

# THE NIH RECORD

Still The Second Best Thing About Payday

## Bad Air Days

### NIH Crafts Response to Summer Smog Alerts

NIH'ers can now do more than bellyache and suffer when the triple H's—hazy, hot and humid weather—settle in over Bethesda in the summertime. When the newscaster announces a code red or orange day—a scorcher when the ozone levels are high—NIH employs its ozone action days plan, which encourages voluntary actions to reduce emissions, and thereby minimize health risks to employees and the community.

On an alert day, NIH grounds maintenance staff will display flags on several sites to specify the alert, and the Division of Computer Research and Technology will place a message on NIH email to inform all employees. If there is a code red, employees will be encouraged to take advantage of free rides aboard Montgomery County "Ride-On" buses during the 6-9 a.m. commute. Contractors and logistics staff will try to refuel vehicles in the morning and evening hours. Delivery truck drivers will be asked not to idle engines at loading docks, and the day care program will be informed so that outdoor activities for kids

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Andrea Borghese of Lehman College in New York City, along with other NIH Latino interns, discusses hands-on research training and experience with NHYI participants. See story, p. 10.

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U.S. Department of Health and Human Services National Institutes of Health

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New Program Proceeds Quickly

## First Class of Clinical Research Trainees Set to Start This Fall

A select group of the nation's medical and dental students are arriving at NIH to form the charter class of NIH's new Clinical Research Training Program. Modeled after the successful Howard Hughes Medical Institute-NIH Research Scholars Program, which has brought hundreds of medical students to train in NIH laboratories since its establishment in 1985, the CRTP grew from concept to accomplishment in less than a year.

In November 1996, the clinical research panel that advises NIH director Dr. Harold Varmus recommended establishing a medical student clinical research training program at NIH as one of a number of ways to reinvigorate clinical research. An advisory committee was formed to create the program's framework and curriculum. By early January 1997, deans of the country's top medical schools had been contacted to get the word out to interested third-year students. The deadline for applications was in mid-February, by which time a board of tutors composed of 15 senior clinical investigators at NIH had been assigned the task of reviewing and selecting entrants.

The board examined more than 75 applications and chose the

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## Social Inequality Harms Health, Sociologist Says

By Susan M. Persons

When the rich get richer and the poor get poorer, consequences to public health are grave.

"Socioeconomic differentials are arguably the most important public health problem facing our nation," reported Dr. James S. House, the featured speaker at a recent NIH Office of Behavioral and Social Sciences Research seminar and scientist at the Institute for Social Research in Ann Arbor, Mich.

Although advances in medical science and practice have been important to human health and wellbeing, a mounting body of evidence indicates that behavioral, psychosocial, and environmental factors are the major determinants of health and the way health changes with age, according to House. "It has been widely assumed in the pages of *Science* and elsewhere that advances in medical science and practice were the principal causes of the rapid increase in human life expectancy of the past several centuries," he said, "but studies now show that improved nutrition and better

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## OZONE ALERTS, CONTINUED FROM PAGE 1

can be scheduled in the morning. The Fitness Center has agreed to post a banner so that walkers and runners can plan to exercise in the morning or evening when the air is not so congested.

Briefly, ozone is an invisible gas formed when volatile organic compounds and nitrogen oxides "cook" in hot sunlight. The primary sources of these chemicals are cars, small gas engines (lawnmowers, for example), power plants and consumer products such as paint and household cleaners. Ozone can lower resistance to colds and pneumonia, damage lung tissue, worsen asthma attacks, intensify heart and lung disease, and cause coughing and throat irritation. Studies have shown that its unhealthy effects may continue for days after exposure has ended.

The NIH ozone action plan is triggered by receipt of a faxed forecast from the Metropolitan Council of Governments predicting that the following day will be an ozone action day. The fax arrives in NIH's Office of Community Liaison, which in turn notifies plan participants at NIH. Among the responses: OMS health units will distribute ozone action information, and will schedule waste disposal shipments around code red/orange days where possible; R&W stores and fitness centers will post



Dr. Perry J. Blakeshear of Duke University Medical Center has been named director of the Office of Clinical Research at the National Institute of Environmental Health Sciences. The institute is focussing on more work with patients to determine the health impact of environmental hazards and environmentally associated diseases, as well as greater cooperation with the medical programs at Duke and the University of North Carolina-Chapel Hill. Blakeshear, an endocrinologist, has been a professor of medicine and biochemistry and an investigator with the Howard Hughes Medical Institute at Duke. His research interests include mechanisms of hormone action, insulin control of cellular processes, and drug delivery systems. He has published more than 160 articles and book chapters on these subjects.



"And the winners are..." Jannelle Cortes (l) of NINR selects the names of recent U.S. Savings Bonds campaign raffle winners. Also shown are (from l) Mary Cushing of NINR, and representatives from organizations that donated prizes—Ruth Sragner of the R&W Association and Gary Burns of Geico. Prizes and winners were: TV (courtesy Geico), Yvonne Williams, NIGMS; \$100 U.S. Savings Bond (courtesy Crestar Bank), Christen Gibbons, NIDR; two tickets to Washington Warthogs soccer game, Dr. Joseph Kelaghan, NICHD; \$25 gift certificate (courtesy R&W), Dona McNeill, NIEHS; two Bowie Baysox game tickets, Susan Herrgott, DCRT; two Cineplex Odeon movie tickets (courtesy R&W), David Hill, NIA.

