

THE NIH RECORD

Still The Second Best Thing About Payday

Patient Shows Resilience, Strength Through Competitive Swimming

By Mary Daum

When Lucy Gilmore was a toddler, she began experiencing bone fractures very easily. Mishaps like falling off a tricycle that would result in only scrapes and bruises in other children caused her bones to break. The family's pediatrician in Radford, Va., referred the family to an orthopedist who



Competitive swimmer Lucy Gilmore shows off her medal at an Indianapolis meet held last June.

immediately knew something was different about Lucy's bones. At the age of 3, Lucy ended up in the office of a pediatric endocrinologist who diagnosed McCune-Albright syndrome (MAS) with fibrous dysplasia of bone.

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NIH Wins 'No Gobbledygook' Award for NLM Trial Database

By Susan Persons

Vice President Gore recently awarded NIH its first plain language "No Gobbledygook" Award for the development of a clinical trials database at the National Library of Medicine. Dr. Alexa T. McCray led the NLM team that developed ClinicalTrials.gov, a database that provides the latest information on more than 5,000 clinical trials of serious diseases and health conditions at 47,000 research sites. The award recognizes one of numerous efforts at NIH to implement the Plain Language Initiative. (See *NIH Record*, Apr. 4, 2000).

When faced with a serious illness, we all wish to know the most up-to-date information.

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Clinical Center's Alter Wins Lasker

The Clinical Center's Dr. Harvey J. Alter received the 2000 Lasker Award for clinical medical research during ceremonies in New York City on Sept. 22.

He shares the award with Dr. Michael Houghton, a scientist with Chiron Corp. It honors Alter's ongoing studies to uncover the causes and reduce the risks of transfusion-associated hepatitis and Houghton's continuing work in molecular biology to isolate the hepatitis C virus.

An NIH grantee was among four other scientists honored by 2000 Lasker Awards: Dr. Alexander Varshavsky of the California Institute of Technology, who shared with two other researchers the Lasker Award for basic medical research, has been supported by NIGMS, NCI and NIDDK, which was his major funder through a MERIT Award. Varshavsky, along with Aaron Ciechanover and Avram Hershko of the Technion-Israel Institute of Technology, were honored "for discovery and recognition of the broad significance of the



Dr. Harvey Alter

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Hispanic Heritage Month Observed

Kickoff Stresses Relaying Health Messages to Underserved Communities

By Carla Garnett

Researchers know that good dental health is a sign of good overall health. They can prove that family counseling can improve the lives of troubled youth, and there is evidence that care providers have a wealth of tools to fight mental health problems. None of this information can help, however, if those in the medical community are the only ones who know about it. Somehow, these and other health messages—messages that lead people to seek necessary medical services—must reach the populations they intend to serve, specifically Hispanics/Latinos, the fastest growing minority in the United States, in Montgomery County, Md., and also one of the most underserved.

NIH used the occasion of its Hispanic Heritage Month observance kickoff to explore three medical issues in which the nation's minorities bear a disproportionate burden of disease. "Does Oral Health Matter?" was discussed by Dr. Raul Garcia, chair of the

SEE HISPANIC HERITAGE MONTH, PAGE 8



Dr. Prabha Atreya recently left the Food and Drug Administration to join the Center for Scientific Review. At FDA she had been a senior staff fellow in the Office of Vaccines, where her research was in the evaluation of vaccines for pediatric and other respiratory viral diseases. At CSR, she is a scientific review administrator, responsible for the review of small business innovation research applications assigned to the biochemical sciences integrated review group. Atreya trained as a postdoctoral fellow at Wayne State University. She was then a research associate at the University of Kentucky before entering government service as a senior staff fellow, first with the Laboratory of Infectious Diseases, NIAID, and then with the Laboratory of Pediatric and Respiratory Viral Diseases, FDA. She has published many articles in peer-reviewed journals.

Health Information Database More Useable

CHID, the Combined Health Information Database, now offers an improved search feature that will make this free resource more useful to health professionals and the public.

CHID is produced by three health-related agencies and has been available to the public since 1985. Contributors include seven institutes, centers and offices at NIH, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration. It contains references for thousands of books, journal articles, audio and video tapes, and other patient-education materials on a wide variety of health topics. It also includes many so-called "fugitive" materials that are not always referenced in other popular health databases and whose producers may be hard to locate. Currently, the CHID database contains over 111,000 records.

A bibliographic database, CHID provides the title, author, publisher and a brief abstract for each document it contains. It also gives ordering information for each record, telling users how to contact the publisher of a document and obtain a copy. New records are added to CHID four times per year.

The CHID database currently contains 16 subfiles, each focused on a different health topic such as Alzheimer's disease, arthritis, oral health and weight control. New topics will continue to be added. When searching CHID, a user can search a single topic subfile or the entire database.

In 1997, CHID became accessible over the Internet at <http://chid.nih.gov>. The site is user-friendly and free to visitors. Searching CHID is easy, even for first-time users, offering both simple and detailed search strategies.

"The new detailed search design is a real usability improvement," said Patricia Lynch, chair of CHID's board of directors. "Conducting a detailed search is now clearer, cleaner and easier. Since CHID went online in 1997, the simple search mechanism has been used twice as much as the detailed search. We hope this new design will enable more users to be comfortable conducting a detailed search." ■

Basses, Tenors Needed for Chamber Group

The NIH Chamber Singers are recruiting additional basses and tenors for their upcoming season. The group is busy rehearsing for its December concert, which will feature songs by Porter, Hindemith and others, as well as Christmas and Hanukkah songs. Rehearsals are held on Tuesdays from 5:30 to 6:30 p.m. in Bldg. 10. If interested, contact Susan Hauser at hauser@nlm.nih.gov or 435-3209. To find out more about the Chamber Singers, go to <http://www.recgov.org/r&w/chamber/>. ■

Catering by NIH's Eurest Offered

Campus cafeteria contractor Eurest has established a new contact point and email address for all NIH catering requests for its services. The new person is Steven Roding, who can be reached through the NIH global listing at "CateringbyEurest/NIH" or eurestcatering@mail.nih.gov. These are the only email addresses that should be used for Eurest Catering requests and questions; all other email addresses are no longer valid.

