to Antarctica, OTT's John Fahner-Vihtelic relaxes in his World Team Sports jacket.*

These days, the 48-year-old father of two who has worked for the Office of Technology Transfer since 1992, has a mission that goes beyond the trials of physical endurance, including triathlons and marathons, to which he has become inured: "It's very important for me to get the message out that we as humans have the ability to think and have hopes, and we can overcome physical obstacles. Our brains, our reasoning ability are more than enough to overcome our problems."

That attitude impresses -- indeed characterizes -- World Team Sports, the group that is sponsoring Fahner-Vihtelic in the Antarctica Marathon, and whose largesse allows him to afford the 2-week trip. "World Team Sports is an organization dedicated to bringing awareness to all people that they can accomplish any challenges," he explains. "It's a very inclusive organization."

This is his second major excursion with WTS; in 1995 he participated in World Ride '95, an around-the-world bike ride -- half of whose participants were people with disabilities -- that garnered the attention of CBS News. Fahner-Vihtelic was part of a 1½ hour special narrated by Charles Kuralt during his 1,600-mile trip between Irkutsk, Russia and Beijing, China, via the Gobi Desert.

"It wasn't the distance" that made the trip difficult, he relates, "it was the terrain. Two-thirds of it was off-road. We simply followed power lines across the desert."

He was also punished by painful sores on his residual limb. But, in

characteristic fashion, he set about creating a better prosthetic that relieved pressure on the left leg.

Fahner-Vihtelic is a born tinkerer. A practical, hands-on type of guy. Reared in Whitehall, Mich., he grew up rough-and-tumble with six brothers, all of whom relished sports and the outdoors. He spent 3½ years in the Army, joining the prestigious Green Berets, who undergo rigorous training including advanced survival tactics and unconventional warfare. Fahner-Vihtelic trained as a medic, emerging from the service as a dialysis nurse.

"I'm very equipment-oriented," he admits. "I would always be tinkering with the machines, trying to improve their performance."

This penchant for mechanics earned him his first civilian job with Becton-Dickinson, a manufacturer of medical equipment. It was while training in Portland, Ore., for a position back East with B-D in Philadelphia that Fahner-Vihtelic endured the fortnight that changed his life.

He borrowed a company car for a weekend visit to Mt. Rainier on Saturday, Sept. 11, 1976. Instead of returning to Portland after a day of hiking on the mountain, he decided to treat himself to Mt. Hood, a route to which he traced out on a map via wilderness roads through Gifford Pinchot National Forest. On the way there, rounding a hairpin turn in the mountains, he veered onto a shoulder which, inexplicably, gave out beneath his tires, sending him plummeting 150 feet down a steep ravine toward a creek.

The Mercury wagon landed upside down just a dozen feet from the stream. Fahner-Vihtelic, who was not wearing a seatbelt, found himself trapped, ironically, in a sprinter's stance, belly-down and facing the tailgate. A pine root had pierced the car's windshield, pinning his left foot to the dashboard. Writhe as he might, he couldn't get free.

"Essentially, the weight of the car was on my foot," he recalls. "Relying on my medical training, I first checked myself out for massive bleeding to see if I was going to die immediately. Then I addressed the situation of my foot being stuck. I had some minor cuts, but nothing life-threatening."

As his panic subsided, a cool rationality pervaded. He knew he was so far down the ravine that no one could see him from the road. From his Green Beret training, he knew he needed water to survive. At about 180 pounds, he also knew he could do without food for up to a month, "but of course you can't live without water for that long."

In retrospect, he divides his captivity in the car into three parts.

"For the first 3-4 days, as I heard cars going by on the road above, I felt that any moment I'd be found," he remembers. When he slept, he dreamed of being rescued by friends and family. Then he would awaken to the anguish that not only was the dream untrue, but also he couldn't be seen by any rescue vehicles. And he was too far down for yelling to be of any use.

Around the fifth day, he noticed swelling in his neck glands and around his eyes, which almost squeezed shut. "I began to realize that I had to get out by myself," he says. Temperatures, fortunately, remained above freezing in the forties, he recollects. "I never got real chilled, but I never got real

comfortable, either."

What he would only later discover is that the swelling resulted from a punctured lung; air was filling the interstitial spaces in his body when he hollered for help.

During this middle period, his practical nature kicked in. "I pulled out all the wire I could reach in the car, including the strings from my tennis racket and the cord from my sleeping bag." Fashioning a stick from junk scrounged from within his limited reach, including steel springs that formed the headliner in the car's ceiling, he tied on the length of wire and string to make a sort of fishing pole. Tying a balled-up cloth to the string's end, he casted into the stream below, literally "fishing" for water.

"I had to clear a bush in order to reach the stream, so I slowly had to perfect my casting technique so the cloth would land in the water." He would do this dozens of times a day, reeling in the drenched rag and squeezing its dirty contents into his mouth. Occasionally the string would snag or break, forcing him to make repairs. "It became a part of my routine."

Because his eyes were so swollen during this middle phase, Fahner-Vihtelic couldn't monitor the condition of his crushed foot; he simply couldn't see it. He focused almost exclusively on getting and using tools.