### Ozone can lower resistance to colds and pneumonia, damage lung tissue, worsen asthma attacks, intensify heart and lung disease, and cause coughing and throat irritation.

ozone awareness information, including warning flags and flyers; R&W-sponsored outdoor sports teams will be alerted (for example, golf, tennis, softball, running); grounds maintenance workers here will curtail use of small gasoline engine equipment, and cut use of pesticides; the NIH power plant, which is already taking steps to renovate and modernize all boilers to reduce emissions of nitric oxide and nitrogen dioxide, will use lighter fuel oils and natural gas in its power boilers on alert days. It will also switch all plant auxiliaries to electric drive to reduce steam demand and lower boiler output.

This series of voluntary responses to ozone alerts was initiated by Maryland Gov. Parris Glendening last year, when the region experienced only one code red day all summer. As of July 21, there had already been 11 code red days in the metro area. NIH is among the first federal agencies to participate in the ozone action days plan, said Janyce Hedetniemi, director of the Office of Community Liaison. ■

### Normal Children Sought

NIMH is recruiting healthy, normal behavior girls and boys ages 5-18 for a safe, noninvasive brain imaging study; Asian and Hispanic Americans are especially needed. They should not wear braces or have learning disabilities, and will be paid. Leave a message with day/evening phone numbers at 6-3175, ext. 2. ■

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## Electronic Shopping Mall for NIH'ers Debuts

In response to concerns from NIH researchers that the process of ordering supplies was too complex and time-consuming, the NIH intramural reinvention working group (IRWG) has introduced an electronic shopping mall exclusively for NIH employees.

The "IntraMall" is designed to allow for a more rapid, convenient and less expensive process of procuring supplies, services, and equipment, as well as maximizing use of the government international merchant purchase authorization card (IMPAC) credit card.

No more scouring catalogs for the lowest price on pipette tips for the lab or phoning vendors to get the best deal for slidemaking. As soon as early fall, NIH employees may be able to place orders via computer by accessing a secured World Wide Web site, entering the items they wish to purchase and selecting the company from which to buy. Researchers can create a shopping cart of requested items and send it online to be filled. Vendors will confirm the order and delivery of the items via email.

The IRWG initiated the IntraMall to "eliminate administrative roadblocks to research and streamline operations," said cochair MaryAnn Guerra, NCI associate director for intramural management and co-principal investigator, along with Alan Graeff on the IntraMall project; Graeff is director of the Clinical Center's information systems department.

Guerra, with the help of the Office of Financial Management and the Office of Human Resource Management, inaugurated the IntraMall on July 22 by purchasing a training class, thereby becoming the first employee to use the new system.

The IntraMall project team is collaborating with Cybersystems Technologies, Inc., a company that was awarded a 2-year cooperative research and development agreement (CRADA) to design, implement, and maintain this electronic form of procurement. NCI will pilot test the IntraMall for about 3 weeks with in-house participants before 10 other institutes begin their online procurement. After "working out any glitches," Guerra hopes to have this technology "quickly rolled out to all of NIH no later than October."

Speed and convenience are two features of the IntraMall that should be immediately evident, said Guerra. Employees will be able to get quotes from several companies for a particular item, allowing for competition among vendors and equal access to NIH acquisitions.

Employees should be able to connect directly to any of the vendor catalogs, and, if buying from a single vendor, the user's shopping list can be automatically delivered to that vendor's electronic mailbox.

"Another advantage this system will offer is that a user can shop from multiple vendors in one session and have all orders electronically placed with just one click of the mouse," Guerra explained.

The transfer of purchases under \$2,500 to this Web-based system should lead to decreased costs for

both buyers and sellers because the IntraMall will act as an information utility bringing both sides

together. Once a small purchase has been placed, a list of all items, prices, and quantities will be automatically generated for easy delivery confirmation and reconciliation of monthly credit card statements.

For procurement requests requiring prior approval, a "built-in intelligence" system will automatically forward the order to a designated ICD purchasing agent for clearance. "Currently, only authorized IMPAC users will be able to send orders electronically through the IntraMall system; however, any NIH employee may order baskets of goods for purchase by the cardholders," explained Jeff Weiner, program analyst, Office of Intramural Management.

In addition to the IntraMall, NIH intends, by the end of summer, to announce the availability of the new USA credit card, developed by the Department of Treasury and NationsBank. It is to be used for government-to-government and internal purchasing only.

Guerra has been issued the first card in the federal government. "The exciting thing about this card," she emphasized, "is that we are also automating procurement for the scientific staff in order to expedite internal transactions."

According to IRWG, the purpose of the electronic shopping mall, coupled with credit cards, is to provide scientists with the best technological advances to fill their procurement needs. NIH will be the first HHS operating division to employ these new benefits.

Ultimately, IRWG expects that concerns about purchasing will be minimized and NIH'ers may focus their time and effort on research. For more information, contact Weiner at 6-7058. ■



*NCI's MaryAnn Guerra demonstrates the new NIH IntraMall, an electronic shopping mall for online purchase of supplies.*

## INEQUALITY, CONTINUED FROM PAGE 1

living conditions are the critical factors that have improved health in human populations.”

Consistent with this conclusion, House continued, is evidence that the United States spends more money than any other nation in the world on medical care and research, yet levels of population health in terms of life expectancy—at all but the oldest ages—lag increasingly behind the most developed countries of Europe and Asia, and even some less developed ones. Greece, Spain, the United

Kingdom and Denmark, he said, spend one-half to one-third as much on health, and yet all have the same or better population life expectancy both for males and females at age 60 and at birth.

While improving the inequalities of access to medical care in the U.S. would help make a significant differ-

ence, social inequalities in health are not due primarily to a lack of health care. “People of lower socioeconomic status by education and income have a multitude of psychosocial risk factors that health care alone will not be able to overcome including smoking, lack of exercise, immoderate eating and drinking, and high fat/low fiber diets,” House said.

