

# THE NIH RECORD

April 17, 2001  
Vol. LIII, No. 8

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## Portrait of a 19th Century Physician-Writer Women's History Month Lecture Offers View of Mary Putnam Jacobi

*By Carla Garnett*

In this era of so-called plain language, Dr. Mary Putnam probably would have been considered a terrible medical writer. Simple sentences were foreign to her. Multi-syllabic, highly technical words were her friends. Elaborate detail and redundancy, her trademarks. That could have been because she had her own ideas about communicating complex concepts. She understood what she was describing and she wanted her audience to know she understood. Often, Putnam — a young female physician in a male-dominated field in the 19th century — was writing chiefly for respect, legitimacy and acceptance by her colleagues. By the time her career would peak, however, she had honed her craft. Her later writing was so rich with description and vivid with insight that much of her prose could be called a "speaking picture."



*Dr. Mary Putnam Jacobi*

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## Surgeon General Visits, Touts Oral Health

*By Carla Garnett*

Back in 1964, Dr. Luther Terry, then U.S. surgeon general, was understandably a bit nervous. He was about to release the first-ever Surgeon General's Report, which confirmed several long-suspected theories regarding the detrimental effect of smoking on health. As he was riding to the news conference, thinking about what he would say, he lit up a cigarette. Noting the cigarette, an adviser, who knew Terry was a chronic smoker, suggested that

the surgeon general be prepared for the first question reporters were certain to ask: Do you smoke, Dr. Terry? Terry could not believe reporters would be interested in his personal habits. Sure enough, though, following Terry's announcement of the landmark SG report and his comments about the health dangers of smoking, a savvy reporter asked Terry if he smoked. "No," Terry replied. The reporter — convinced he had done his homework — double-checked his notes. Knowing Terry's history, the writer pressed further, "Dr. Terry, when did you quit?" A smiling Terry responded, "About 30 minutes ago." He never smoked again.

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## Portrait of a 19th Century Physician-Writer Women's History Month Lecture Offers View of Mary Putnam Jacobi

*By Carla Garnett*

*NIH Photos by Karlton Jackson, NLM*

*On the Front Page...*

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*Continued...*

According to Dr. Susan Wells, an English professor at Temple University and guest lecturer for NLM's Mar. 29 Women's History Month observance, Mary Putnam was not the first person to explore the connection between visual image and verbal image.



*Dr. Mary Putnam Jacobi*

"Since the Renaissance," Wells acknowledged, "creative writers and artists have been interested in the relation between written text and pictures. Both were seen as ways of doing lively instruction that both delights and educates. The two genres were often presented as interchangeable — an exceptionally vivid or provocative picture as a 'speaking picture,' or a very good poem could hope to work up a reader's imagination as if it were a picture."

### **Of Varmint and Verse**

In her lecture titled "Mary Putnam Jacobi and the Speaking Picture," Wells said the physician-scientist's career in medicine most likely began with "a big dead rat."

At age 9, Mary made a discovery in her family's stables. A large rodent lay dead on the ground in a corner. What would its heart look like? she wondered. At once grossed out and intrigued by her find, Mary decided to approach her mother with a proposal. Wouldn't it be interesting, the youngster asked, if I cut open the rat and was able to see the heart? Far less

curious and far more disgusted, her mother immediately nixed Mary's first attempt at exploratory surgery. Later Mary would confess in a 1902 family memoir that she was "excessively relieved at the forcible delay in her anatomical studies."

"That was one of the very few times on record that Mary Putnam was ever dissuaded from seeing anything she was interested in seeing by someone telling her it was an inappropriate thing to do," said Wells, author of *Out of the Dead House*, a recently published book on 19th century women physicians and scientific writing. "But, it was a long detour until she could fulfill her appetite for the sight of an interior of the body, a long detour until she persuaded her parents to let her leave home and attend the Woman's Medical College of Pennsylvania."



*Dr. Susan Wells of Temple University*

An enthusiastic and well-versed lecturer herself, Wells painted a fascinating portrait of a brilliant, but somewhat eccentric scientist, educated far beyond most of her colleagues — male or female — and led into the profession of scientific research primarily by her own unlimited curiosity.

Born in 1842 to the wealthy Putnams of G.P. Putnam's Sons publishing fame, and blessed with a natural intelligence and an indomitable spirit, Putnam nevertheless was "the patron saint of bad students," Wells said. Putnam found it difficult to sit through the same lectures repeatedly and often grew impatient with the curriculum requirements prescribed for the time's medical scholars. Still, she passed each exam, wrote an acclaimed thesis and earned her credentials.

### **Pictures Drawn by Prose**

By 1868, with one medical degree already under her belt, Putnam was continuing her medical education in Paris, attending every scientific lecture she could walk to, and writing extensively and anonymously — for the prestigious *New York Medical Record* — reports that contain arguably "the best images that we have of 19th century Parisian medicine." No stranger to the literary world given her family history, she'd had her first short story published at age 16 and had seen her byline in the *Atlantic Monthly* before age 18. To support herself in culturally fertile Paris, she was moonlighting as a journalist and penning fiction, political essays and even features on fashion.

**"Throughout her medical life, Mary Putnam found ways of indulging her desire to see. As time went by, she made fewer and fewer concessions to the convention that ruled a searching medical gaze inappropriate for women."**

Perhaps it was her facility and interest in myriad genres, arts and sciences that enhanced her science writing. Although there is no evidence that Putnam had talent in such traditional fine arts media as painting or drawing, Wells said Putnam's "medical writing was always marked by vivid and precise description, and by formal experimentation as she developed new ways of presenting complex information." This made her prose not only invaluable and compelling to other physicians, but also evocative and stirring to nonscientists who read them. Among the significant research strategies she pioneered was the use of survey data in medical writing.

"Throughout her medical life, Mary Putnam found ways of indulging her desire to see," Wells said. "As time went by, she made fewer and fewer concessions to the convention that ruled a searching medical gaze inappropriate for women."