The thought of dying there in the woods occurred intermittently, but he fought such notions with utmost rigor.

"I just couldn't think about (death)," he declared, stiffening. "It's not productive, it's not a survivor's way out. To survive, you have to think about only two things -- working on a plan to get out, and executing that plan. You have to be doing something constructive. It's not unlike research, or other difficult challenges."

When mortal cares intruded, "that's the time I started looking for more wire, or more water."

Advances in his struggle to get free came in painfully slow increments. Ironically, he could hear trucks passing above him, some of which were road repairers fixing the shoulders that had been his downfall, others of which were rescue vehicles searching in vain for him.

Eventually, he managed to nudge a tire iron within reach. He yanked the sideview, rearview and vanity mirrors from their moorings and tied them to his tennis racket frame. During the 2-3 hours a day the sun reached the ravine, he practiced signaling by trying to trail birds in flight. He would flash desperately whenever he heard a vehicle passing above, but to no avail. "I was extremely disappointed that I couldn't get their attention."

Meanwhile his family and employer were searching desperately for him; it was totally out of character for him "to just split." His family knew generally where he was headed because he had spoken with his sister by phone the morning he hiked on Mt. Rainier, but no one knew that he decided to go south to Mt. Hood. Rescue teams in cars flooded the mountain roads -- scouts mounted on hood and trunk -- scanning for a sign of life.

Unseen below, Fahner-Vihtelic managed to settle into something of a routine during this phase. He washed his face and combed his hair every morning, dutifully wound his watch and kept track of day and hour, scribbled daily notes to his girlfriend (Mary Fahner, whom he later married) on scraps of lunch bags, converted an air mattress into "a sort of Foley catheter collection bag" to dispose of urine, and continued to experiment with any vessel within reach that might serve as a container to collect water from the stream.

"I had to maintain some sense of order or routine," he remembers. "That's what makes us feel calm and comfortable."

Fears of bobcats, pumas or snakes occasionally intruded, but they were distractions. His real worry was his foot. "I couldn't feel it after the first week, so I knew it was gone."

On about the 13th day, he woke up and noticed that the swelling in his face and neck had receded. Suddenly, he could see better. In the periphery, he could see where the tree had jammed into the top of his foot.

"This is when I realized that I was going to have to get out of the car myself -- unless someone else had the misfortune to crash alongside me," he dryly chuckled. "From my background as a medic and nurse, I knew I was getting gangrene, so I began to chip at the tree root with a tire iron."

On Day 14, he began an intensive struggle to get a rock that he could use as a hammer to pound the tire iron. Using his "fishing" pole and a small suitcase as a trap, he spent all day Sunday, Sept. 26 coaxing a rock into the case. By nightfall he had succeeded, and went to sleep that evening absolutely certain he would be free the following day.

"The next day I got up, went through my normal routine, then spent 3 hours chipping at the root." Finally, he worked himself free! "I got out, went straight for the water, washed, and drank and drank and drank," he remembers. "Then I put my shoes on my feet and scrambled up the hill to wait for the next passing vehicle." He laid in the sun at the top of the ravine, and stopped the first truck he saw. Its driver pulled over, but regarded him with suspicion.

"He was very standoffish," remembers Fahner-Vihtelic, who admits that his unwashed, tattered and reeking appearance would have put anyone off. "The truck driver said he didn't believe there was any car down there."

The man left on a walk to see for himself if the tale rang true. As soon as he confirmed it, he ran back to Fahner-Vihtelic and immediately offered his lunch and soda. The trucker radioed his boss, who transported Fahner-Vihtelic to the Trout River Ranger Station in a pickup. Once at the station, Fahner-Vihtelic phoned his family and employer to let them know he was alive. "I have no doubt that some people had written me off," he says.

At a hospital in Portland he lost his left leg, just below the midshin, on Oct. 1, 1976. He could barely sleep nights in the hospital for fear that his rescue -- so palpable, so real -- might evaporate into a dream. Three weeks after the amputation, he began a new life.

Though he would return to his career almost immediately, it was another half

dozen years before Fahner-Vihtelic resumed the robust physical activity that had always characterized his pre-accident life.

Of his relatively inactive years, he explains, "You go through a real body-image situation where you feel embarrassment, a feeling of not being the same as you were before. You become a minority. For instance, it took me awhile to wear shorts -- stuff like that."

As he gained promotions and moved to different parts of the country, he began adding to an extracurricular roster of accomplishments: mountain biking and skiing in Utah, where he became president of the Utah Handicapped Skiers Association; member of the U.S. Ski Team's crosscountry team for disabled skiers for 3 years under the sponsorship of ski manufacturer Kneissl; running and triathlon participation in Topeka, Kan., including a stint of 12-15 events per year during 1989-1991; participation in the Southwest Airlines Biathlon Series in 1994, which was the year he also ran several 10-milers and his first marathon -- the Marine Corps Marathon in Washington, D.C. -- which he completed in about 5 hours. 1995 brought the WTS world-girdling bike trip, and now, in 1997, he's near the South Pole on another WTS excursion expressly designed to gain publicity and attention for the contributions disabled people can make.