In addition, the Division of Support Services is working with Eurest to develop a web site where all catering choices and menus can be accessed for quick reference, with an online form to place orders. Also, Eurest's cafeteria hours and locations plus weekly menus will be located at this web site. You will be able to access this site through the Worksite Enrichment Programs Branch main page located at <http://www.nih.gov/od/ors/dss/special/index.htm>. The site should be up and running by late October.

If you have any comments on NIH food services, email your comments directly to "Cafeteria Comments" in the NIH global listing, or call the Worksite Enrichment Programs Branch at 402-8180. ■

Renewal of NIH Parking Permits

NIH General Parking Permits for campus employees whose last names begin with U, V, W, X, Y and Z will expire on the last day of November 2000. To get a new permit, an employee must visit the NIH Parking Office in Bldg. 31, Rm. B3B04. Hours are 7:30 a.m. to 4 p.m., Monday through Friday. Remember to bring a valid NIH identification card, driver's license and vehicle registration certificate. For more information, call 496-6851. ■

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Symposium Explores Spectrum of Hypertension Research

Although knowledge about treatment of hypertension has advanced, 20 percent of the world's population, or 1.2 billion people, suffer from hypertension and the current control rates are only 2-27 percent. New strategies are needed for improving the prevention and control of hypertension worldwide.

That was the message delivered at a recent National Heart, Lung, and Blood Institute symposium titled "Hypertension: From Gene to Community." Presented in Rockville, the symposium was a satellite session of the International Society of Hypertension's 18th scientific meeting, held in Chicago. The NHLBI event featured a panel of leading experts in hypertension whose specialty areas included epidemiology, genetics, medicine and nursing. The web broadcast of the conference can be viewed at <http://videocast.nih.gov/>.

In his opening presentation, NHLBI director Dr. Claude Lenfant provided a historical overview of hypertension research and discussed significant lessons learned. Foremost is the evidence that treatment of hypertension reduces morbidity and mortality from coronary heart disease and stroke.

According to Lenfant, 21st century research on hypertension will focus on the genetics of the disease. The potential benefits of a genetic approach to study hypertension are promising and include early detection, targeted prevention and targeted treatment of the disease.

Dr. Donna Arnett, associate professor, School of Public Health, University of Minnesota, presented an overview of the molecular genetics of hypertension and its complications. She said that although prevention of hypertension is a national priority, it is difficult to target preventive measures effectively. Moreover, despite some successes in genetic research, the identity and characteristics of individual genes contributing to blood pressure and the occurrence of hypertension in the population-at-large remain poorly defined.

The afternoon sessions focused on transferring knowledge about hypertension to clinical practice and included presentations on medical treatment and psychosocial factors in the cause, prevention and control of hypertension. Dr. Jacqueline Dunbar-Jacob, director of research at the University of Pittsburgh School of Nursing, presented research findings showing that patient compliance is a major barrier to effective treatment of hypertension. Between 21 and 66 percent of people with high blood pressure discontinue their medication for reasons such as undesired side effects, complexity of regimen, misperception of the disease and lack of motivation to comply.

Dunbar-Jacob told participants that hypertensive

patients who do try to comply often have difficulty taking their medications at consistent times each day. She stressed that failure to take medication as prescribed leads to unnecessary disease complications, disease progression, premature death, reduced functional abilities and quality of life, as well as substantial costs.

Other topics covered at the conference included the renin-aldosterone system in hypertension, the influence of social and cultural effects on blood pressure, and blood pressure levels in and across populations.—Ann Taubenheim ■



Dr. J. William Costerton, director of the Center for Biofilm Engineering at Montana State University, will give NIDCR's 18th annual Seymour J. Kreshover Lecture on Monday, Oct. 23 at 3:30 p.m. in Lister Hill Auditorium, Bldg. 38A. His lecture is entitled "Bacterial Biofilms: Controlled, Dynamic, Multispecies Communities in the Oral

Environment." For some time, scientists have known that bacteria—including dental bacteria—can adhere to surfaces and form a slimy, slippery coat. These bacterial biofilms are prevalent on most wet surfaces in nature and grow in very complex multi-species communities. The formation of these communities and their inherent resistance to antimicrobial agents are at the root of many persistent and chronic bacterial infections. Recent advances in the understanding of the genetic and molecular basis of bacterial community behavior are leading to ways of manipulating bacteria in virtually any ecosystem, including the mouth.

Community Health Forum, Oct. 21

The NIH Office of Community Liaison is sponsoring the third annual community health forum, Share the Health: An Exposition of Health Resources from NIH to Its Neighbors, on Saturday, Oct. 21 from 8:30 a.m. to 3 p.m. at the Natcher Conference Center.

Community members will have an opportunity to receive free blood pressure screenings; collect health information; visit exhibits by NIH institutes; visit NIH's web site and its links to health information sources; attend free health seminars; see computer demonstrations on how to access health information on the Internet; participate in relaxation workshops; tour the National Library of Medicine and Children's Inn; learn about volunteer opportunities; and hear about efforts to promote health within the community. Children can explore NIH fire and rescue vehicles; see police K-9 dog demonstrations; learn about fire prevention; and discover children's healthy web sites.