After gaining her second medical degree in France, Putnam — born in London, but reared in New York — returned to the United States to practice medicine and teach at Dr. Elizabeth Blackwell's Woman's Medical College of the New York Infirmary for Women and Children. The year was 1871. She had survived the Siege of Paris and wartime miseries, and had come to see her education and training for the anomaly among females that it was. Many of her students, however, failed to appreciate her innovative lectures and creative teaching methods, preferring instead the conventional, structured education offered by most professors.

*NLM Deputy Director  
Kent Smith opens the  
question and answer  
session with Wells.*



In 1873, she married German physician Abraham Jacobi, who is considered the founder of pediatrics in America. Constantly encountering the era's conventions that often barred scientific pursuits to women, Putnam Jacobi added social and political activism to her endeavors, organizing the Association for the Advancement of the Medical Education of Women and becoming an outspoken advocate for women scientists.

### **Imagination and Truth**

She continued her scientific research, her medical practice, her participation in women's rights movements, and her idiosyncrasies — inexplicably, she and her husband called their daughter by two different names, Marjorie and Margaret, for example. Still, it is her medical writing — stunning in its colorful insight at the time — that eventually brought her the renown and inclusion by her peers that she had sought as a youthful M.D.

"Such an impression is made by the human foetus," Putnam wrote in a journal in 1871, "with its immense head, its exaggerated nervous system, its shapeless powerless limbs, its huge uncouthness in which like pearls hidden in a mantle of rough skin lie concealed unlimited possibilities of power and

beauty and grace."

Readers were shocked, Wells reported. Accustomed to the depressing, fusty and political themes that other writers used to characterize wartime Paris, the journal's patrons could not stop remarking on the refreshing nature of — and sense of hope in — Putnam's eloquent observation of embryonic life.

"Putnam Jacobi often thought of knowledge as something to be taken in by sight," Wells concluded, "but when she herself was producing knowledge she would usually produce it as something to be read...For [her] truth was neither on the surface nor beneath the surface. Truth was on the move. Truth was what happened when the experimenter interacted with the subject. The medical truth that Putnam Jacobi sought in these verbal images and speaking pictures was the truth about the tempo and structure of complex processes."

Throughout Putnam Jacobi's life, Wells observed, knowledge she pursued had often been limited by convention, but not before her "imagination of a new sight — a sight that would produce knowledge — had been given a very free rein."

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## Surgeon General Visits, Touts Oral Health

By *Carla Garnett*

*On the Front Page...*

Back in 1964, Dr. Luther Terry, then U.S. surgeon general, was understandably a bit nervous. He was about to release the first-ever Surgeon General's Report, which confirmed several long-suspected theories regarding the detrimental effect of smoking on health. As he was riding to the news conference, thinking about what he would say, he lit up a cigarette. Noting the cigarette, an adviser, who knew Terry was a chronic smoker, suggested that the surgeon general be prepared for the first question reporters were certain to ask: Do you smoke, Dr. Terry? Terry could not believe reporters would be interested in his personal habits. Sure enough, though, following Terry's announcement of the landmark SG report and his comments about the health dangers of smoking, a savvy reporter asked Terry if he smoked. "No," Terry replied. The reporter — convinced he had done his homework — double-checked his notes. Knowing Terry's history, the writer pressed further, "Dr. Terry, when did you quit?" A smiling Terry responded, "About 30 minutes ago." He never smoked again.

*Continued...*

Seven surgeons general and more than 50 SG reports later, the man who currently holds the job, Dr. David Satcher, said he tells the Terry story to make a point.

"There is something special about a surgeon general's report," he remarked genially, during a recent visit to NIH. "Not only do the reports aim to change the behavior of the American people, but surgeon general reports also sometimes change the behavior of the surgeon general."



*Surgeon General David Satcher*

Satcher's Mar. 19 visit capped a day filled with panel discussions, briefings and tours of NIH facilities for more than 100 medical officers from CIGNA health organizations nationwide. Satcher said his visit to address the group was two-fold. He wanted to talk about how federal health agencies could team up with health maintenance organizations like CIGNA to improve the nation's overall health, and he wanted to pitch one of his latest releases — the Surgeon General's Report on Oral Health, which came out last May.

Several major points were outlined in the report, which was prepared in large

part by researchers and other experts at the National Institute of Dental and Craniofacial Research. Satcher emphasized a few key findings: oral health involves much more than healthy teeth and is, in fact, integral to general health; safe and effective disease prevention measures — fluoridated drinking water, for example — exist that everyone can adopt to improve oral health and prevent disease; profound disparities exist in the oral health of Americans, especially among children and the elderly; and general health risk factors, such as tobacco use and poor dietary practices, also affect oral and craniofacial health.

"Poor oral health interferes with quality of life," Satcher stressed.

The surgeon general also talked briefly about Healthy People 2010 — the health promotion and disease prevention agenda for the nation — and how difficult it has been to get such an all-encompassing, wide-ranging message effectively distributed to a large and diverse population.

"Healthy People 2010 is supposed to be a 'people document,' but no matter how good you are at communicating, you can't engage people to receive 467 objectives," he said, recommending that instead of trying to bombard the public with too many messages, health providers should promote the shorter list of 10 leading health indicators summarized from HP2010.

During a question-and-answer period, Satcher fielded comments and queries about everything from the high cost of providing health insurance to all Americans, to the oft-times less-than-nutritious foods provided to children through schools, to the difficulties in translating clinical study data to medical practice.

"Getting research results to the people is a real struggle," he admitted, "but it's a struggle that we must continue, and one we must continue together."

According to Satcher, the major problem with healthcare in the United States is lack of balance. He believes the nation needs a community health system that balances health promotion, disease prevention, early detection and universal access to care. "It's in America's best interest to work towards universal healthcare," he observed.

There are no easy solutions to balancing costs and access to medical care, he said, but discussions like these — among health providers, advocates and researchers, in both private and public sectors — are crucial; the bottom line is that "we need a health system that provides for the needs of the American people."