Along the way, Fahner-Vihtelic has become a volunteer spokesman for the cause of handicapped people, lecturing at schools, churches, Kiwanis and Elks clubs, and even appearing for an interview on the Today Show with Bryant Gumbel in the mid-1980's. (An account of his survival, titled "The 16-Day Ordeal of John Vihtelic," by Emily and Per Ola D'Aulaire, appeared in *Reader's Digest* in March 1977.)

"Handicap sports has added so much richness to my life," he declares today. He is particularly happy to be working in a medical milieu at NIH that emphasizes the abilities of people who may be facing physical or mental challenges.

"I overcame a hopeless situation and took what was left and made something out of it," he concludes. "Anyone can do anything -- there shouldn't have to be limitations on any of us, particularly when it comes to lacking something mechanical."

Indeed, Fahner-Vihtelic can scarcely wait to return from Antarctica (see race results, and possible photos, in next NIH Record) because he is working, with a welder friend, on a hand-powered bicycle that will allow people who can't use their legs to enjoy bike rides. Current versions of such a vehicle are prohibitively expensive, he complains. "We want to make one people can afford -- a hand-cycle for the masses!"

With Fahner-Vihtelic leading the way, don't bet against it.

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## The Scientist as Social Crusader Historian Kraut Offers Lessons from a Plague

*By Judy Folkenberg*

Working in the isolation of their laboratories, scientists sometimes forget that their discoveries can have far-reaching consequences in the larger society.

Dr. Alan Kraut, professor of history at American University, hopes that his forthcoming biography of former NIH scientist Dr. Joseph Goldberger will help show scientists the importance of history. Kraut recently spent 4 months at NIH's history office researching his book. He will give a Wednesday Afternoon Lecture at 3 p.m. Mar. 12 in Masur Auditorium, Bldg. 10, entitled "The Unwelcome Messenger: Dr. Joseph Goldberger -- An NIH Scientist as a Social Reformer."

Goldberger (1874-1929) started his medical practice in the small city of Wilkes-Barre, Pa. He soon became restless, so he joined the United States Marine Hospital Service, the forerunner of the U.S. Public Health Service (PHS), of which the National Institutes of Health later became a part. Goldberger fought epidemics of yellow fever, typhus, dengue fever and diphtheria before turning his attention to pellagra. A loathsome skin disease often mistaken for leprosy, it was first identified among Spanish peasants in the early 1700's. Although reports of the illness went as far back as the 1820's in the U.S., it wasn't conclusively identified in this country until 1907. Because of its symptoms it was called the disease of the 4 D's -- dermatitis, diarrhea, dementia, and death. Goldberger theorized that diet caused pellagra, not germs -- a hypothesis that contradicted then-current medical thought. The tip-off: In institutions such as orphanages, prisons, and insane asylums, employees remained disease-free while the inmates contracted pellagra. Germs did not distinguish between staff and inmates, noted Goldberger wryly.

To bolster his claims, Goldberger experimented on eleven healthy volunteer prisoners at Rankin State Prison in 1915. Offered pardons in return for their participation, the volunteers ate a heavily corn-based diet -- deficient in many vitamins including the B vitamin, niacin. Six of the eleven showed pellagra rashes after 5 months. This strongly supported the idea that diet caused pellagra, yet many scientists remained skeptical.

Goldberger was frustrated by his colleagues' resistance to the notion that pellagra was a nutritional deficiency rather than a germ disease. In a valiant - - and dramatic -- scientific effort, Goldberger injected 5 cubic centimeters of a pellagrin's blood into his assistant, Dr. George Wheeler. Wheeler then shot 6 centimeters of such blood into Goldberger. Later they swallowed capsules containing scabs of a pellagrin's rash. They had their nose and throats swabbed with secretions from a pellagrin's nose and throat. Even Goldberger's wife, Mary, joined in the experiments, which her husband dubbed "filth parties." Again Goldberger proved his point. Neither he nor any of his volunteers got pellagra from the injected "germs."

These final experiments convinced Goldberger that he had to step out of the laboratory and into society. Donning his mantle as social critic, Goldberger

pointed out that the tenant farmer/sharecropping system which had replaced slavery forced tenant farmers and sharecroppers to grow only the crops demanded by owners. Cotton, the biggest moneymaker, was king. Small vegetable gardens or other crops took land out of cotton production, so poor southerners ate a diet heavy on corn, salt-pork, and molasses, a diet seriously deficient in vitamins, especially niacin. The real cure for pellagra was social reform, especially changes in the land tenure system and more diversified crops, noted Goldberger.

But Goldberger had stepped on some important toes, not to mention southern pride. In 1920, there was a dramatic drop in cotton prices and thus the income of poor southerners. Goldberger predicted an increase in pellagra and newspaper headlines warned of famine and plague. President Harding asked the PHS to increase the budget for hospitalization and supplies.

Southerners were enraged. Led by South Carolina Congressman Jimmy Byrnes, they denounced Goldberger's negative characterization of their region and feared that it would discourage economic investment and tourism. But Goldberger's prediction was correct. There was a dramatic increase of pellagra victims and deaths. Ironically, the boll weevil accomplished what Goldberger failed to do. Infestation of the cotton crop forced farmers to plant varied kinds of crops -- including a greater variety of vegetables.