For more information contact Terry LaMotte or Monique Simpson of Palladian Partners at (301) 650-8660. ■

GILMORE, CONTINUED FROM PAGE 1

Almost unheard of 20 years ago, MAS is now being recognized as more and more people come forward with symptoms of this rare, or rarely reported, condition that can include areas of weak bone, patches of light brown pigment on the skin and endocrine irregularities such as precocious puberty. The gene mutation that causes MAS, discovered by Dr. Lee Weinstein and colleagues at NIDDK, takes place after the egg is fertilized and cell division begins, so only some cells carry the defect. These cells can end up at sites that form the skeleton, areas of skin and various endocrine glands.

After receiving the diagnosis, Lucy's mother, Mary Gilmore, began putting out feelers about where she could find information on the disorder and help for her daughter.

Someone suggested NIH.

"I hadn't heard of NIH, but it was recommended as the place to go, so that's where we went," she said.

As a toddler, Lucy was enrolled in a study on the endocrine disorders of McCune-Albright syndrome. Now age

16, she has been a participant in MAS studies at NIH for more than 13 years. Currently, she is taking part in an NIDCR study on bone problems associated with the syndrome.

"It's interesting that when NIH researchers first began studying the disease, the focus was almost exclusively on its endocrine aspects," said Dr. Michael Collins, Lucy's physician, who is a clinical investigator in NIDCR's Craniofacial and Skeletal Diseases Branch. "But the patients who came in were in wheelchairs or on crutches, and it became obvious that the bone defect was causing the most problems—on a day to day basis—for these patients," he said. "That was one of the compelling reasons for starting our study."

The NIDCR-led study is a collaborative effort whose partners include NICHD, NIDDK, the Clinical Center, Dr. Shlomo Weintraub, an orthopedist from Israel's Tel Aviv University, and Dr. Paolo Bianco, a pathologist with Universita dell'Aquila in Italy. Its goal is to provide a comprehensive picture of the bone defect related to MAS and to offer treatment options to the patients. The study evolved from research conducted by Bianco and Dr. Pamela Gehron Robey, chief of NIDCR's Craniofacial and Skeletal Diseases Branch, who have



Lucy Gilmore (c), with mom Mary and her NIDCR physician, Michael Collins, has found ways to overcome the effects of McCune-Albright syndrome.

collaborated for the past several years on studying bone samples from patients with MAS.

One objective of the current study is to compare the drug alendronate to a placebo, the first time such a comparison has been made in MAS patients. Alendronate, currently on the market as Fosamax and used by patients with osteoporosis, may slow down or repair areas of affected bone and help prevent fractures, the researchers say, potentially alleviating the debilitating bone problems associated with the syndrome.

The bone problems were, in fact, what precipitated Lucy Gilmore's foray into swimming, which is now a large part of her life. "At about the time Lucy was 7 years old, we were searching around for an activity that was safe for her," said her mother. "Swimming seemed like the natural choice." Since that time, Lucy has blossomed into a competitive swimmer who has participated in numerous meets as part of the SouthWest Aquatic Team, which is based in her hometown of Radford. The 150-member team, registered with USA Swimming, participates in YMCA and USA meets. Lucy is the only disabled athlete on the team and competes year round with able-bodied swimmers.

Lucy's dedication to the sport can seem extraordinary to an outsider. In 1998, at the World Swimming Championships in New Zealand, she jumped into the water and fractured a bone in her leg. She swam anyway and placed eighth in the world in the 400 meter freestyle. Didn't it hurt? Lucy nods but just shrugs when it's suggested that it took a lot of guts to continue. Neither her physician, nor her mother, was surprised by this event. Said Collins, "That's just one example of her tenacity and determination that we've seen all along."

Outside of her swimming career, Lucy's lifestyle is fairly typical for a teenager with school, three siblings and a dog. But the school-and-swimming routine is interrupted twice a year when she and her mom travel to NIH. "Actually, we look forward to it," says Mary. "It gives us a chance to be together, to shop and to do other activities." The best thing



Gilmore appears here in the pool at the 1998 World Swimming Championships in Christchurch, New Zealand.

about it for Lucy? "I don't have to go to school," she says laughing. As is customary in a study, her visits to NIH are spent giving blood samples, talking with her physician about the disorder and discussing possible treatments for the future.

The researchers are currently trying to perfect a technique for replacing affected bone with normal bone that might offer patients with MAS a new treatment option. "In the case of MAS, bone marrow, which contains the bone stem cells, will be taken from the patient's healthy bones and grown in the laboratory to increase their numbers," said Gehron Robey, the study's principal investigator. "These cells can then be used to repair the affected bones. We're hoping to be able to try this treatment soon."

Asked if the bone marrow transplant might be an option for Lucy, Mary Gilmore says they would consider anything that might benefit her, but would also "have to think about the usual risks and the rehabilitation time."

As for Lucy's swimming career, she will train for the next 4 years with the goal of joining the 2004 Paralympic swim team. The Paralympics are for elite athletes with disabilities and follow the Olympics in the same host city. Lucy swam in the Paralympic trials this year and, although she did not qualify for the team, she achieved personal best times in all six of her events and won one silver and two bronze medals. "She trained so hard, and raced so hard that, sure enough, she injured her right arm. But that didn't stop her from competing," says Mary Gilmore. "She gave more than I thought she had to give, and that's why she's my hero." ■

Dr. Richard Rodewald recently joined CSR as the scientific review administrator of study section 6 in the cell development and function integrated review group. This section reviews applications for individual postdoctoral (F32) and senior (F33) fellowships, as well as for Academic Research Enhancement Awards (AREAS, R15s) in the areas of cell development and functions. While working on his doctorate, Rodewald was assistant supervisor of the electron microscope laboratory at Woods Hole Marine Biological Laboratory. He trained as a postdoctoral fellow at the University of California, San Diego, and at Harvard Medical School, department of pathology. In 1973, he moved to the University of Virginia, first as an assistant professor and later, in 1979, as associate professor of biology. In 1998, he was made program director in cell biology, division of molecular and cellular sciences, National Science Foundation. He has published extensively in peer-reviewed journals.