These individuals also experience more chronic and acute stress, higher rates of ill health and death among family and friends, lower levels of social support and personal efficacy, and higher levels of depression and hostility, and typically live and work in environments that are hazardous to health.

Why persons of low socioeconomic status (SES) are vulnerable to virtually all psychosocial and environmental risk factors is not fully understood, although science has discovered much about how socioeconomic factors can get “under the skin.” Further, improving risk factors is not enough. “We need to improve the socioeconomic context which generates and sustains these risk factors,” House recommended.

While investing in science and improving access to health care are important and would improve the health of lower SES populations, research findings suggest that doing so would likely have only a limited impact on population health unless these gains are accompanied by policies and conditions that mitigate current levels of deprivation and inequality.

“To have a substantial impact on public health,” House said, “there would need to be a decrease both in absolute and relative deprivation and inequality

of the lower 30 to 50 percent of the socioeconomic distribution.”

Investments in biomedical research should continue at the current levels and higher, in House’s opinion, but “a broader psychosocial perspective must be considered very seriously as we plan our science, practice, and policy for health and aging in the 21st century. Greater emphasis,” he said, “has to be placed on the role that social factors and social policy play in the development of future health science and health policy, and should be seen not as an alternative, but as a necessary complement.”

House, who is professor of sociology and director of the survey research center in the Institute for Social Research at the University of Michigan, received funding for his work on social factors from the National Institute on Aging, and earlier at the National Institute of Mental Health and the National Heart, Lung, and Blood Institute.

Dr. Redford Williams, a researcher at Duke University Medical Center, will continue the examination of social inequality and health at the next OBSSR seminar on Monday, Sept. 15 from 10 to 11 a.m. at Wilson Hall, Bldg. 1. His presentation will address “Excess Illness in Low SES Populations: A Psychobiological Theory of Why.” ■



The University of Michigan’s Dr. James House (c), who gave a recent seminar on social inequality and health, is flanked by hosts Dr. Norman Anderson (l), director of the Office of Behavioral and Social Sciences Research, and NICHD’s Dr. Norman Krasnegor.

### Fire Prevention Slogans Sought

Fire up your imaginations and think up a nifty slogan for NIH’s observance of National Fire Prevention Week. If you win the contest, open to everyone (except members of the sponsoring Emergency Management Branch), your idea appears on next year’s commemorative posters at NIH, along with your name.

You can enter as often as you like, and entries should be snappy one-liners about fire prevention. Be sure to print (legibly) or type your slogan on a sheet of white paper. If you submit multiple candidates, rank them in order of preference. Entries are due by Sept. 30.

Send or fax entries to the fire prevention section, Bldg. 15G, Rm. 2. Fax number is 2-2059. For more information, call 6-0487.

### Anyone You Know Have Eczema?

Do you or a family member or friend have atopic dermatitis (often called “eczema”)? NIAMS is looking for volunteers to review a booklet it is developing about atopic dermatitis for people with this skin disease and for their family members. If you are interested in volunteering, contact NIAMS’ information clearinghouse at (301) 495-4484 or send email to [ataubenh@jbs1.com](mailto:ataubenh@jbs1.com). ■

First Person

## Voting Among the Ruins

By John Schelp

*John Schelp of the National Institute of Environmental Health Sciences—a former Peace Corps volunteer—was invited by the Carter Center to be an official international observer of the legitimacy of Liberia's first free election, which occurred on July 19. Here are his impressions from his recent stay in Africa from July 12 to 23. The First Person column is an occasional feature to which all NIH'ers are invited to contribute.*

We drove into the village and it looked like many I had known as a Peace Corps volunteer in Zaire—a dozen earthen huts covered with grass roofs surrounded by forest. In front of the largest house, citizens were quietly waiting in line to vote in Liberia's first free election. Those holding flashlights had walked up to 5 hours during the night. Now, still an hour before the polls opened, more than 200 were patiently waiting. Waiting to do something that we often take for granted.

The forest begins just behind the polling station. As I looked into the vegetation, I was stunned to see the ruins of an entire town. Before the war, this tiny village was a commercial center with stores, hospital, churches, and a post office. I was told that



*John Schelp of NIEHS and former President Jimmy Carter*

thousands of people lived in the town. Many were killed in the war, others are now living in refugee camps or deeper in the bush. Some had returned to vote for peace.

Former President Jimmy Carter led a 40-person delegation to Liberia to observe that country's first free election—an important step in a peace process for a nation that was devastated by 7 years of civil war. The Carter Center sent two-person teams to every county to observe the process and report if the election was free and fair. Brooks, a banker from New York who had monitored the Cambodian elections, and I were deployed to Bomi County. We were excited about our assignment because Bomi County was a key point on the line between two fighting warlords. Bomi experienced some of the war's most vicious battles—we did not see one structure that was not pockmarked by bullet holes in its walls. Located near the refugee camps along the Sierra Leone border, Bomi had the least successful disarmament program in Liberia and was the only county that the leading candidate did not campaign



in for fear of his life. If the elections were going to bring Liberia closer to peace, Bomi County would be a good test.

Brooks and I spent election day driving to 23 polling stations. Some were in large towns, others were in rural settings. (We skipped three stations in the old rubber plantation after the local UN commander said groups of young fighters were still hiding out in that area.) After getting their thumbs stained with indelible ink, voters would mark their ballots with either a thumbprint or "X" near their candidate's image. The ballot boxes were large, clear plastic bins with snap-on tops that were sealed with numbered clips.

At our last polling station, we observed the vote count. The peacekeeping soldiers stood at the perimeter to keep away curious onlookers. They became quite nervous when they heard a truck coming down the dirt road and were relieved when they saw it was a local businessman. It quickly became evident that Charles Taylor, a former warlord who never campaigned in the county, was taking a commanding lead in this small village 20 kilometers off the main road. He would go on to win the election with 75 percent of the vote.