Goldberger showed that brewer's yeast (rich in B vitamins) prevented the disease, as did a diet that included fresh lean meat, milk, and vegetables. His contribution to human health thus went beyond identifying the cause of disease to finding an inexpensive cure for it. Tragically, he died at age 55 from cancer, before the pellagra preventive factor was identified in the laboratory as niacin. Many people think Goldberger would have been awarded the Nobel prize had he lived long enough to complete his research.

"Goldberger was the rarest of a rare species, a hero," says Kraut. "He pursued truth, no matter what the outcome, made discoveries that benefitted mankind, and was remarkably free of self-promotion. That's not to say Goldberger didn't have an ego -- every scientist does -- but he had enormous humility."

Kraut's interest in the social milieu of medical research goes back to the early 1980's. An expert on immigration history (with two books to his credit: *The Huddled Masses*, *The Immigrant in American Society 1880-1921*, and *American Refugee Policy and European Jewry -- 1933-1945*) he then turned his attention to the history of medicine. This resulted in the book *Silent Travelers, Germs, Genes, and the Immigrant Menace*, a book on the stigmatization of immigrants as disease carriers.

"Medical researchers have a great deal to learn from history," said Kraut. For example, there are similarities between today's AIDS epidemic and the prevalence of venereal disease epidemics in the 1920's. All sexually transmitted diseases have a heavy moral context. "It's important to see how earlier generations handled diseases with social and moral implications. Once you've made a medical discovery," said Kraut, "you have to convince the public of its merits -- a task that is not always easy because of social or moral beliefs."

Kraut draws an important similarity between former Surgeon General C. Everett Koop and Goldberger. As Koop had been critical of personal behavior and social policies that put individuals at risk for the AIDS virus, so Goldberger warned Americans about the crucial link between poor nutrition brought about by risky farming practices resulting from an oppressive system of land distribution and pellagra.

"Great medical scientists do not isolate themselves from the social dimension of the human condition," Kraut concludes.

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## President's Budget Request for NIH Unveiled

The President's fiscal year 1998 budget request for NIH of \$13.078 billion provides a total of \$337 million -- or 2.6 percent -- over the FY 1997 estimate.

The federal budget, released Feb. 6, will be defended next month as a series of NIH authorities, starting with director Dr. Harold Varmus, troop to Capitol Hill to testify in support of the request.

Preparations for the budget hearings have been a top priority in Bldg. 1 since the end of the holidays; HHS agencies were invited earlier than usual to the Hill since Secretary Shalala is one of the few cabinet secretaries who is not new in President Clinton's second administration.

Of note in the 1998 request is an increase of \$30 million for the National Institute on Drug Abuse, which reflects the administration's strengthened efforts to combat drug abuse. The increased funding will further the development of a medication for the treatment of cocaine addiction.

Of seven major mechanisms through which NIH disburses its funds -- research project grants, research centers, other research, research training, R&D contracts, intramural program, and research management and support - - only this last category fails to realize a modest gain in funding; the RM&S budget remains at the 1997 level in order to maximize funds for research.

Areas of major emphasis in the budget include:

- Research project grants, which fund basic biomedical research, increase by about 4 percent over the 1997 level. The FY 1998 request supports 7,112 competing RPGs.
- The new Clinical Research Center, which received \$90 million in last year's appropriation, is set to receive another \$90 million in FY 1998 to keep the project rolling.
- Training for 15,003 full-time pre- and postdoctoral trainees is included in the request.
- Several areas of scientific emphasis including the biology of brain disorder (+\$36.7 million), new approaches to pathogenesis (+\$34.6 million), new preventive strategies against disease (+\$51.1 million), new avenues for development of therapeutics (+\$39.8 million), genetic medicine (+\$40.9 million), and advanced instrumentation and computers in medicine and research (+\$20 million).

More detailed information on the President's budget request for NIH can be found at: <http://www.nih.gov/news/Budget98/BUDGET98.HTM>.

## NIGMS Employees Show Coworker Sign of Respect

When Yoon-Sun Brennan came to work at NIGMS in 1994, she was greeted by her coworkers with outreached arms -- that is, arms reaching out in sign language.

Soon after her assignment began, Brennan, a 24-year-old hearing-impaired office automation clerk in the grants records management and council preparation unit, and her supervisor, Patricia Disque, encouraged their coworkers to take sign language classes, and a large number of them obliged. Since then, the institute has regularly offered sign language training to its staff through the NIH Division of Workforce Development. Some people, particularly those who work directly with Brennan, have taken as many as three 12-week classes each. Disque has taken several sign language classes as well. "She is learning sign language so she can continue to train me," Brennan said.



*Happy to communicate through sign language with her coworkers, Yoon-Sun Brennan said, "They have gone through a lot of effort, and they have done really well."*

In addition to meeting twice a week for class, interested employees meet for a lunch discussion group every Thursday to learn from one another and practice signing skills. Hearing-impaired employees from other NIH components sometimes join in, bringing new signs to share and teach.