MIT's Hopkins To Give Pittman Lecture

Dr. Nancy Hopkins, leader of an intensive effort to find developmental genes in the zebrafish genome and a champion of gender equity in academia, will deliver the NIH Director's Margaret Pittman Lecture on Wednesday, Nov. 1 at 3 p.m. in Masur Auditorium, Bldg. 10.

Hopkins is the Amgen professor of biology in the department of cancer research at Massachusetts Institute of Technology. She has embarked on an ambitious effort to identify 20 to 30 percent of the genes controlling normal development and behavior from the genome of the zebrafish, *Danio rerio*. Researchers hope that identification of these genes in zebrafish will provide clues for identifying equivalent genes in human beings, eventually leading to new treatments for numerous developmental disorders.

A staple of home aquarists the world over, these small silvery fish with horizontal blue stripes have in recent years also become a mainstay of developmental biologists. The fish, which may reach a length of 2½ inches, offer several advantages over other animal models of development. Zebrafish are comparatively inexpensive to house, produce large numbers of offspring, and follow the typical vertebrate path of development. They also have clear eggs and embryos that develop outside the mother, offering an unobstructed view of early embryonic development.

To study developmental defects, researchers typically induce random mutations in zebrafish, then breed strains of the fish having a particular defect. Typically, mutations are induced by exposing the adult fish to chemicals. Hopkins and her colleagues, however, have pioneered a new technique whereby they expose the fish to retroviruses. The viral DNA sequences insert themselves into the DNA of the zebrafish, breaking apart individual genes and causing mutations. Because the mutations have been "flagged" by the adjacent viral DNA, they are much easier to identify than are chemical mutations.

Hopkins is also known for her pioneering role in fostering gender equity in academia. In 1993, she lodged a complaint with MIT officials, saying that she had been denied the resources afforded her male colleagues. She later led an internal study which found that the School of Science had inadvertently discriminated against its women scientists. Subsequently, university officials acknowledged a pattern of gender bias, and began compensating its women researchers. Many other universities have since begun investigations of gender bias in their own institutions. ■



Dr. Nancy Hopkins of MIT will give the Pittman Lecture. The lecture series honors Dr. Margaret Pittman, a world leader in vaccine research and development who was named the first woman laboratory chief at NIH. Pittman headed the laboratory of bacterial products in what was then the Division of Biologics Standards, from 1958 to 1971. She died in August 1995.

LASKER AWARDS, CONTINUED FROM PAGE 1

ubiquitin system of regulated protein degradation, a fundamental process that influences vital cellular events including the cell cycle, malignant transformation and responses to inflammation and immunity.”

The sixth Lasker honoree this year is Dr. Sydney Brenner of the Molecular Sciences Institute, who won the Lasker Award for special achievement in medical science for 50 years of creativity exemplified

by his legendary work on the genetic code, and for introducing the roundworm as a system for tracing the fate of every cell in a living creature.

But it was Alter's honor that created most excitement on campus.

“Dr. Alter's

studies of hepatitis have tremendously benefited the nation's public health efforts in the arena of blood safety,” said Dr. Ruth Kirschstein, NIH acting director. “His work spans 35 years of creativity, focus and tenacity.”

“What makes the Lasker Award so special is the scientific stature and eminence of the people who nominated and elected me to be the recipient,” said Alter on his selection. “That such individuals would recognize my work as important and clinically significant is by far the highest honor I could achieve.

“Clinical research seems motivated by three major elements: the desire to understand the causes and mechanisms of disease, the wish to do something that will have genuine relevance to patient care and the hope that the science will merit the respect of other scientists. The first two elements are to some extent under the scientists's control, but the latter is ephemeral and perhaps the hardest to achieve.

“Just as a study has limited relevance until it is peer reviewed, so too does a scientific life. The Lasker Award is validation at a level that I never anticipated and I cherish it. It is peer review that fortunately requires no corrections or re-submissions. My level of gratitude is significant at a P-value that approaches infinity.”

“He is a model for the clinical scientist,” said Dr. John I. Gallin, Clinical Center director. “He has been a leader in the effort to improve blood safety, and his investigations have been instrumental in the virtual elimination of transfusion-associated hepatitis in the United States.”



With Alter (r) following the awards ceremony are Dr. Michael Houghton (l), director of non-A, non-B hepatitis research at Chiron Corp., and Dr. Joseph Goldstein, chairman of the department of molecular genetics at the University of Texas Southwestern Medical Center, who headed the Lasker awards.

Alter is chief of the infectious diseases section and associate director of research in the CC department of transfusion medicine (DTM). A native of New York City, he earned the M.D. degree at the University of Rochester. He came to the Clinical Center as a senior investigator in 1969.

“As a young research fellow, Dr. Alter co-discovered the Australia antigen, a key to detecting hepatitis B virus,” noted Dr. Harvey Klein, chief of DTM. “For many investigators that would be the highlight of a career. For Dr. Alter it was only an auspicious beginning.”

Thirty years ago, about a third of transfused people received tainted blood, which later inflamed their livers, producing a condition known as hepatitis. To combat this problem, Alter spearheaded a project at the Clinical Center that created a storehouse of blood samples used to uncover the causes and reduce the risk of transfusion-associated hepatitis. Because of his work, the United States instituted blood and donor screening programs that have served to increase the safety of the blood supply.