Overall, we felt that the election process in Bomi County was free and fair—a conclusion that was repeated by Carter Center delegates returning from other parts of Liberia. The main reason for this was the outstanding efforts of the West African peacekeeping forces who were posted at each polling station to maintain order.

The day after the election, we drove back to the capital of Monrovia. What we saw along the way was inspiring. A young couple had just married in one of the few remaining churches. A ribbon-covered caravan of wedding guests snaked through the county seat celebrating their new lives together. Church bells were ringing. Farther down the road, a man felt secure enough to start building a new house. Perhaps the elections would indeed bring peace to a troubled nation. ■

*One of the polling stations Schelp checked. People had waited hours—walking up to 5 hours through the night—to vote in elections that may bring peace to Liberia.*

## Gay, Lesbian NIH'ers Continue Struggle for Equality

By José Alvarado

Gay and lesbian Americans have made progress in gaining visibility and equal rights at private sector workplaces across the country. Companies like Walt Disney Co. have extended benefits similar or equal to those given to heterosexual employees. Many state and local governments have followed suit, after much organizing and struggle by gay and lesbian employees. And under President Clinton's policy towards the gay community, the situation in the federal government seems to have improved.

However, some gay employees at NIH say there are still unresolved social and economic issues creating adversity for them at the workplace and keeping them from fully reaping the fruits of almost 30 years of struggle for equal rights. These issues came to the fore during the recent "Noons in June" seminar series conducted on campus.

Many gay and lesbian NIH'ers agree that since the arrival of the Clinton administration and the appointment of Dr. Harold Varmus as NIH director, their situation has improved. For the first time, the NIH Office of Equal Opportunity recognized June as Gay and Lesbian Awareness Month, a national commemoration of the June 27, 1969, protests in New York City that marked the beginning of the gay liberation movement.

"This new designation is in keeping with HHS Secretary Donna Shalala's Dec. 6, 1993, EEO policy statement that includes the prohibition against discrimination on the basis of sexual orientation," said OEO Director Naomi Churchill in a memo announcing the event.

When President Clinton entered office in 1993, he moved to protect the rights of gays and lesbians in government by promising to strike down a ban on gays in the military and enforcing the equal treatment provisions of the Civil Service Reform Act of 1978 in all government agencies. Then-new HHS Secretary Shalala promptly revised the department's nondiscrimination policy to include sexual orientation.

In the last few years, gay organizations for federal employees such as Gay and Lesbian Employees' Forum (GLEF) and Federal GLOBE (Gay, Lesbian or Bisexual Employees), have grown in a climate of greater tolerance in the federal workplace, says Richard Clark, president of GLEF at NIH. This has made coming out for many gay workers, if not easier, at least more of an option, he said.

Rep. Barney Frank (D-Mass.), who is gay and an advocate of gay issues, says the situation for gays in the federal sector has improved in the past 5 years. "I think it has gotten much better under the Clinton



Richard Clark

administration. For the first time in the past 5 years, many people felt free to be open, although it can be hard to prove. But my experience—with the President appointing people who are openly gay and the support that we have received—has been that discrimination has dropped. The rule has been that gay

and lesbian people have not been discriminated against in the past few years."

### Getting out of the closet

According to Clark, prohibiting discrimination on the basis of sexual orientation has been a decisive factor for many gays and lesbians in their choice to "come out of the closet" at work. "That's really important because if you go around trying to hide this one area of your life in a workplace where you are spending 8 or 9 hours a day, it's going to be awfully difficult to maintain that without having your relationship with the people around you suffer," said the statistical assistant from NHLBI's Cardiology Branch. "Your work is going to suffer and your mental health and emotional health are going to suffer. And to just be out and comfortable is a major thing."

Clark believes the key to changing people's negative stereotypes of homosexuality is for them to know gay people up close, particularly in the workplace. "I have discovered that some people can be very homophobic until somebody close to them says, 'I am gay.' It is amazing sometimes how fast their attitudes will change. And they realize, 'Wait, this isn't the evil demon that everybody says they are. This is my son, my daughter, my sister, my brother, the friend that I have known for years.'

"I think that just having the whole issue open and public makes most gay and lesbian employees feel a lot more secure, a lot more able to be open about who they are, and has helped other employees to realize that a person's sexual orientation has nothing to do with how well a person performs their job," observed Clark.

### Bias still

But there are divergent opinions on how far this tolerance and understanding have actually gone in federal agencies like NIH. Acceptance of gays and lesbians has varied widely from office to office, and reactions, either from supervisory employees or coworkers, have not been uniform. Even Clark, who has not experienced rejection himself, admits that, for many, the process of coming out can be difficult.

"Sometimes you are in a no-win situation because

Acceptance of gays and lesbians has varied widely from office to office, and reactions, either from supervisory employees or coworkers, have not been uniform.

if you don't tell people and they find out, it's like, 'How can you keep this from us?' But, if you happen to mention it, you are bragging, you are flaunting sexuality. So sometimes you just can't win," he said.

A number of gays and lesbians feel there is still much to be done to attain satisfactory gay-straight relationships in the workplace, and assert that prejudice is too often evident. A subtle form of discrimination against gay employees, who notice a double standard in how they are treated, persists, said sources at the Noons in June workshops. Some gays claim that federal officials in charge of enforcing equal rights for minority employees have yet to take the gay struggle seriously.