Lucy Clarke, an NIGMS grants management specialist who has become a mentor to Brennan, is the unofficial leader of the group, making all arrangements for the Thursday "Lunch Bunch" and acting as liaison between the sign language instructor and the rest of the students. Clarke, who has become quite proficient in sign language since beginning classes in 1994, feels that it is important for coworkers to be able to communicate with one another and thinks that NIGMS staff efforts to learn sign language have "fostered a better working environment, integrated diversities, and increased knowledge." In addition, she said, "We have developed some wonderful friendships."

One outgrowth of the sign language training, Clarke said, is a mentorship program in which she helps Brennan develop new computer skills related to her job. "We hope to expand the training to allow Yoon-Sun to continue her career development," Clarke added.

*Frances Akuete (l), one of the NIGMS employees learning American Sign Language, practices with course instructor Diane Lyles.*



Brennan, a 1991 graduate of the Maryland School for the Deaf and a past employee of the Department of the Army at Ft. Detrick in Frederick, Md.,

thinks NIGMS has set a good example for the rest of NIH. "Other NIH community members should come and see what we do, and come and see the enthusiasm of the people who are here," she said. "It is important to include hearing-impaired coworkers, and learning sign language helps us become more productive members of a team," she added. Brennan doesn't think NIGMS employees are learning sign language simply because she is one of their coworkers, but because they want to be friends with her, and they want her to succeed.

Currently, the American Sign Language class offered to NIGMS employees is instructed by Diane Lyles, who began teaching Brennan's coworkers in March 1995. Lyles said she enjoys teaching sign language to the NIGMS group and is impressed with their initiative. "I like these people because they are very motivated. They want to learn more, more, more! Their motivation breaks down the barriers to communication and makes for better interaction," she said.



*Sign language class participants gather to learn a few new signs before "singing" holiday songs.*

Clarke and Brennan welcome signing NIH employees to join the NIGMS "Lunch Bunch" group on Thursdays at noon, in Bldg. 45, Conf. Rm. 2AS.10. For details, contact Clarke, 4-3917.

Other NIH'ers who are hearing-impaired meet for lunch on the second Wednesday of each month, and colleagues of these employees are encouraged to attend. The meetings are sponsored by the NIH deaf employees advisory forum, a group that provides advice to the Office of Equal Opportunity on issues pertaining to the employment of deaf and hard of hearing employees. For more information, contact Jerry Garmany, 6-9100 (TTY or voice), or email [jgarmany@pop.cc.nih.gov](mailto:jgarmany@pop.cc.nih.gov).

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## Diversity Council Holds First Meeting

The first NIH-wide Diversity Council convened recently; it is one outcome of the first NIH Diversity Congress held in October 1995 and represents a milestone of the workplace diversity initiative.

The council's purpose is to advise the director and staff of the Office of Equal Opportunity (OEO). It will review NIH programs, policies and procedures from the perspective of chances for success and affect on the work force.

The program was opened by OEO Director Naomi Churchill, who noted that the convening of the Diversity Council represented more than 2 years of work by OEO staff. The intent in forming the council is to nurture and facilitate inclusion of all the dimensions of diversity to the maximum extent possible, she said.



*Participants in the first NIH Diversity Council included (front row, from l) Jean Harris, Lorena Martinez-Geddes, Marvene Horwitz, Aftab Ansari, Rita Liu, George Counts, Martha Pine. At rear are (from l) Richard Harrison, Priscilla Rivera, Manuel Datiles, Don Poppke, John Miers, Susan Smith, Nick D'Ascoli, Joyanne Murphy, Arturo Giron, Eddie Reed.*

Dr. Ruth Kirschstein, NIH deputy director, congratulated council members and acknowledged the contributions of the former OEO advisory committees for employees with disabilities, Asian-Pacific Islander Americans, African Americans, Hispanics and women, and requested the continued support of these groups in their newly structured organizations. The Diversity Council was not established for the sake of change alone, she added, but in order to meet the needs of the work force today and in the coming century.

Kirschstein called for a time of coming together and reconciliation so that we may consider each employee's concern as a concern for all.

Churchill emphasized that individuals, not organizations, create excellence, and each member will lend his or her unique skills, background, and point of view to the OEO framework for change. Members were urged to perform their duties in a spirit of thoughtfulness, fairness and integrity. The quality of the work environment and improved utilization of the skills and talents of all employees is a continuing charge as the council promotes managing diversity throughout NIH, she said. The council's challenge is to become both visionary and realistic in its ideas, sensitive to employee needs while demanding excellence, and innovative and practical in advising OEO, she concluded.

## Wanted: Management Intern Program Applicants

The NIH Management Interns and Presidential Management Interns from the graduating class of 1996 (see photo) invite all interested applicants to meet the challenge: Consider the NIH Management Intern Program! Tired of sitting at the same desk day after day? Looking for an opportunity to change jobs, meet new people, enhance your career, learn new skills? Well that's what the NIH Management Intern Program is all about.