Alter used this repository of clinically linked blood samples to identify another puzzling clinical problem. “Most transfusion-related hepatitis was found to be due to a virus different from the two then-known hepatitis agents, A and B,” he said. He called this new form of hepatitis non-A, non-B hepatitis and subsequently proved through transmission studies in chimpanzees that it was due to a new agent.

Vigorous efforts in dozens of laboratories failed to identify the presumptive virus or develop a test for it. Eventually, a Chiron Corp. team led by Houghton exploited the blossoming methods of molecular biology to isolate the virus now known as the hepatitis C virus.

The Lasker Awards, first presented in 1946 and often called America's Nobels, annually honor the country's most outstanding contributions in basic and clinical medical research. The awards are administered by the Albert and Mary Lasker Foundation; the late Mary Lasker is widely recognized for her contribution to the growth of NIH and her commitment to biomedical research. ■

Chamber Concert Set, Oct. 29

The Rock Creek Chamber Players will perform on Sunday, Oct. 29 at 3 p.m. in the 14th floor assembly hall, Bldg. 10. This free public concert is sponsored by the Clinical Center's recreation therapy section. Reservations are required. The program will include a quartet for flute and strings, attributed to Haydn; piano solo works by Liszt and Bartok; and the quintet for clarinet and strings by Max Reger. For more information and reservations, call (202) 337-8710. ■



The Visitor Information Center in Bldg. 10 was packed with exhibits and visitors on Sept. 19 as NIH held its first Orientation Fair for new trainees and employees. Even the entryway to the new Graduate Student Cybercafe (below) was filled with exhibits. Visitors could learn about many crucial facets of NIH life, all neatly packaged in one place.



Dr. Alfred Johnson, director of the Undergraduate Scholarship Program, mans table sponsored by the NIH Black Scientists Association.



Dr. Mary DeLong (r), director of the NIH Graduate Program Partnerships initiative, explains the program to fair attendee.

Karen Muggeo of the NIH Recreation and Welfare Association offers copies of the R&W Newsletter to a fair visitor.



NIH Labor Partnership Council

Union and management relations just aren't what they used to be—at least at NIH they aren't. Thanks to the NIH Partnership Council, union leaders and NIH management can look at issues or concerns that the organization at large faces, before they become serious problems. And by employing techniques that “loosen” some of the traditional bargaining rules to form a common understanding as to how things can be done to benefit workers and managers alike, collaboration has taken on a new meaning.

Established in 1993, the NIH Partnership Council promotes the objectives set forth in Executive Order 12871, which called for a change in the nature of relationships between labor unions and management. Specifically, the council is charged with identifying issues with agency-wide impact and developing recommendations and/or solutions.

“The council is dedicated to supporting and facilitating the NIH's mission of the pursuit and promotion of beneficial research through the practice of constructive, interest-based bargaining between labor unions and NIH management,” says Maria Gorrasi, NIH labor relations specialist. “Council members are encouraged to engage in a free flow of all information that is relevant to the labor issues under consideration. This has helped to foster mutual respect and understanding of all opinions and ideas.”

Areas of interest to the group are diverse, from transportation and parking on campus to day care and quality of worklife concerns. The group tackles these concerns as they relate to the entire NIH community. The Clinical Center, in particular, has representation that can bring to the table issues that will potentially affect the whole community.

Union representation at the CC is limited to the nutrition and housekeeping and fabric care departments, who look to this group as a way to bring unions and managers together. “The more that people learn about this organization and the value that it can bring to employees and managers, the more exciting it is,” said Alberta Bourn, chief of the nutrition department and alternate CC representative for the council. “The group stands poised to address a broad base of concerns.”

The council meets on the first Tuesday of every month. Members and their alternates comprise an equal number of union and management representatives. The four unions represented to date on the council are: American Federation of Government Employees (AFGE) Local 2419; Washington Area Metal Trade Council (EAMTC); Local F-271 International Association of Firefighters (IAFF); and the Fraternal Order of Police (FOP) Lodge #1.

Meetings are open to visitors, and a web site will be launched soon. For more information, contact Gorrasi at 594-1461. ■

High Cholesterol Study Recruits

The Cardiology Branch, NHLBI, is recruiting patients with high cholesterol levels (250 mg or higher) who have no other medical problems to be included in a 3-day outpatient study. Participants will be paid. Call 496-8739.

PHOTOS: BILL BRANSON

HISPANIC HERITAGE MONTH, CONTINUED FROM PAGE 1

department of health policy and health services research at Boston University's School of Dental Medicine; "Prevention and Treatment of Troubled Youth," was presented by Dr. Jose Szapocznik, director of the Center for Family Studies at the University of Miami's department of psychiatry and behavioral sciences; and Dr. Luis Zayas, director of the Center for Hispanic Mental Health Research at

Fordham University's Graduate School of Social Service, talked about "Hispanic Mental Health: Research Findings and Future Directions."

According to 1999 statistics, about 32 million Hispanics/Latinos live in the United States. By 2010, the number will be 40 million, making Hispanics/Latinos the largest minority population in the nation.

"The NIH has a broad mandate to serve the health needs of the United States' population," said Raymond Mejia, a mathematician at both NIDDK and NHLBI, and president of NIH's Hispanic

Employee Organization. "Hispanics are a rapidly growing, significant segment of this population. Therefore, it is imperative that NIH address the unique health needs of its Hispanic customers—wide-ranging research needs, education and training programs. It is equally important that NIH have Hispanic representation in its workforce at all levels, but particularly at senior and policy levels."