Acknowledging the daunting challenge of achieving optimum healthcare that is affordable for an entire nation, Satcher concluded by quoting former Health, Education and Welfare Secretary John Gardner: "Life is full of golden opportunities carefully disguised as irresolvable problems."

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## Scientists Introduce Middle School Students to Research World

*By James Hadley*

*Photos by James Wolfenbarger*

Scientists from NIAID's Rocky Mountain Laboratories in Hamilton, Mont., recently brought their world of scientific research and laboratory experiments to 30 students at Ronan Middle School in Ronan, Mont.

Established in 1998, Biomedical Research After School Scholars (BRASS) is designed by RML technical and scientific staff to communicate the nature of scientific research and to stimulate interest in science careers among students in junior high and middle schools.

Ronan is located on the Confederated Salish-Kootenai tribal reservation and the school district has a large Native American population. The event in Ronan was targeted to a mix of gifted and talented students who have demonstrated an interest in science and furthers NIAID's goal to reach schools with minority populations and underrepresented groups.

*Student practices the use of a scalpel during "surgery."*



"Pretty cool," is how one 13-year-old described the program in a local newspaper. Cordero McArthur said of the activities, "It was a chance to get away from the normal classes and do something fun."

Dr. Marshall Bloom, a senior scientist in NIAID's Laboratory of Persistent Viral Diseases and the unofficial coordinator of student programs at RML, said, "BRASS makes science come alive for the students. The positive response of these young people has been absolutely astounding. The amazement on their faces as they learn the proper techniques of surgery or when they see a glob of DNA in a test tube for the first time is priceless."

The typical BRASS course runs for 5 weeks and consists of lab sessions covering topics such as blood, genetics, cancer, AIDS, infectious diseases and animal research.

In order to retain the students' full attention, the program is interactive, rather than lecture-heavy. The youngsters become epidemiologists researching public health problems such as an "outbreak" of Legionnaire's disease. In another phase of the program, students play the role of hematologists investigating a deadly strain of bacteria in a contaminated blood supply. Using substitute solutions for blood, the students learn about the importance of controlled experiments.



*Microbiologist Beth Fischer  
with a group of students*

Classrooms are literally turned into operating rooms. Students decked out in surgical wear become surgeons-in-training as they learn the technique of suturing under the watchful direction of Dr. Michael Parnell, chief of the Veterinary Branch.

Microbiologists Beth Fischer and Dr. Kit Tilly and visual information specialist Anita Mora coordinate the program. Bloom serves as "dean," gives the "commencement" address and distributes certificates to graduates.

More than 30 RML staffers have volunteered to participate in the program to date. Other participants in the Ronan event included John Bailey, a supervisor in the Veterinary Branch; Dr. Rey Carabeo and Dr. Ken Fields, postdoctoral fellows who conduct chlamydia research in the Laboratory of Intracellular Parasites; and James Wolfenbarger, chair of the RML EEO committee.



*Students hard at work in  
the "laboratory"*

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## Maddox Stresses Listening To Staff, Responding

*By Robert Bock*

"The people who work for you will tell you what the organization needs," said Dr. Yvonne Maddox, acting NIH deputy director and deputy director of NICHD. "A good leader listens to staffers and then takes action when it's needed." As a double deputy, she's in a position to know.

But listening to staffers does not cede decisionmaking to them, she cautioned. Rather, a good leader seeks advice and carefully weighs the information provided. Although the leader makes the final judgment, the act of decisionmaking often involves consulting with numerous individuals throughout the organization and seeking their advice before embarking on the final course of action.

"Leaders usually don't construct the decision," Maddox said. "Most of the time, they just deliver it."



*NIH acting deputy director Dr. Yvonne Maddox*

Typically, she arrives for work each day at 7 a.m. and departs around 9 p.m. Her areas of responsibility include NIH budgeting, staffing and operations.

Maddox received her doctorate in physiology and biophysics from Georgetown University. There she served as assistant professor, studying how various inflammatory agents injure cells and examining gender differences in the vascular system.

In addition to her NIH duties, she also has a leadership role in DHHS' National Strategy to Prevent Teen Pregnancy and the department's Race and Health Disparities Initiative. She also finds time to serve as the spokesperson for NICHD's Back to Sleep Campaign, which seeks to prevent sudden infant death syndrome by urging parents and caregivers to put infants to sleep on their backs. Although the campaign has succeeded in reducing the overall SIDS rate, the rate for African Americans has not declined as rapidly as it has for other groups. Evidence shows that African American infants are still more likely to be placed on their stomachs to sleep.

"One of the greatest challenges we face is reaching underserved populations in which poverty and cultural barriers interfere with this simple, but vital, message," Maddox said.

To overcome these barriers, she has helped to forge a partnership between the Back to Sleep Campaign and several national African American organizations involved in community outreach. Members of the partnership now distribute culturally appropriate materials to African American communities and are providing training sessions on SIDS and its impact on families.

Although the ability to form coalitions is important, a leader's success ultimately depends on the respect he or she garners from the workforce. First, Maddox said, it is essential to acknowledge employees' contributions; everyone needs to know their efforts are important and have helped move the organization forward. Ultimately, however, to obtain employees' respect Maddox relies on a fundamental tenet: "I treat everyone the way I would want to be treated myself."

*(The author is press officer for NICHD and a graduate of the NIH Management Cadre class of 2000. This article, the last of a series, resulted from an assignment to study science and leadership at NIH. Information about the cadre program is available at <http://mcp.nih.gov/>.)*

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## Earlier Interventions in Tooth Decay Seen

The development of new diagnostic techniques to detect early stages of dental caries (tooth decay) may give dentists more options than ever before to stop or reverse decay using noninvasive techniques. This and other findings emerged from a Consensus Development Conference on the Diagnosis and Management of Dental Caries Throughout Life, convened by NIH on Mar. 26-28.