*1996 NIH Management Intern and Presidential Management Intern graduates include (from l) Karen Bashir, LaSonya Harris Hall, Gregory Jones, Anita Linde, Mimi Lising and Leslie Stenull.*

The Division of Career Resources and the NIH administrative training committee are now recruiting interns for the 1997 NIH Management Intern Program. The program is designed to prepare individuals demonstrating high potential for careers in administrative management.

To apply you must be a U.S. citizen; be willing to work full-time; be a current Department of Health and Human Services employee at the GS-5 level or above or wage grade equivalent and currently employed in either a career or career-conditional appointment or be on a veterans readjustment appointment, severely physically disabled (Schedule A) appointment or any other appointment that offers noncompetitive conversion.

Positions are offered at the GS-5, 7 and 9 levels. Applicants above GS-9 level will be required to accept voluntary downgrades, but may be eligible to retain their salary.

More information on qualifications may be found in the application package. Packages may be obtained from the Division of Career Resources, Bldg. 31, Room B3C15 and most other NIH personnel offices. Application packages may also be offered at several off-campus locations such as Executive Plaza South, Parklawn Bldg., Frederick (NCI/FCRDC), NIEHS (North Carolina) and NIA (Baltimore). For more information, call 6-2403.

**Dear Editor,**

Congratulations on the January 28th piece on recycling at NIH. This fine example of NIH Record propaganda finally convinced me to stop reading your newspaper once and forever. For anyone coming from outside the U.S., the NIH campus resembles an ecological disaster area. There is not a word in your story about plastic and glass, which are just dumped in the trash in most of the labs. As far as I am concerned, you can contribute to the NIH efforts to protect the environment by printing less copies of the NIH Record. From my observations, one or two copies per lab would be sufficient.

*Dr. Leszek Wojnowski, NIMH*

**Dear Editor,**

The Dr. Tjio article in the Feb. 11 NIH Record exemplifies the consistently high standards set by you and your staff at the Record. We sometimes take for granted the effort and talent required to produce a newsletter of this quality. Thank you for a well-researched and superbly written article.

*Louis Kerns, NCI*

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## Chamber Music Concert, Mar. 9

The Rock Creek Chamber Players will perform on Sunday, Mar. 9 at 3 p.m. in the 14th floor assembly hall at the Clinical Center. The program, sponsored by the CC's recreation therapy section, will include Vivaldi's Concerto in B minor for four violins, strings, and keyboard; Schoenfield's Cafe Music, for piano trio; and the Shostakovich piano quintet. For more information on this free public concert call (202) 337-8710.

## MAPB's New 'Dish' Ready to Serve

With the Medical Arts and Photography Branch's new satellite dish on the roof of Bldg. 31, NIH staff can stay informed while staying in place. The video section can downlink "live" surgeries, lectures, and seminars from around the world, 24 hours a day and broadcast them over the NIH/Montgomery County cable system (channels 40, 41 and 42) or to a TV in an NIH conference room. "It's another step toward connecting NIH to the rest of the medical world," says Ken Ryland, chief of the section.



*Gathered around the new satellite dish recently installed on the roof of Bldg. 31 are MAPB employees (from l) Ron Winterrowd, Joy Jackson, Trish Evans, Ken Ryland and Jim French.*

To view a program via satellite, NIH need only tell the video section the date, time, and the satellite coordinates and contact person for the event. MAPB will make necessary arrangements with the event sponsor to receive the program. The video section can either transmit the event "live" or record it. To watch a satellite program on NIH cable costs about \$75, plus a nominal fee for recording.

Contact Ryland, 6-4700, for more information about satellite capabilities.

## String Quartet To Perform

The FAES Chamber Music Series will present the Auryrn String Quartet at 4 p.m. on Sunday, Mar. 9 in Masur Auditorium, Bldg. 10. Tickets are \$20 at the door; students/fellows, \$10. For more information call 6-7975.

## **Macintosh Buying Seminar, Mar. 3**

In spite of Apple's well-publicized troubles, many computer users prefer the Macintosh for use in the home or office.

To help you make an informed buying decision, DCRT's Customer Services Branch is presenting a seminar on Monday, Mar. 3, 10-11 a.m., in Lipsett Amphitheater, Bldg. 10. Topics to be discussed are how to evaluate a user's needs, how to choose from the Apple product line (or a product from one of the many Mac clone manufacturers), selection of a monitor, and software availability. There will be a question-and-answer session following the presentation.

## **Wednesday Afternoon Lectures**

The Wednesday Afternoon Lecture series -- held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10 -- features Dr. Bruce W. Stillman, director, Cold Spring Harbor Laboratory, on Mar. 5. He will discuss "Cell Cycle Control of Replication of the Eukaryotic Cell Genome."

On Mar. 12, Dr. Alan M. Kraut, professor of history at American University and visiting Stetten senior fellow at NIH (see story on [Front Page](#)), will present "The Unwelcome Messenger: Dr. Joseph Goldberger -- An NIH Scientist as Social Reformer."

For more information or for reasonable accommodation, call Hilda Madine, 4-5595.

## **ORWH Seminars Continue, Mar. 6**

The ORWH Women's Health Seminar Series continues the 1996-97 season with a look at "Arthritis and Osteoporosis." The program will begin at 1:30 p.m. on Mar. 6 in Lipsett Amphitheater, Bldg. 10.