Frank himself recognizes the need for permanent statutory protection of gay and lesbian rights in the federal workplace against future modifications in policy as a result of a change in administration. He is sponsor of a bill pending in Congress, the Employment Non-Discrimination Act, that would prohibit discrimination on the basis of sexual orientation, providing basic protection to ensure fairness in the workplace for gay and lesbian Americans who are currently denied equal protection under the law. The bill was brought to the Senate floor as an amendment to the Defense of Marriage Act, where it lost by one vote. It hasn't been introduced in the House of Representatives, where it is opposed by the Republican leadership.

#### A case in point

One person who believes he has experienced bias in the past is a former manager within the Office of the Director. Unfortunately, events in his personal life several years ago began to affect his work life; he had to be absent from his job for extended periods of time to care for a friend who was dying. Inevitably, he shared his distress with his supervisors and colleagues and admitted along the way that he was gay. Within 2 weeks of coming out and without any clear explanation, the individual says he was dismissed from his management position and passed over for promotion. He quickly filed an EEO complaint and it was resolved. However, this did not solve all his problems; he sincerely believes his sexual orientation and/or the fact that he filed a suit has prevented him from being selected for various NIH positions for which he has applied over the years.

Still a member of OD, he now heads an office that handles policy and addresses technical issues and concerns. While this is not a "management" position, he is convinced he holds a worthwhile, important job. Furthermore, positive attitude changes have been apparent in his work environment over the last year, and his supervisor and higher ups are setting the path for change.

The core issue occupying the gay community at

NIH and other federal agencies these days is a lack of clear laws and regulations mandating the same rights for gay partnerships, including medical and family leave rights, as for straight married couples.

The NIH'er mentioned above has chosen to do his part for equal treatment through participation as an NIH representative to Federal GLOBE, which works to ensure fair treatment of homosexual employees. Federal GLOBE is beginning to make its presence felt in HHS and NIH, which lack any domestic partnership benefits. Advocates for such benefits say that they are rooted in the egalitarian principle that equal work warrants equal pay, including employment benefits, which can amount to 25 percent of total compensation.

#### A double standard

Gary Morin, a sign language interpreter at NIH, explained how unequal treatment in employment benefits can be unjust to gays. "I can get health benefits for a member of the opposite sex I just met yesterday and married this morning. But I can't get that for a partner with whom I have been living for 5, 10 or 15 years. That's clearly a double standard. That's being treated differently as a class—no matter how monogamous and long-term the relationship is. It



Gary Morin

may be true that in many gay couples, both partners work, and both may have access to benefits. But the fact is we don't have the option."

Morin also pointed out that even though "upper management" at NIH follows through on administrative policy to ensure there is no discrimination, he feels there is a "middle management" who "don't want to hear about the issue of sexual orientation; they actively avoid it." He cited as an example the June 25 workshop on gay issues in the workplace, for which GLEF extended invitations to supervisors. GLEF sources say none—save some OEO managers—attended.

Ultimately, the fight to keep gay issues on the front burner will depend on the willingness of closeted gay and lesbian employees to come out and join organizations like GLEF and Federal GLOBE, which still attract only a fraction of the gay community, according to Morin. "Until they come out, there are not going to be the visible numbers to make our issues a priority, and there is going to be a backlash." Among all of the minorities on campus, Morin concludes, "We are the ones who still have the furthest to go in terms of legal rights." ■

**"I think that just having the whole issue open and public makes most gay and lesbian employees feel a lot more secure, a lot more able to be open about who they are, and has helped other employees to realize that a person's sexual orientation has nothing to do with how well a person performs their job."**

—Richard Clark

**CLINICAL TRAINING, CONTINUED FROM PAGE 1**

top 20 for interviews that were held in March. Fourteen interviewees were selected; nine accepted NIH's invitation to join the first CRTP class. Each student was assigned a tutor, who will provide assistance in the selection of a mentor to guide the training experience.

Participants hail from schools as close as the Medical College of Virginia to UCLA, and several—including the University of Kansas and the University of Nebraska—in between. They will do research on such subjects as surgical neurology, orthopedics, rheumatology, cardiovascular disease and critical care medicine side by side with their mentors while on campus.

"We are very excited about the prospect of having these students at the NIH and our clinical researchers are looking forward to working with them,"

says Dr. Michael Gottesman, NIH deputy director for intramural research, whose office—including the NIH Office of Education—handled the logistics of developing the program.

CRTP scholars will receive predoctoral intramural research training award fellowships supported by their mentors. In addition to training assignments, they will take NIH's core course in clinical research, offered annually by the Clinical Center. The first CRTP class will stay for 1 year, with a possible 1-year extension. Six of the students live in the newly renovated NIH director's house on campus. ■

*Below, workers give the NIH Director's House a face-lift in preparation for the half dozen CRTP scholars who recently moved in.*

PHOTOS:  
JOSÉ ALVARADO

**Male Volunteers Needed**

The Behavioral Endocrinology Branch, NIMH, is seeking male volunteers ages 18-45 to participate in a 5-month study of the effects of reproductive hormones on brain and behavior. Volunteers must be free of medical illnesses and not taking any medication on a regular basis. They will complete daily rating forms and be asked to participate in one of several protocols. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, 6-9576. ■

**NIDA Names New Branch Chiefs**

The National Institute on Drug Abuse recently named two new branch chiefs.

The Science Policy Branch welcomes Dr. Andrea Baruchin as new chief. She was previously associate director of science policy in the Office of Science Policy and Program Planning, NIMH.

She has received several honors including recognition for sustaining a high quality level of work performance in 1996 and the NIMH Special Act or Service Award in 1995. She has also been a member of the evaluation committee for the Westinghouse Science Talent Search and was a recipient of an NIMH predoctoral traineeship in behavioral neuroscience.

She has authored and collaborated on publications on such topics as biomedical ethics and human subject issues, molecular neurobiology of stress and

the catecholamine biosynthetic pathway in the rat adrenal medulla, and human gene linkage studies in somatic cell hybrids.