While water fluoridation, the use of fluoride products, dietary modification including sugar restriction, improved oral hygiene and regular professional care have led to dramatic reductions in dental caries over the past 30 years, the disease remains a major public health problem. Nearly 20 percent of children between the ages of 2 and 4 have experienced dental caries, and by the age of 17 almost 80 percent of young people have had at least one cavity — a late manifestation of dental caries infection. More than two-thirds of adults between the ages of 35 to 44 have lost at least one permanent tooth due to dental caries, and one-fourth of those ages 65 to 74 have lost all of their natural teeth.

Early phases of tooth decay are currently difficult to detect. While x-rays can disclose established cavities, particularly those that occur between the teeth, they are not effective in detecting early decay, or caries in the roots of teeth. The panel noted that the ongoing development of more sensitive diagnostic techniques to detect dental caries in its earliest phases will pave the way for the use of noninvasive treatment options to stop or reverse the caries process. Current data support the following treatment options: fluorides; dental sealants; combinations of chlorhexidine, fluoride and sealants; and health education.

Although the panel did not evaluate the evidence for the effectiveness of community water fluoridation, they acknowledged that water fluoridation and the use of fluoridated toothpastes are highly successful in preventing dental caries. They also determined that there is evidence to support the use of fluoride varnishes in permanent teeth, as well as fluoride gels, chlorhexidine gels, sealants, and chewing gum containing xylitol, a sugar substitute. Combined interventions may be more effective in preventing caries in children.

The panel called for a major investment of research and training funds to "seize the opportunities presented." Panel chair Dr. Michael C. Alfano, dean of New York University College of Medicine, also noted, "that for the American people to benefit from these findings, insurance companies will need to change the way they compensate dental providers so that the next generation of conservative therapy can be enjoyed by everyone."

NIDCR and the NIH Office of Medical Applications of Research sponsored the conference; cosponsors included NIA and FDA.

## In Fear's Grip? Anxiety Screening Day Set, May 2

*By Sophia Glezos Voit*

Many people in the grip of fear — whether it comes out of the blue or is a constant, unwelcome companion — don't know they may actually have a treatable anxiety disorder. Instead, they often think they're "just that way" or have "good reason to worry" or are "destined to be miserable."

But if constant worry, feelings of panic, obsessive thoughts, emotional numbness, nightmares, fear of leaving home, social anxiety or related symptoms keep you from enjoying life or reaching your potential, you may want to seize the opportunity to get a free, anonymous, confidential screening on Wednesday, May 2, which is National Anxiety Disorders Screening Day.

The walk-in event for NIH staff — held from 8 a.m. to 4 p.m. at six sites (in Bethesda, Rockville and Baltimore) — is sponsored by the quality of work life committee, with support from the Employee Assistance Program and NIMH. At each location, participants may view a short video about anxiety disorders, complete a questionnaire about symptoms, discuss results with a mental health professional, or just gather free information. No names will be asked, and no individual records kept.

Of all the disorders affecting the mind, emotions and behavior, anxiety disorders are the most common. Yet many sufferers believe their experience is unique — a belief that often intensifies a fear of seeking help. But once individuals learn that more than 19 million other adults suffer from an anxiety disorder, they begin to feel less alone, less embarrassed and more inclined to reach out.



Whether palpable and specific, or vague and undefined, fearful thoughts or feelings underlie all anxiety disorders — in varying degrees. But each of the five types also has its own constellation of symptoms, which can include persistent worry (generalized anxiety disorder); "panic attacks" or sudden fear (panic disorder); hard-to-control thoughts and behaviors (obsessive-compulsive disorder or OCD); intrusive memories, emotional numbness, and nightmares (post-traumatic stress disorder); and fear of harmless objects or situations (phobias).

A fear of leaving the house or traveling more than a few miles away (agoraphobia) and an avoidance of social interaction, even with friends (social phobia), are types of phobias. Depression also tends to accompany anxiety disorders. For more information about anxiety disorders, go to [www.nimh.nih.gov/anxiety/anxietymenu.cfm](http://www.nimh.nih.gov/anxiety/anxietymenu.cfm) on the NIMH web site; information about depression is at [www.nimh.nih.gov/publicat/depressionmenu.cfm](http://www.nimh.nih.gov/publicat/depressionmenu.cfm).

The exact cause of anxiety disorders is not known, but research shows that ordinary stress by itself is not usually the source. More typically, stress

interacts with a biological predisposition to anxiety disorders before symptoms develop. The good news, though, is that effective, research-based treatments are available. They include short-term psychotherapy such as cognitive-behavioral therapy, the use of certain medications, or both.

The NIH screening sites are: Bldg. 10, Rm. 6C306; Bldg. 31, Level B2, Rm. B57; Executive Plaza North, Rm. 103; Neuroscience Center, Rm. E; Rockledge 2, Rm. 3015; and Bldg. C, Scanlon Conf. Rm., 5500 Nathan Shock Dr., Baltimore. Although individual screening will likely not take more than 45 minutes, participants may want to allow an hour.

If you're unable to attend the screening but would like to get help and/or a referral to a specialist, contact the Employee Assistance Program (496-3164); the National Mental Health Association (800/969-6642, [www.nmha.org](http://www.nmha.org)); or the Anxiety Disorders Association of America (301/231-9350, [www.adaa.org](http://www.adaa.org)).

Sign language interpreters will be provided upon request. For this or other reasonable accommodation, call the Work and Family Life Center at 435-1619 or TTY 480-0690.

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## NIH Celebrates 'Women of Courage and Vision'

We are all on a "continuum" with respect to our physical abilities. We range from marathon runners who can cover 26.2 miles in just over 2 hours to people who walk slowly to people who cannot walk at all. However, we adapt, even though our physical surroundings may be designed for those at a different place along the continuum. Chairs are provided for some (people who use wheel chairs bring their own), and millions are spent on lighting (people who are blind do not need lights). These thoughts and many more were shared with the audience at NIH's recent Women's History Month celebration.