Dr. Rosemarie Hirsch of NIA will open the seminar with a discussion of "Arthritis: Not Just Your Grandmother's Rheumatism." She will highlight several forms of arthritis, comparing clinical features and available treatments.

Dr. Ethel Siris of Columbia University College of Physicians and Surgeons will present "Diagnosis and Treatment Options for Osteoporosis." She will discuss how the risk of developing osteoporosis and future fractures can be noninvasively estimated through bone mass measurement, as well as therapeutic interventions for postmenopausal women at risk.

Dr. Kate Lorig of Stanford University School of Medicine will wrap up the seminar with an interactive discussion of "Breaking the Cycle." She will focus on pain management and discuss how people with arthritis can break the pain cycle through various methods including exercise, cognitive techniques, and depression management. The seminar will close with a question-and-answer session.

The next seminar, which will focus on "Elder Options and Care Giving," will be held on June 5. Admission is free and open to the public. Registration is

not necessary. For information, call 2-1770.

## **APAO Marks Lunar New Year**

The NIH Asian & Pacific Islander American Organization (APAO) celebrated the new Lunar Year -- the Year of the Ox -- on Feb. 7 by organizing a luncheon attended by many prominent NIH scientists and officials.

Speaking on the theme "Be Proud of Your Heritage," guest speaker Dr. Philip S. Chen, NIH associate director for intramural affairs, said Asians in the United States are realizing gains. He cited a few signs of the changing order: At NIH, positions are opening for Asians at the branch chief and division director level, as well as in tenure-track and staff scientist positions; biomedical research is flourishing in many Asian countries; Asians are beginning to achieve elective offices in the U.S.; an Asian scientist, Dr. David Ho, was named Man of the Year for 1996 by Time magazine; and China has the fastest growing world economy.

Chen said he believes that exceptional and unlimited opportunities exist for Asians to pursue their dreams for contributing to society; that Asians can aspire to greater heights of accomplishments than their ancestors; and that Asians can pass on to future generations an ability to be better prepared for the 21st century.

## **Video Workshop Series at Executive Blvd.**

In March, the NIH Employee Assistance Program (EAP) will continue the 1996-1997 season of the Executive Blvd. video workshop series with the next topic, "Negotiate Like the Pros."

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

The lunchtime, drop-in format is planned to make attendance simple. The series is free, open to all employees, and no registration is required. The workshops are all held in EPN, Conf. Rm. C/D. For more information call 6-3164.

The sessions on professional negotiation will be held from noon to 1 p.m. on the following Wednesdays: Mar. 5, 12, 19, 26 and Apr. 2.

Watch for announcements of future EAP video series on the Division of Safety home page at <http://www.nih.gov/od/ors/ds>.

## **CFC Awards Ceremony, Mar. 3**

The annual NIH Combined Federal Campaign awards ceremony will take place on Monday, Mar. 3, at 10 a.m. in Wilson Hall, Bldg. 1, to honor the institute, center and division coordinators for this season's CFC campaign.

For the first time in history, NIH has exceeded its campaign goal of \$1 million, with participation NIH-wide of more than 50 percent. Such an

achievement would not have been possible without the sincere efforts of all NIH'ers who contributed, thus proving -- once again -- that we are a team of winners.

Speaking of winners, this season's CFC raffle winners are: Debbie Whittington (NIDDK), who won two USAir tickets (courtesy of the airline); and Cathryn Valeda (NHLBI), who also won 2 USAir tickets (courtesy of Ober United Travel). All are welcome at the awards ceremony!

## **Who's Reading Your Email?**

The STEP Forum series will present "Electronic Communications: Who's Reading Your Email?" on Wednesday, Mar. 12, from 1-3 p.m. in Wilson Hall, Bldg. 1.

Electronic communication is having an increasing influence on the workplace. Some view electronic communication as similar to spoken words because of its speed and interactive nature; others view it as another version of written text and legal records.

In this forum, four speakers will explain how electronic communications affect the individual and the workplace. They will discuss a variety of topics including: gender, status and stylistic differences in email and their impact on the messages and meaning conveyed to readers; the evolution of policies on the use of electronic communication; issues of privacy and record keeping. The forum will also include a presentation on who has access to your email files through technology and the Freedom of Information Act. Speakers will be: Susanne Anthony, management analyst, Office of Management Policy, NHLBI; Charles Havekost, head, customer support section, DCRT; Dr. Susan C. Herring, associate professor of linguistics, University of Texas at Arlington; and Dona Lenkin, deputy director, Office of Information Resources Management, OD.

The forum is open to all NIH'ers on a first-come, first-served basis. Advance registration is not necessary. Extramural scientist administrator continuing education credit is available. Inform STEP of any need for sign language interpretation/reasonable accommodation by Mar. 3. For more information call 5-2769.