Beverly Wyckoff Jackson recently became chief of the Public Information Branch. She has an extensive background in health and science communication, having headed public affairs at



*Beverly Jackson*

Children's Hospital and the American Psychological Association. In addition, she owned a public relations firm for many years that specialized in marketing activities for a variety of health-related associations, hospitals and scientific societies. ■

**Treatment for Panic Attacks**

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

**Gene Therapy Conference, Sept. 11**

A gene therapy policy conference entitled "Human Gene Transfer: Beyond Life-threatening Disease," will be held Thursday, Sept. 11, from 9 a.m. to 5 p.m. at the Bethesda Holiday Inn, located at 8120 Wisconsin Ave. in Bethesda. For more information or to register for the conference (no cost), visit the web site <http://www.nih.gov/od/orda>. ■



*Dr. Andrea Baruchin*

## Arthritis Briefing Examines Growing Costs of Disability

By Barbara Weldon

"An explosion of science is having an impact on arthritis research, and these new findings will ultimately benefit the patient," said NIAMS director Dr. Stephen I. Katz, at the opening of a recent science writers briefing at NIH. Cosponsored by NIAMS, NIAID, the American College of Rheumatology and the Arthritis Foundation, the briefing was part of the first biennial Arthritis Research Conference that brought together established researchers and young investigators to discuss their findings.

"New information from the research bench will ultimately be translated into better diagnosis and better treatment for patients with rheumatic disease," said Dr. William Koopman, president of the American College of Rheumatology. Rheumatic diseases affect more than 40 million Americans, and by the year 2020 it is estimated that 60 million Americans will have some form of arthritis, he said.

Debra Lappin of the Arthritis Foundation said arthritis is not just minor aches and pains, but a major public health issue. "It affects people of all ages and is the leading cause of disability in the nation today," she said. "The estimated cost of arthritis in medical expenses and lost wages is about \$64 billion each year." Noting that people with arthritis need early aggressive therapy, referral to a specialist, and accurate information about their disease, Lappin stressed the importance of patient self-management and emphasized research results dispelling the myth that people with arthritis shouldn't exercise.

Relating her personal experience with rheumatoid arthritis-related employment difficulties, Dr. Saralynn Allaire of Boston University said arthritis is the leading cause of work loss in working-age people and the second leading cause of Social Security disability payment. A former nurse, she had to change occupations to keep working.

Allaire added that studies have identified many risk factors associated with arthritis-related work disability, including physical demands of the job, ability of the worker to control pace of work, self confidence in work ability, degree of physical limitation, and age. "Early medical and vocational rehabilitation treatments may reduce work disability and enable the person to keep [his or her] job," she said, although this still needs to be tested.

"Most people are not aware that chronic conditions such as arthritis and musculoskeletal disorders account for three out of every four deaths in the United States," said Dr. Matthew Liang of Brigham and Women's Hospital. Studies have shown that patients with arthritis may have improved quality of life from exercise and self-help courses, he said.

These methods have been shown to reduce health costs, which is becoming more important in planning health care for individuals with arthritis. "For people with chronic disease, psychological and social factors and health policy are powerful determinants of their ability to maintain independence and general health," he said.

Dr. Peter Lipsky of the University of Texas Southwestern Medical Center said rapidly identifying genes involved in disease and studying their biology can generate new treatments for patients. He said when arthritis patients see a doctor, their primary concern is pain. The doctor will usually prescribe a nonsteroidal anti-inflammatory drug (NSAID) such as ibuprofen to suppress the inflammation and pain. "NSAIDs are probably the largest selling drugs in the world and are taken by 15 to 30 million Americans," he said. However, "between 2 and 4 percent of all patients taking NSAIDs will have a major gastrointestinal problem that may put them in the hospital."

Lipsky said researchers have discovered an inhibitor of inflammation and pain that has very few side effects. Called a COX-2 inhibitor, this substance affects the COX-2 enzyme that is only expressed in the body when you have inflammation. NSAIDs block the action of COX-2, but also inhibit a related enzyme, COX-1, which helps protect the stomach lining from irritation.

Summarizing themes from the conference, Koopman concluded, "New information holds great promise for future therapeutic targets, better understanding, and ultimately better health for the patient." ■



*Participants in the arthritis briefing are (from l) Drs. John McGowan, Stephen Katz, William Koopman and Doyt Conn.*

### Blue Cross/Blue Shield Day

Blue Cross/Blue Shield of the National Capital Area will be on the NIH campus Tuesday, Aug. 26 to assist enrollees who have claims or enrollment problems. A representative will be available from 9 a.m. to 3 p.m. that day in Bldg. 31, Conf. Rm. 7, armed with a laptop computer to access directly the enrollee's records at company headquarters.

No appointment is necessary. Assistance will be provided on a first-come, first-served basis. Blue Cross/Blue Shield comes to NIH one day each month, usually on the second Wednesday of the month. ■

## Latino Students Explore Health Research Opportunities

One hundred-sixty high school students of Latino heritage from 19 states, the District of Columbia and Puerto Rico saw the inner workings of different health research and policymaking agencies during this year's National Hispanic Youth Initiative (NHYI), in two busy sessions during the month of July.

At each weekly session, a group of 80 NHYI participants was immersed in the world of health care in the federal sector. Following tours of NIH's research facilities and meetings with scientists, the students were treated to a full week of conferences and briefings

at the Office of Minority Health, FDA, HRSA and EPA laboratories, where top officials and leaders in health and research discussed issues that centered on the health needs of Hispanic communities.