*Door prize winners include (from l) Barbara Cohen, Dianne Parris, Ralph Nitkin, Teresa Newman and Hilda Dixon.*



With the theme "Celebrating Women of Courage and Vision," this year's focus was on women with disabilities. In opening remarks, Dr. Yvonne Maddox, NIH acting deputy director, said NIH must expand its vision to address the needs of people with disabilities, in both our research programs and workforce. To this end, she established the NIH task force on disability issues, which consists of managers and members of the NIH committee for employees with disabilities. The group will develop recommendations to address facility accessibility, recruitment of people with disabilities, and provision of reasonable accommodation for all employees.



*Panelist Deidre A. Davis (l) confers with moderator Dr. Vivian Pinn of ORWH.*

The Office of Research Services's Division of Engineering Services has been asked to develop a new plan to ensure full access to all facilities, starting with Bldg. 1, where the primary goal is to bring restrooms into full compliance with the accessibility requirements set by federal law. Designs were expected at the beginning of April, with construction starting by the end of the month.

*Dr. Susan M. Daniels*

A panel discussion on women with disabilities in the workplace was moderated by Dr. Vivian Pinn, NIH associate director for research on women's health. Panelists included Dr. Susan M.



Daniels, former deputy commissioner for disability at the Social Security Administration, and Deidre A. Davis, former deputy assistant secretary for EEO and civil rights, Department of State. Both presented an overview of their careers, describing various barriers they have had to overcome to succeed. For more information and updates on disability issues and reasonable accommodation, contact OEO at 496-6301 or 496-9755 TTY, or visit online at <http://oed.nih.gov/>.

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## NICHD Supports TV-Turnoff Week 2001 in April

*By Christina Stile*

*"I find television very educating. Every time somebody turns on the set, I go into the other room and read a book." — Groucho Marx*

The National Institute of Child Health and Human Development will join more than 65 organizations and thousands of schools, libraries and community groups in a nationwide effort to encourage Americans to turn off their TV sets for 7 days. TV-Turnoff Week 2001, which runs from Apr. 23-29, offers people a chance to turn off the TV and focus on activities that are more intellectually, socially and physically rewarding.

"TV-Turnoff Week is a great opportunity to take a break from the thing that consumes so much of our free time," said Dr. Duane Alexander, NICHD director. "Watching a lot of television can affect family time, children's success in school and overall family health."

According to Nielsen Media Research, Americans watch an average of 4 hours of television every day. This same research group found that an average American child will spend more time watching TV this year (1,023 hours) than he or she will in school (900 hours).

NICHD recognizes the importance of TV-Turnoff Week because excessive TV-watching contributes to many of the health problems that the institute studies. Obesity, type 2 diabetes, attention disorders, aggressive behaviors, sedentary lifestyles, and poor reading skills are only some of the health issues influenced by TV-watching.

In addition, NICHD research is also exploring the effects of television on children's school achievement. For instance, findings from one such study indicate children who watch more than 13 hours of TV each week did worse on tests of verbal and math achievement than other children. The same study also revealed that children who read more achieved at higher levels than children who read little or did not read at all.

"We are truly grateful for the support of so many noteworthy, national organizations," said executive director of TV-Turnoff Week, Frank Vespe. "Their support for TV-Turnoff Week 2001 is vital to showing millions of children and adults the importance of turning off the TV and turning on life."

Other organizations that support the event include the American Academy of Pediatrics, the American Medical Association, the National Parenting Organization of America, the Natural Resources Defense Council and the YMCA. For a complete list of participating groups, check out <http://www.tvturnoff.org/LinksPage.htm>.

In addition to support from NICHD and other national groups, teachers and school principals often go to great lengths to promote TV-Turnoff Week. In 1999, a teacher in Georgia had to "kiss a chicken" when students met his challenge to be TV-free for 1,000 hours. A principal in California spent an entire school day on the roof as a result of the challenge he issued, for three-fourths of his students to remain TV-free for a week.

Some of the more practical ideas for staying free of TV include moving it to a less prominent place in the house, not watching during dinner, playing board games as a family and hiding the remote control.

Since 1995, when the first TV-Turnoff Week was held, more than 24 million people have joined in this demonstration. The TV-Turnoff Network, formerly TV-Free America, is the national nonprofit organization that coordinates the event. For more information, contact the network at (202) 518-5556, or via the Internet at [www.tvturnoff.org](http://www.tvturnoff.org).

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## Mercury Man Meets the Mad Hatter

Is this the title of a wrestling match? No, it's a slogan for the kick-off of the "Mad as a Hatter? Campaign for a Mercury-Free NIH" on Thursday, Apr. 26, at 11 a.m. in Masur Auditorium, Bldg. 10. Sponsored by the Division of Safety, ORS, this first NIH-wide pollution prevention campaign asks NIH staff to pledge to survey their work area for items containing mercury, dispose of them properly and replace them with mercury-free alternatives if possible. A drawing from pledges submitted will result in prizes to some lucky participants.

The kick-off coincides with Earth Day and Take Your Child to Work Day. There will be handouts and presentations to help employees, their families and the community understand the hazardous effects of mercury in workplaces, homes, schools and the environment. The kick-off will feature an appearance by Mercury Man, spiritual leader of the fight against mercury. He is sponsored by the organization Health Care Without Harm.

Where is mercury found? In mercury-filled thermometers, blood pressure cuffs, reagents and a wide array of laboratory apparatus and electrical equipment. In 1996, the Clinical Center took steps to eliminate all unnecessary uses of mercury in medical devices and laboratory chemicals. Nearly 1,500 devices were removed and today the CC is virtually mercury-free. The new campaign builds on this success and not only covers mercury-containing devices and chemicals in laboratories, but will also concentrate on reducing mercury in electrical equipment such as switches, thermostats, fluorescent light bulbs and batteries. "For most uses of mercury, there are now effective substitutes and use of these alternatives is encouraged," said Ed Rau of the Environmental Protection Branch, DS/ORS. "A little bit of mercury can cause a lot of pollution. We don't have much left here, but we want to eliminate as much of it as possible. If you must use mercury, keep any waste material containing mercury separate from all other wastes. This avoids contamination of other wastes and allows for recycling of the mercury."