Mejia cited current labor data: Latinos accounted for 11 percent of the civilian workforce in 1999, 6.4 percent of the federal workforce in 1998, 3 percent of the HHS department's workforce in 1999 and 2.5 percent of the NIH workforce. Only 1.15 percent of HHS grant awards to institutions of higher learning went to Hispanic-serving institutions.

"It has been well documented that Hispanics/Latinos are significantly underserved by federal government outreach and service programs, and severely underrepresented as part of its workforce," Mejia concluded.

NIH acting director Dr. Ruth Kirschstein, who gave welcoming remarks, said 2000 "marks an important threshold in the efforts by NIH to expand not only research opportunities for Hispanic scientists, but also to reduce and work toward eliminating disparities in health status among racial and ethnic minority groups." She gave a brief overview of the process NIH underwent over the last 9 months to develop an overall strategic research agenda to address health disparities.



NIH-HEO President-elect Ana Anders, a public health analyst in NIDA's Special Populations Office, greets longtime colleague and program speaker Szapocznik warmly.



Dr. Raul Garcia



On hand for the kickoff program are (from l) NIDA director Dr. Alan Leshner, NIH acting director Dr. Ruth Kirschstein, speaker Dr. Jose Szapocznik of the University of Miami and NINR director Dr. Patricia Grady.

Kirschstein also mentioned NIH's new corporate recruitment strategy pilot that will be launched this fall to hire more minorities at all levels. In addition, she noted an upcoming Hispanic Summit to address employment, training and outreach efforts being spearheaded by Drs. Carlos Caban of NIH's extramural research program and Ricardo Martinez of the National Institute of Dental and Craniofacial Research.

Garcia, Szapocznik and Zayas each presented 30- to 40-minute talks on their topics, illustrating key points with slides and research data, and responding to questions afterward.

Garcia, a 20-year NIH grantee, made a compelling argument for the need for regular oral health preventive care, pointing out that gum and mouth diseases are often indicative of other more serious systemic illnesses in the body. He said more research is necessary to definitively tie periodontal disease to life-threatening ailments such as coronary heart disease, but that some evidence already is leading to that conclusion.



Dr. Luis Zayas

Szapocznik discussed the alarmingly high rate of suicide attempts by young Hispanics/Latinos, and advocated the family counseling model of therapy for youths who show signs of clinical depression or behavioral problems. Noting that Hispanic children already

are the largest child minority in the nation, he said maintaining and strengthening family-child communication and bonding are important issues for preventing or treating troubled youths.

Zayas presented current research and data on mental health in the Latino population. He showed the paucity of data collected to date in this area and stressed that all Latinos and Hispanics cannot be lumped together when considering treatment methods. Each subpopulation—Mexican, Central and South American, Puerto Rican, or Cuban, for instance—is very different and cultural individual-

PHOTOS: ERNIE BRANSON

ties should be addressed.

“Each group must be understood and treated separately,” he concluded. “Our values, beliefs and norms are based on our culture.”

While their topics were different, one common theme kept emerging with each speaker, and with each question or comment posed by audience members: The important health messages about prevention and availability of treatment are not reaching the Hispanic community. More needs to be done to get the word out more widely.

To open the seminar, the planning committee had invited a representative from a government organization in NIH’s own backyard to discuss outreach mechanisms. Joe Heiney-Gonzalez, manager of Hispanic customer service in Montgomery County’s department of health and human services, talked about the more than 100,000 Latinos who live in the



Joe Heiney-Gonzalez (l) and Diego Uriburu urged more support for Montgomery county services to Hispanics/Latinos, the fastest growing minority group in the region.

county and how the Hispanic population in Maryland increased by 85 percent from 1990 to 1995. More than 50 percent of Maryland’s Latino population live in Montgomery County, he said. Through his office, the county is working on a Latino Health Initiative to respond to the health needs of low-income Latinos.

He also introduced Diego Uriburu, a county resident, director of a community-based healthcare organization called Identity, and Hispanic health advocate, who talked about his own struggle from early childhood with a host of health problems related to a rare disease that is now under control following a kidney transplant and medication. He said he never had to think about how expensive his health care was because his family was able to see that he had the best care possible. “From the age of 9, I have been very sick for most of my life,” he said, urging more participation in local government and private efforts to provide better health for county Latinos. “Why am I telling you this short story? Because my situation is very different from most Latinos’ in Montgomery County. The Latino Health Initiative needs your support. Please join in the efforts to make a difference.” ■

NO GOBBLEDYGOOK, CONTINUED FROM PAGE 1

tion about the disease and possible ways to treat it. But finding that information is not always easy, even for those working in a scientific environment. Thanks to the efforts of McCray and her team, key information about hundreds of diseases and health conditions is now as easy to find as movies in a newspaper. Users of ClinicalTrials.gov will be pleased to see that it is user-friendly, as it was designed and tested especially for patients and their families and friends. The database includes plainly written instructions that make it easy to access and interpret the information and cut through medical jargon. For example, you would not have to know the medical term “myocardial infarction” to find information about heart attacks.

The site is also comprehensive, not only telling you all about the types of tests or procedures each clinical trial requires but also where the trial is being conducted and the reasons each treatment is being tested. Contact information for the research team is listed on the site, should you wish to talk with them directly.

Lastly, the site is inclusive; it lists most of the studies conducted or sponsored by NIH and will also eventually include studies supported by other government agencies and the private sector. In the past, people searching for research on a health condition would often have to make numerous calls in a time-consuming, hit-or-miss process, but now it is virtually one-stop shopping.

How will this database benefit NIH?

As expansion of the world’s premier clinical research center—NIH’s new hospital—approaches completion, NIH will want to ensure that the facility is fully utilized. Use of this database should increase participation in clinical trials and lower costs for recruiting participants. Since the database was implemented in February, more than 9.5 million hits have been logged, averaging up to 4,000 users per day.