NHYI aims to encourage Latino youth to pursue careers in health and medicine. NIH and other agencies gave orientations on academic opportunities and careers. The students also sat in on a White House briefing and a meeting with members of the Congressional Hispanic Caucus.

Participants in NHYI are juniors and seniors who have grade point averages of at least 3.5 and are recommended for the program by their science teachers. The program, in its ninth year, is adminis-



tered by the InterAmerican College of Physicians and Surgeons and funded by HHS, different ICD's and private foundations.

John Medina, Diversity Program manager at NIH and member of the NHYI board, said NHYI plays a pivotal role in President Clinton's Executive Order 12900, "Educational Excellence for Hispanic Americans" and Secretary Shalala's Hispanic Agenda for Action.

Most of the program's participants eventually enroll in institutions of higher education and seek out careers in science or health-related areas, he said. A good number of NHYI alumni return to NIH to do their internships, he added. "The program is our main pipeline in developing future Latino scientists and researchers for NIH and HHS." ■



*Above, several students from this year's National Hispanic Youth Initiative look forward to a tour of NCI facilities. At right, after giving a tour, Dr. Ofelia Ana Olivero (seated), NCI research associate, pauses for a photo.*

## DS's Johnson Retires After 42 Years in Federal Service

After 42 years of government service, Morris Johnson retired from the Division of Safety on Aug. 1. He spent 2 years in the Army, and then, on Feb. 19, 1957, he began the first of his 40 years at NIH, working primarily in the field of occupational safety and health.

Johnson spent his early career at NIH as a medical biology technician for the Division of Research Services' animal hospital section, which was responsible for delivering nonhuman primates to the institutes for research. Workers there performed health status checks, gave vaccinations and tattooed the animals before delivery. After almost 2 years, Johnson transferred to NIMH's section on general physiology, where he continued as a biology technician working with nonhuman primates. Four years later, after a reorganization of NIMH, he transferred to the Division of Research Services' newly formed Environmental Services Branch, where he worked in the engineering section.

He worked with Edwin M. Lamphere to develop the first gnotobiotic units,

which were used to develop the first special pathogen-free animals at NIH. Sterile air was supplied under positive pressure to the enclosures and the animals were raised inside the sterile environment. It took numerous generations and meticulous work to develop these pathogen-free animals, some strains of which are still in use.

The Environmental Services Branch became, in 1979, the Occupational Safety and Health Branch of the Division of Safety. Throughout his career, Johnson was involved in assuring a safe and healthful working environment for everyone at NIH. He worked at the NIH Animal Center in Poolesville, where he monitored, sampled and inspected the sewage treatment plant,



Morris Johnson

wells, and creek for water quality. He sampled for environmental pollutants, ran the safety shoe and safety eyeglasses program, conducted pest control efforts, provided personal sampling for exposure to chemicals and most recently supervised the asbestos abatement program.

Johnson received the NIH Merit Award in 1990 and the NIH Director's Award in 1994 for his dedicated work on asbestos abatement. He was chairman of the human relations and training committee for Environmental Safety Branch employees and was also a member of the Division of Safety's EEO committee for 3 years.

Johnson was born in Summerton, S.C., and spent his youth working on his parents' farms in Summerton and Santee. After retirement he will continue to reside in Washington, D.C., with his wife Dorothy. They have a son who lives in Alexandria, Va., and a daughter who lives in Washington. Johnson plans many trips back to Santee and has his fishing pole ready to go. ■

## Former DCRT Lab Chief Harris Dies

Dr. Eugene K. Harris, chief of DCRT's Laboratory of Applied Studies from 1965 to 1983, died of prostate cancer July 4 at his home in Madison, Va.

Harris joined the newly established DCRT in 1965 and directed the division until the appointment of Dr. Arnold Pratt a year later. During his career as a biostatistician, Harris worked on the statistical design and analysis of research projects and the statistical basis of clinical and laboratory chemistry values. The focus of his interest was identifying normal ranges of blood components such as calcium, cholesterol, blood urea nitrogen, and lactate dehydrogenase, and determining how these ranges changed in the presence of disease. He also served as an advisor to the national committee for clinical laboratory standards and as reviewer for the journal *Clinical Chemistry*.

"Gene was a caring person, a very ethical person, who was beloved by everyone who worked for him. He always assumed the best about a person, so people tended to rise to his expectations," said DCRT's Bonnie Douglas, who worked in Harris' lab in the 1970's. Dr. James Mosimann, a former section chief in Harris' lab, described him as a "humble and extremely knowledgeable person—the best supervisor I ever had in the government."

After retiring from NIH in 1983, Harris held research, clinical, and adjunct professorships at

the University of Virginia Health Sciences Center in Charlottesville. Until shortly before his death, he worked as a consultant for the FDA, providing statistical advice on the evaluation of diagnostic medical devices. Recently, he was appointed to an FDA advisory panel on clinical chemistry and clinical toxicology devices.



Dr. Eugene K. Harris

Winner of many awards and honors, Harris held the National Cancer Institute's first fellowship in biostatistics in 1948-50. He received a Silver Medal and Superior Service Award from the Department of Health, Education and Welfare (HEW) in 1963 and the NIH Senior Scientific Service Outstanding Performance Award in 1982.

Harris wrote four books and 65 papers in his field and was active in various professional

associations and in the Madison Presbyterian Church. He received a B.S. from Trinity College in Hartford, Conn., in 1946 and a doctorate in biostatistics and public health from Yale University in 1950. Before coming to NIH, he taught biostatistics at the University of California at Berkeley, directed statistical services at a Public Health Service center in Cincinnati, and served as senior operations analyst in the office of the secretary, HEW.