Mercury spills from broken thermometers are the most common hazardous material response incidents at NIH facilities. Even small mercury spills from a broken thermometer can slowly evaporate and contaminate indoor air to hazardous levels. Spill clean-up and decontamination requires special expertise and equipment provided by the NIH Fire Department.

Why mention the Mad Hatter? In the 1865 classic, *Alice in Wonderland*, author Lewis Carroll selected a hat maker as the demented host of the tea party. Hatters of the time commonly exhibited psychotic symptoms, hence the expression "mad as a hatter." Carroll was probably unaware that the hatters' disabilities were symptoms of mercury poisoning. In the mid-1800s, hat makers used hot solutions of mercuric nitrate to shape wool felt hats. They typically worked in poorly ventilated rooms, which led to chronic occupational exposure to mercury, neurological damage and the hatters' syndrome.

DS has a web site to support the campaign with more information about mercury, the campaign and the Hatter's Pledge, which can be accessed at <http://www.nih.gov/od/ors/ds/nomercury/>.

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## An R&W Charity Event Premier Night at Circus Thrills Kids, Caregivers

*Photos by Ernie Branson*

One of the rites of spring in Washington is the arrival of the Ringling Brothers and Barnum & Bailey Circus. For the past several years, NIH's Recreation and Welfare Association has worked with the circus to provide "premier night" for a special audience of pediatric patients and their families.

On Mar. 21 at the MCI Center, more than 10,000 people attended premier night as R&W helped distribute some \$38,000 worth of tickets to attendees. More than 100 of the guests hailed from the Clinical Center and Children's Inn at NIH, said Randy Schools, R&W chief executive.

All guests enjoyed a free meal at the center's F St. Grill, plus the circus performers, many of whom mingled among the youngsters.

In addition to NIH patients, guests included kids from many local hospitals and from such organizations as Bethesda Cares, Bethesda Youth Services, the Montgomery County Police PAL Program, St. Ann's Infant and Maternity Home and other groups, Schools said.

*On a chariot ride (at right) are youngsters (front, from l) Brianna Drose, Huddy Sullah, Ringling clown, and Kendrick Blanding. At rear are (from l) Shandell Jones, Dennis Lerritos and Sean Harris.*



*A hula-hooper performs for the crowd of some 10,000 Premier Night guests.*

*Sierra Stuerman and her mother Mardell enjoy a clown's visit.*



*Alyssa Boyd appreciates a hot dog from the MCI Center's F Street Grill.*



*Jason Newton (l) and Jennifer Doolittle kibitz with a clown.*



*Several young relatives of patients were also on hand to enjoy the performers.*



## Take Your Child to Work Day, Apr. 26

Take Your Child to Work Day is an opportunity to have your children (ages 8-15) observe and participate in some of the exciting careers offered at NIH. On Thursday, Apr. 26, NIH will again sponsor an educational, fun event. Information on activities and registration requirements can be found on the web site <http://www.cc.nih.gov/ccc/nihkids/>. Information will be added as it is confirmed, so check back regularly for updates. Registration begins on Apr. 19 and will be conducted online through an NIH server or a Parachute account. If you have questions about registration, contact Ana Kennedy on 496-4547 or Betsy Jett on 402-2675. For information on reasonable accommodation, contact Gary Morin by Apr. 20 at 496-4628 or 496-9755 TTY.

## Seminar Offered on Conflict Management

The NIH Center for Cooperative Resolution is sponsoring its second Executive Seminar Series on Working with Conflict, a three-part offering on conflict management for NIH senior executives, managers and supervisors at grades 15 and above. The seminars will provide a framework for examining dimensions of conflict prevalent in the workplace and strategies for addressing them.

The first seminar in the series "Handling Workplace Conflict: Lessons Learned for Managers" will be held Tuesday, Apr. 24 in Wilson Hall, Bldg. 1 from 12:30 to 2 p.m. Featured speaker is Ella Phillips Wheaton, ombudsman at the Department of Justice, who will discuss such topics as cultural dimensions of conflict, conflict avoidance, transitioning from colleague to manager and compromising the managerial role. She is widely recognized for her work and expertise in the areas of human relations, conflict management, mediation, training analysis and problem-solving.

Contact Barbara Washington at 594-7231 to register for the seminar. If reasonable accommodation is required, call Andre Smith at 594-3004.

## Spring Musical Set to Open May 4

The Bethesda Little Theatre will highlight music from Broadway past and present in its spring musical, "A Century of Broadway." Come and enjoy selections by Gershwin, Cole Porter, Rogers & Hammerstein, and songs from *Guys and Dolls*, *West Side Story*, *A Chorus Line* and *Chicago*.

The show opens Friday, May 4 and will continue for three weekends. Friday and Saturday performances will be May 4, 5, 11, 12, 18 and 19 at 8 p.m. Sunday matinee performances will be May 6 and 13 at 3 p.m. All performances are in Masur Auditorium, Bldg. 10.

Ticket prices are \$10 for adults, \$8 for seniors and \$5 for children 12 and

under. Tickets may be purchased at NIH R&W stores or at the door. Group discounts are available. Patients and their families are invited to attend all performances free of charge. For ticket information, call Elaine at (301) 589-0720 or see <http://www.recgov.org/r&w/blt>. The Bethesda Little Theatre is an R&W organization whose proceeds benefit NIH charities.