How can you win a “No Gobbledygook” Award?

Although this is the first award NIH has received for its efforts to implement the plain language directive, it is by no means expected to be the last. “I strongly encourage institutes, centers and offices to submit nominations for this award and other NIH plain language awards,” said Dr. Ruth Kirschstein, acting NIH director. The Vice President’s monthly awards will end in December, but other awards are also available. “We have a long history of excellence in communicating health information at NIH, but I know that we can do even better as we fully implement the plain language directive,” she said. Kirschstein has asked each NIH component to submit an action plan for plain language by Jan. 1, 2001, to comply with the administration’s directive that all public documents be written in plain language by Jan. 1, 2002.

See <http://www1.od.nih.gov/execsec/plainlanguage.htm> for more information about the initiative, and send award submissions to Karen Pelham O’Steen, Bldg. 1, Rm. B1-46. ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Ashley T. Haase on Oct. 25, speaking on “Visualizing Lentivirus Infections: Lux et Veritas in Vivo.” Haase is Regents’ professor and head, department of microbiology, University of Minnesota.

For more information or for reasonable accommodation, call Hilda Madine, 594-5595. ■

Sausville Gives NCI Partners in Research Lecture

Dr. Edward Sausville, associate director of NCI's Developmental Therapeutics Program, recently delivered the institute's Office of Management Partners in Research lecture. He described NCI's sophisticated approach to cancer drug discovery and development.



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Sausville explained that DTP is involved in all aspects of drug development, from the initial discovery in a basic research lab, to optimizing conditions and dosages for drug effectiveness in a clinic, to wide-scale testing in a large clinical trial. He contrasted the traditional empirical approach to drug screening that asks whether a new drug can reduce a tumor's size, to a new "rational" screening approach that asks which molecules are driving tumor growth. The lecture clearly detailed the merits of each

approach to drug discovery, pointing out specific challenges faced by each type of screening.

"Empirical models are divorced from biology and lack the predictive power of in vivo testing," Sausville cautioned. "There is a poor correlation of nonhuman with human pharmacology."

According to Sausville, the rational screening approach also faces challenges. "Actual tumors are rarely driven by one gene or protein target, so different combinations of pathways need to be studied in an integrated way." He added that when designing drug studies, DTP distinguishes between cytotoxic and regulatory molecules as targets and uses models that realistically mimic integrated pathways in the cell.

Sausville informed the audience that DTP discovered or participated in the development of approximately one-half of the cytotoxic drugs currently used by oncologists for cancer chemotherapy. This achievement did not come easily, he reminded. Over the past 10 years, as many as 70,000 molecules have been studied in NCI's screening systems.

NCI actively solicits drugs from government laboratories, research institutes, academic institutions and companies throughout the world. DTP scientists systematically scan the latest literature for novel compounds and request samples of promising drugs. Another source of novel compounds comes from the Natural Products Branch, a part of DTP, which collaborates with agencies throughout the world to collect thousands of plant and marine organisms for screening in tumor cell lines.

DTP's drug screening enterprise has evolved into one that today combines both in vitro (cancer cells grown in a dish in a laboratory) with in vivo (animal) testing. The current system, which has been in place since 1990, is a combination of in vitro screening in human tumors, in vivo testing using hollow-fiber technique, and in vivo testing using xenografts.

Sausville concluded by highlighting DTP as a

national resource with drug discoveries deposited in the public domain, offering the public access to drug development and clinical trials. As investigator- and science-driven rather than a profit-driven program, services are provided at no cost or on a cost-recovery basis.

For more information on DTP's drug discovery enterprise, visit <http://dtp.nci.nih.gov>.—Elisa Gladstone ■

Day Care Board Seeks Nominations

The NIH day care board seeks volunteers to serve as members for a 3-year term. This is an opportunity to serve fellow employees and their families by helping to ensure the availability and quality of day care at NIH. The board currently meets bi-monthly for 2 hours.

The board serves as an advocate for quality day care, communicates day care information to NIH employees, and serves as a forum for discussion of day care issues. The board also provides recommendations to the NIH director.

Participation on the board is an official duty and may be included as a non-critical element on an employee's performance plan. Members are selected in such a way as to span the interests of employees and their dependents as well as represent the diverse population of the NIH community. Voting members may not have a financial interest in NIH-sponsored day care, except that they may have a dependent enrolled in an NIH day care program.

Membership is open to federal employees who work on the NIH campus or off-site facilities. Those interested in serving may self-nominate by sending a letter cosigned by their supervisor to George Mendez, Director, DSS, NSA/Suite 100, MSC 3355, which includes name, NIH mailing address, IC, branch, section, job title and brief biographical sketch. Nomination letters should describe why you wish to serve on the board. Nominations should not exceed 2 pages and should be submitted no later than Nov. 15. For more information, contact Deborah Henken at 496-5541 or Pam Jenkins at 402-8180.