He is survived by his wife of 47 years, Janet Schoepflin Harris; three daughters, Barbara McWhirter of Cheshire, Conn., Deborah Teall of Metuchen, N.J., and Nancy Harris of Kensington, Md.; and three grandchildren.

## Injured on the Job?

Do you have a work-related upper extremity problem or injury, i.e., carpal tunnel syndrome, tendonitis, or repetitive strain injury of the fingers, wrist, elbow or shoulder? USUHS is conducting a study that includes a \$40 payment. Volunteers must be ages 20-60, seen by a physician within the past month and currently working. Call (301) 295-9659.

## APAO To Meet, Sept. 25

The NIH Asian and Pacific Islander American Organization will hold its annual general assembly meeting on Thursday, Sept. 25 at 1:30 p.m. in Wilson Hall, Bldg. 1. The meeting will include election of officers and seven council members. All are welcome to attend. Refreshments will be served after the meeting. For more information contact Prahlad Mathur, 2-8213, or Laura Sheehan, 6-0493.

## Healthy Volunteers Wanted

The NIA Laboratory of Neurosciences is seeking healthy volunteers ages 18 and older to participate in research studies. Participation involves full medical evaluation, psychological testing, and brain scans (MRI, PET). Procedures require approximately 13 hours and participants will be paid \$300 to \$500 depending on time involved. For more information, call 6-4754, 9 a.m. to 4:30 p.m., Monday-Friday; or 6-4273, after hours. ■

## Female Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50. They must have regular menstrual cycles and be medication free. Participation includes periodic hormonal evaluations, completion of symptom ratings and occasional interviews during a longitudinal study of the perimenopause. Subjects will be paid. Call Linda Simpson-St. Clair, 6-9576. ■

'Net-Worked Conference

## Mammary Gland Biologists Converge at Natcher

By Sharon Ricks

More than 150 scientists from 10 countries converged on Natcher conference rooms recently to participate in an NIH conference featuring experts from all fields of mammary biology.

"Breast Development Physiology and Cancer" covered everything from hormonal control of maternal behavior to the roles of the cell cycle, matrix proteinases and the bcl-2 gene in breast cancer, as well as new gene cloning technologies. It was sponsored by NIDDK, NCI, NHGRI, ORWH and DCRT.

"This was quite exciting," remarked Dr. Lothar Hennighausen, chief of the developmental biology section in NIDDK's Laboratory of Biochemistry and Metabolism and organizer of the conference. "Very often meetings just focus on one aspect, but for the first time, we had 27 speakers discussing key

technologies and research developments that feed into breast development, physiology and cancer."

If breast cancer is a biologically complex disease, the speakers put a good number of puzzle pieces on the table. NIH director Dr. Harold Varmus discussed gene interactions in mammary development, tumorigenesis and the Wnt-1 gene family. Dr. Margaret McCarthy of the University of Maryland gave a talk on hormonal control of maternal behavior. NLM's Dr. Michael Ackerman shared his work on a digital image library for breast visualization. And Dr. Marc Lippman of Georgetown University Medical School shared new treatments for breast cancer using antagonists to the epidermal growth factor receptor, a member of a "superfamily" of proteins linked to breast cancer.

Technology was also a hot topic. NCI's Dr. Lance Liotta discussed his use of laser dissection technology for gene discovery and his creation of an Internet library of cancer-causing genes. NHGRI's Dr. Jeff Trent explained his work on microchips and DNA chips where he displays thousands of DNA clones and analyzes gene expression patterns in human cancer. NLM's Dr. David Lipman discussed using supercomputers to analyze genes, and Dr. Priscilla Furth of the University of Maryland Medical School talked about the development of transgenic models that allow identification of molecular steps in breast cancer progression.

The conference itself was a technological coup, since it was organized on the Internet. The "Biology of the Mammary Gland" Website, the first interactive site of its kind, was created by Hennighausen and DCRT's Jai Evans in 1995. By accessing <http://mammary.nih.gov/conference97>, potential participants could print the event poster, register, reserve a hotel room, sample the entertainment planned, and submit abstracts at the push of a button or two. The only things that weren't downloadable, joked Hennighausen, were the checks and the T-shirts. "Next time," he quipped. Chris Vargas of DCRT's Scientific Computing Resource Center and NCI's



Dr. Lothar Hennighausen

Margaret Fanning helped organize the conference.

News of the conference reached interested mammary biologists in Australia, Canada, France, Ireland, Israel, Korea, New Zealand, Sweden, the United Kingdom as well as the United States. Seventy-five percent of the participants were from



Dr. Harold Varmus

outside NIH. Forty abstracts were submitted for poster sessions and eight were chosen as additional short talks.

"Biological sciences have a bright future on the Web," said Evans, who served as Webmaster for the conference, setting up the server and registration databases. "The Web is and will continue to be the method of choice for worldwide dissemination of scientific information." Hennighausen agrees. Lectures from the conference have triggered creation of the first electronic mammary gland biology textbook on the web. ■

### Down Syndrome Study Recruits

Adults ages 18 and older with Down syndrome are sought for memory and aging studies conducted by NIA's Laboratory of Neurosciences. For more information call 6-4754, Monday through Friday, 9 a.m. to 4:30 p.m. After hours call 6-4273. ■



Speakers at the conference included (bottom, from l) Charles Daniel, Larry Brody, Jolene Windle, Lothar Hennighausen, Margaret McCarthy; (second row, from l) Daniel Medina, Gilbert Smith, Christine Watson, Margaret Neville, Paul Kelly; (third row, from l) Robert Callahan, Lewis Chodosh, Tony Wynshaw-Boris, Priscilla Furth, Jeffrey Rosen; (top, from l) Jai Evans, Donna Bortner, Nelson Horseman and Colin Wilde.

PHOTOS: BILL BRANSON