## **Mammography Screening Begins May 1**

The George Washington University Breast Care Center will be visiting NIH for its spring 2001 mammography screening. All NIH employees, their families and others associated with NIH (such as IRTAs, visiting scientists, contractors, volunteers) are eligible to participate. The screening dates and van locations are as follows:

Bldg. 31 (Lot 31D)	May 1, 17
Neuroscience Center (Parking lot next to 6003 Executive)	May 3
Bldg. 10 (Lot 10H)	May 9, 16
EPN/EPS (Parking lot behind complex)	May 15
Rockledge J (Visitor parking behind RKL One)	June 22
Bldg. 45 (front of building)	May 8, July 11

The van will be on-site from 9:30 a.m. to 3:45 p.m. taking prescheduled appointments. Each screening is conducted by a female technologist; a board-certified radiologist specializing in mammography will interpret the films. Appointments should take about 20 minutes and will cost \$138. GW will bill some insurance companies directly or payment can be made by cash or check at the screening (check with your insurance company for reimbursement). To see if your insurance is accepted or to make an appointment call (202) 994-9999.

## **New Cancer Partnership Program Created**

In an effort to address reasons for significant disparities of cancer in minority populations, the National Cancer Institute created a potentially powerful approach that can help Minority Serving Institutions (MSIs) and NCI-designated Cancer Centers integrate and take maximum advantage of their expertise and experience. For the first time, NCI, with help from NCMHD, awarded a total of almost \$8 million to 20 MSIs and Cancer Centers that are now working in direct partnership.

The new program, the Minority Institution/Cancer Center Partnership (MI/CCP), offers three mechanisms that target the development and implementation of joint projects in cancer research, and joint programs in cancer training and career development, education and outreach. The partnership was developed because of the lack of significant training opportunities for minority scientists in cancer research, the low level of

involvement of MSIs in competitive cancer research, and the lack of effective and sustaining activities at the NCI-designated Cancer Centers focused on the disproportionate cancer burden in minority populations.

Cancer Centers were chosen in this effort because they are geographically dispersed, research-intensive organizations with state-of-the-art research facilities and well-organized programs for training cancer scientists. However, the progress of Cancer Centers in focusing on research issues of importance to different racial and ethnic minority populations has been slow. On the other hand, MSIs conduct high quality programs for educating minorities and represent a rich source of talent, cultural sensitivity and perspectives needed in cancer research. But they have had difficulties developing and sustaining independent programs in cancer research.

More information can be obtained from Dr. Sanya Springfield, 496-7334 or by visiting <http://deainfo.nci.nih.gov/cmbs/index.htm>.

### **Catch Up with IMPAC II at HRDD**

HRDD announces several new IMPAC II grants management training courses. They are offered at a central location for convenience and are designed to meet the needs of the grants management community. In an effort to customize and centralize training for SRAs and GTAs, HRDD is now offering the following courses at its Executive Plaza location: Committee Management; Peer Review Module; Grants Management. The following courses will be available on an "as needed" basis: Institute Center Operation ICO; CRISP Plus; Quick View; Tech View; Power View. To customize or arrange on-site courses for your organization, contact HRDD at 496-6211.

### **Wednesday Afternoon Lectures**

The Wednesday Afternoon Lecture series — held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10 — features former NIH director Dr. Harold Varmus on Apr. 25, who will give the NIH Director's G. Burroughs Mider Lecture on "Mouse Models of Human Cancer." Varmus is now president and CEO, Memorial Sloan-Kettering Cancer Center, New York. For more information or for reasonable accommodation, call Hilda Madine, 594-5595.

### **NIH Launches Telework Pilot**

Last May, NIH was awarded a grant from Tele-work Partnership with Employers, a program sponsored by the Maryland department of transportation and the Baltimore and Washington councils of government. The grant provided NIH with the services of a professional telework consultant to expand the current flexible workplace program through design and implementation of a telework pilot.

Four components — OD, NIAID, CSR and NIDCD — volunteered groups to participate in the project, and 50 employees began teleworking in March for at least 2 days per month throughout the next year. Alisa Green of NIH's Work and Family Life Center serves as project coordinator with the assistance of a telework advisory committee. The committee includes

individuals from various levels and divisions of NIH, as well as representatives from the four participating components. The committee has also been divided into subgroups that have been working with the consultant to develop and address all aspects of the pilot including policy, communications and training, technology, and measurement and evaluation.

The goal of the pilot project is to evaluate the benefits, costs and impact of telework on employees, management and customers. If the report is positive, long-term goals of increasing telework use would be to: more effectively recruit employees and reduce turnover; maintain and encourage high levels of employee performance; and use such resources as technology, office facilities and parking space more efficiently.

The pilot is timely for NIH, as the Office of Personnel Management recently issued guidance that will require agencies to increase the number of employees who telecommute. Through information gathered in the pilot, NIH will be better able to fulfill the new requirements and maximize the benefit of telework to employees and NIH as a whole.

### **Renewal of NIH Parking Permits**

NIH General Parking Permits for campus employees whose last names begin with H, I and J will expire on the last day of May 2001. In order to obtain a new permit, an employee must visit the NIH Parking Office in Bldg. 31, Rm. B3B04. Hours are 7:30 a.m. to 4:30 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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## Gross To Lead NIAID Branch



*Dr. Michael Gross* has joined NIAID's Division of AIDS as chief of the Prevention Sciences Branch in the Vaccine and Prevention Research Program. He will oversee the HIV Prevention Trials Network, Women and Infants Transmission Study and other biomedical and behavioral prevention research initiatives. He comes to NIH from Fred Hutchinson Cancer Research Center in Seattle, where he was a consultant for both the HIV Vaccine Trials Network coordinating center and the HIV Prevention Trials Network statistical and data management center. Prior to that, for 11 years, he was affiliated with Abt Associates, Inc., located in Cambridge, Mass., and Bethesda, most recently as project director and co-investigator for the domestic component of NIAID's HIV Network for Prevention Trials. Gross also served as coordinator of the behavioral reinforcement program in the AIDS bureau of the Massachusetts department of health. During his academic career, he was assistant professor of the history of science at Hampshire College in Amherst, Mass.