## **Chamber Music Master Class**

On Sunday, Mar. 2, Oliver Edel, formerly cellist of the Roth and Manhattan String Quartets, will coach the NIH Chamber Players on Dvorak's string quartet, Op. 96 (the "American Quartet"). The session will be 2-5 p.m. in Lipsett Amphitheater, Bldg. 10. Audience members are invited to bring their instruments and stands to participate in a conducted reading of the work after the coaching session. If you plan to play, call (202) 337-2227, ext. 210, and leave a message with the date of the event, your name, and your instrument. Admission is free; donations to defray costs of the event are welcome. For more information, call Suzanne Epstein, 827-0450.

## NEW APPOINTMENTS

**Bill Dommel**

OD's Bill Dommel has been named director of education in the Office for Protection from Research Risks. He rejoins the staff of OPRR following a 4-month assignment as acting executive director of the National Bioethics Advisory Commission. The commission focussed on issues related to the protection of the rights and welfare of human research subjects and the management and use of genetic information. In his new role, Dommel will work with extramural NIH staff to address protection of rights and welfare of human subjects and the welfare of laboratory animals.

**Drs. Wayne A. Hendrickson and Slayton A. Evans, Jr.**

NIGMS director Dr. Marvin Cassman (c) welcomed two new members to the National Advisory General Medical Sciences Council during its recent meeting. They are Drs. Wayne A. Hendrickson (l) and Slayton A. Evans, Jr. Hendrickson is a professor of biochemistry and molecular biophysics and a Howard Hughes Medical Institute investigator at Columbia University College of Physicians and Surgeons. He was elected to the National Academy of Sciences in 1993. Evans is Kenan professor of chemistry at the University of North Carolina, Chapel Hill.

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## James Del Priore



James Del Priore, assistant to the DCRT director, has received an NIH Special Act Award for negotiating a site licensing agreement with Microsoft Corp. for desktop software, saving NIH several million dollars. The purchase agreement, the first of its kind, enables NIH staff to install all upgrades of Microsoft Office Suite software on their PC or Macintosh computers until Apr. 1, 1997.

## NIAID Scientists Honored by AAAS

An NIAID intramural research team is cowinner of this year's American Association for the Advancement of Science-Newcomb Cleveland Prize, awarded to the authors of the best paper published in *Science*. The paper by Dr. Edward A. Berger and his Laboratory of Viral Diseases (LVD) colleagues Dr. Yu Feng, Dr. Christopher C. Broder and Paul E. Kennedy described crucial new information about how the human immunodeficiency virus infects immune system cells.

Since the early years of the AIDS epidemic, scientists have recognized that HIV attacks white blood cells known as T lymphocytes that display a molecule known as CD4 on their surface. Studies have shown, however, that CD4 alone is insufficient to allow the virus to infect these cells; another molecule is also required. In their study, Berger and his coauthors identified that second molecule, dubbed "fusin," and showed that it enables certain strains of HIV to fuse with and enter CD4 positive T cells.

Berger has been at NIAID since 1987 and has been chief of LVD's molecular structure section since 1995. He and his colleagues share the Newcomb Cleveland Prize with physicists from the University of Colorado and the National Institute of Standards and Technology. Their report of the first creation of a Bose-Einstein condensate, a state of matter predicted by Albert Einstein in 1924, may advance the implementation of atomic lasers.

Established in 1923, the AAAS-Newcomb Cleveland Prize is AAAS's oldest award. Awardees receive \$5,000 and a bronze medal. The prizes will be presented this month at the AAAS annual meeting in Seattle.



## DRG's Dick Turlington Dies

Richard W. "Dick" Turlington, a former information officer for the Division of Research Grants, died of emphysema on Jan. 11 in Hendersonville, N.C.

A native of Virginia's Eastern Shore, Turlington attended the University of Pennsylvania. Prior to joining NIH in 1961, he held positions with the Chemical Corps Intelligence Agency in Arlington, Va., the U.S. Naval Air Station in Norfolk, the Eastern Shore News, and the Philadelphia Inquirer.

NIH retiree Alexander Adler, DRG's first information officer, remembers Turlington as an exceedingly conscientious editor whose newsletters and timely reports helped accelerate the development and implementation of many DRG programs. "As editor of DRG Digest, DRG Newsletter and other publications, Dick Turlington succeeded in providing NIH with a remarkable record of DRG staff and their accomplishments, which contributed to the growth and development of DRG programs," he said.

In the recently published history of NIH's peer review system, *A Half Century of Peer Review*, Dr. Richard Mandel, historian of DRG, acknowledges the work of Turlington and his associates as significant sources of information on the early history of the division.

Turlington retired in 1979 and resided in North Carolina. He is survived by his wife, Dorothy.

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### **Treatment for Panic Attacks**

People currently experiencing spontaneous panic attacks and/or significant social anxiety may be eligible for a free treatment outcome study evaluating nondrug treatments for panic and anxiety. For more information call Matt Wineman at USUHS, (301) 295-3651.

### **NIA Seeks Those with Sleep Apnea**

The Laboratory of Neurosciences, NIA, seeks patients ages 35-85 with obstructive sleep apnea syndrome for a study of brain structure and function before and after treatment of the syndrome. Participants must not be on long-term chronic medications and must be without past or present major health problems. All testing will be done free at NIH over about a 1-week period. For more information call (301) 597-7757.

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