NIH BIG Chapter Recognizes Ruffin

On Thursday, Oct. 26, the NIH chapter of Blacks in Government (BIG) will present its Bellwether Award to NIH associate director for research on minority health Dr. John Ruffin during a ceremony in Bldg. 31, Conf. Rm. 9, from noon to 1 p.m. The keynote speaker will be Gerald R. Reed, national president, BIG. All NIH employees are invited to participate. Refreshments will be served after the program. For more information, contact Joy Pinkney, awards chair, 435-1233 or pinkneyj@mail.nih.gov. ■

Computer Classes

All courses are on the NIH campus and are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

What's New in Microsoft Office 2000	10/19
Microsoft Project 2000/Project Central	10/19
Budget Tracking	10/20
Data Warehouse <i>Analyze</i> : Budget & Finance	10/20
Secure Email in the Exchange Messaging Environment	10/23
Microsoft Visio 2000 Overview	10/24
Data Warehouse <i>Query</i> : Budget & Finance	10/24
LAN Concepts	10/24
Using the NIH IntraMall for Purchase Card Holders	10/24
BRMUG - Macintosh Users Group	10/24
NIH Enterprise Directory (NED)	10/25
NIH Biowulf - a Supercluster for Scientific Applications	10/25
KMIG - Knowledge Management Interest Group	10/25
Data Warehouse Query: Research Contracts & Grants	10/25
Getting Started with MIPAV	10/26
NIH IntraMall Reconciliation Refresher	10/26
New Features in SAS Version 8	10/26
Advanced Features of HTML	10/27
Expediting Your Request for Telephone Services at the NIH	10/27
Creating Presentations with PowerPoint 2000	10/27
The NIH Contractor Performance System for New Users	10/30
Data Warehouse <i>Query</i> : Property Management	10/31
Developing Information Technology Performance Measures	10/31
NT Workstation Troubleshooting	11/1
Remedy - Customer Service Tool	11/1

WFLC Seminars Scheduled

The Work and Family Life Center's "Faces & Phases of Life" Seminar Series Schedule for November:

Relax Your Body, Calm Your Mind - Relaxation Techniques for Managing Stress, Wednesday, Nov. 1, noon - 1:30 p.m., 31/6C6

Understanding and Coping with Organizational Transition, Wednesday, Nov. 8, noon - 2 p.m., 31/6C6

Personal Budgeting, Tuesday, Nov. 14, 11 a.m. - 12:30 p.m., 31/6C10

Anger Management, Thursday, Nov. 30, noon - 1:30 p.m., 31/6C6

Preregister for seminars by calling WFLC, 435-1619, TTY/TDD: 480-0690. For a full schedule, visit the web site at <http://wflc.od.nih.gov>. All seminars are presented free of charge. Sign language interpretation will be provided. For more information or any other reasonable accommodation, call WFLC at least 48 hours prior to the seminar. 



NIH patient *Tori Maghanoy (c)* gives an appreciative hug to *Brenda Phillips (l)*, donor resources coordinator, and *Sherry Sheldon*, laboratory services supervisor of the Clinical Center department of transfusion medicine (DTM), as she presents them with the last two Camp Fantastic T-shirts of the season. Participants in Camp Fantastic, a local camp for children with cancer, wanted to express their gratitude to DTM staff for their efforts to provide blood components for the children, many of whom are on therapy during their annual week-long camp session in August.

Former NIAID Scientist Tobie Mourned

Dr. John Edwin Tobie, former NIAID assistant scientific director for laboratory and clinical research, died on Sept. 6. He was 88.

He had a Ph.D. in parasitology from Tulane University. In the beginning of his NIH career, he worked in the Division of Zoology and the Laboratory of Tropical Diseases. Later, he was acting chief of the Laboratory of Immunology and head of the applied immunology section, chief of the Laboratory of Germfree Animal Research and the Laboratory of Microbial Immunity, and finally, assistant scientific director for laboratory and clinical research.

Tobie's scientific interests focused on microbiology and parasitology. He is best known for having developed the fluorescent antibody technique for detecting malarial antibodies. He was an emeritus member of the American Society of Tropical Medicine and Hygiene and a fellow of the American Association for the Advancement of Science.

He is survived by his wife of 53 years, the former Eleanor Johnson, formerly a research parasitologist in NIAID's Laboratory of Parasitic Diseases. Contributions may be made to Heron Point Retirement Community, 501 E. Campus Ave., Chestertown, MD 21620.

Hypertension Study Needs Vols

The Cardiology Branch, NHLBI, is recruiting patients with high blood pressure for a 3-day outpatient study. Volunteers should not have any other medical problems and should not have a cholesterol higher than 200 mg/dL. Participants will be paid. Call 496-8739.

Children with ADHD Needed

The Pediatric and Developmental Neuropsychiatry Branch, NIMH, seeks boys and girls 6 to 13 years of age, diagnosed with ADHD, to participate in a movement study. Volunteers should have no other history of other medical or neurological disorders (including seizures and hearing problems), and should not be taking any prescribed medications. Participation requires a screening interview and neurological examinations. Single and paired-pulse TMS will also be performed. Participants will be compensated for their effort and time (approximately 4 hours). For more information, call Chris Barker, 496-5323.

Trees, Plaques Memorialize People, Principles

Every tree has its own things to say about itself, but some—not because nature has been insufficient—have additional announcements. Because more and more people consider a memorial tree to be a desirable way to commemorate a longtime NIH'er's passing, the Office of Research Services instituted a policy last spring governing such remembrances. "It's becoming more and more popular," said Lynn Mueller, chief of the grounds maintenance and landscaping branch, ORS, "but we don't want the place to end up looking like Arlington (National Cemetery)." A process managed by his colleague Patricia Wheeler, a landscape architect, determines how many memorial trees there will be, what kind (shade or flowering is one consideration), and where it will be planted. "People tend to want them near the building or laboratory where the person worked, but to some it doesn't matter," Mueller said.

There are about eight memorial trees presently on campus, he reckons, and three were planted in the past year. Most are in the vicinity of Bldgs. 31, 10 and Natcher. No applications are currently pending, he noted.

The three memorial plaques at right mark trees planted in the shadow of the Natcher Bldg. The bottom image was double-exposed for additional effect.

The Tree of Hippocrates (below) memorializes not an alumnus but a principle, and has stood outside the National Library of Medicine since December 1961.



PHOTOS: DAMON TIGHE