## Nelson Joins Center for Scientific Review



*Dr. Janet E. Nelson* has joined the Center for Scientific Review as the new scientific review administrator of the special reviews study section, which reviews small business innovation research grant applications in the areas of drug discovery and drug delivery for the biophysical and chemical sciences integrated review group. She comes from the American Chemical Society, where she managed scientific review and administered research grants as a program officer for the Petroleum Research Fund. Nelson received her Ph.D. in chemistry from the California Institute of Technology and conducted synthetic and mechanistic studies of organometallic complexes as a postdoctoral fellow at Los Alamos National Laboratory.

## Mittelman To Manage VRC Operations



*Abe Mittelman* has joined the NIH Vaccine Research Center as associate director for management and operations. He oversees a broad range of activities, including program planning and evaluation; policy analysis; financial management; technology transfer; information systems and technology development; support and evaluation activities; human resources management; acquisitions; facility development; and

administrative management. Prior to his appointment to the VRC, Mittelman served as managing director of a consultant group to NIAID's research programs, and as a regulatory scientist at the Environmental Protection Agency. He has managed technical, administrative, and budgetary activities for cross-cutting biomedical and health research programs.

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## Hallett Honored for Dystonia Work



*Dr. Richard Lewis* (l), medical education leader of the Dystonia Medical Research Foundation, presents *Dr. Mark Hallett*, chief of the Medical Neurology Branch and human motor control section, NINDS, with a special recognition award at the foundation's recent 25th anniversary celebration dinner. Hallett was one of several NINDS'ers recognized for their exceptional work on behalf of persons with dystonia. Other NINDS honorees

included former director Dr. Gerald Fischbach, associate director for extramural research Dr. Constance Atwell, and program director Dr. Giovanna Spinella. At the dinner, which was held at the Bethesda Marriott, the foundation applauded NINDS for its "leadership in shaping the future of brain research" and for its "commitment to encouraging collaboration." Dystonia is a neurological movement disorder characterized by involuntary muscle contractions that cause twisting and repetitive movements or abnormal postures that are sometimes painful. The foundation — established in 1976 — has awarded more than 350 grants totaling \$16 million for dystonia research.

## Wassermann Awarded Visiting Professorship



*Dr. Eric Wassermann*, chief of the brain stimulation unit in the Office of the Clinical Director, NINDS, and a neurological consultant at the Clinical Center, was recently awarded a visiting professorship in psychiatry in the department of neurology at Cincinnati Children's Medical Center. The purpose of the professorship — which is sponsored by Pfizer Pharmaceuticals and provides \$7,500 to the medical center — is to enhance the clinical and educational activities of

medical schools and teaching hospitals in the United States. Wassermann, who joined NINDS as a neurological consultant and a postdoctoral fellow in the human motor control section in 1989, earned his undergraduate degree from Swarthmore College and his medical degree from New York Medical College. His laboratory studies include investigations of human brain physiology, primarily with the technique of transcranial magnetic stimulation. Under the professorship, Wassermann will spend 3 days at the medical center teaching and collaborating on studies of motor cortex function in children with movement and behavioral disorders.

## Landis Honored by Wellesley



*Dr. Story Landis*, NINDS scientific director, recently received the Wellesley Alumnae Achievement Award from her alma mater Wellesley College. The award is given annually to "alumnae who have brought honor to themselves and to Wellesley College through their outstanding achievements." The award was established in 1969, and is the highest honor given to alumnae for excellence and distinction in their fields of endeavor.

Landis graduated from Wellesley in 1967 with an undergraduate degree in biology. She earned her master's degree and her Ph.D. — both from Harvard University — in 1970 and 1973, respectively. Landis was recognized for the significant contributions she has made to the field of neuroscience including her extensive research on the development of the nervous system and her exceptional leadership both at Case Western Reserve University and, more recently, at the Intramural Research Program at NINDS. Currently, her laboratory is studying the developmental interactions required for the formation of functional synapses.

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## NICHD's Nat Tolson Mourned

Nathaniel W. Tolson, Sr., died at age 58 on Mar. 17 after a lingering illness.

Born on May 3, 1942, in College Park, Md., he gained his B.Sc. degree from the University of Maryland, Eastern Shore in 1966. He came to the National Institutes of Health in 1974 in the Laboratory of Developmental Neurobiology, NICHD, under the direction of Dr. Gordon Guroff. In 1984, he transferred to the Laboratory of Developmental and Molecular Immunity, NICHD, until his retirement in 2000.

Tolson became expert in devising and modifying in-vitro assays for pertussis toxin, purification of the surface polysaccharides of several pathogenic bacteria, and extraction and isolation of homo-genous proteins of which the latter two were used for vaccines. During his career at NIH, Tolson coauthored 10 scientific publications. In addition to these valuable skills, he "ran" the laboratory by his mastery of the civil service at NIH, said Dr. John Robbins, chief of the lab where Tolson worked. "He was a friend and a colleague to all who worked with him."

Tolson is survived by his wife Sylvia, his children Nathaniel, Jr. and Pamela, his stepdaughters Nedra and Brenda Stewart, his sisters Geraldine Jackson and Dorothy Holeman, his brother Ike, three grandchildren and two great-grandchildren. His colleagues at NIH miss Tolson very much, Robbins said.

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## Nonsmoking Volunteers Needed

Are you a female nonsmoker, 18 to 35 years old, in good health and not on birth control pills? You may be eligible to participate in a study of commonly prescribed medications. The study involves multiple visits to the Uniformed Services University over a 3-month period. Earn up to \$880 and get a free medical exam. Call (301) 319-8204 for more information and preliminary telephone screening.

## Postpartum Depression Study

The Behavioral Endocrinology Branch, NIMH, is seeking volunteer mothers ages 18-40 who have had one or more past episodes of postpartum depression following a full-term pregnancy, but are not currently depressed. Participants must be free of medical illnesses, medication-free and currently not breastfeeding. Volunteers may be asked to participate in a 6-month protocol investigating the effects of hormones on brain and behavior. All participants who complete the study will be paid. For more information call Linda Simpson-St. Clair, 496-9576.

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