

THE NIH RECORD

Still The Second Best Thing About Payday

Pilot Program Invites Hispanic Participants

By Constance Burr

¿Sufre de trastorno bipolar o de depresión? ¿Le interesa participar en una investigación clínica? A bilingual pilot program is advertising in Spanish, recruiting people with bipolar disorder or major depression for screening and clinical trials conducted in Spanish at the National Institute of Mental Health.

To strengthen Hispanic participation in research studies, Dr. Carlos Zárate, Jr., chief of the mood disorders research unit, is directing trials with Spanish protocols and bilingual doctors, nurses, social workers and technicians. He is also getting the word out to the public. Because many in the Hispanic community prefer radio programs and advertising in Spanish, radio spots and print ads reach a new audience

SEE HISPANIC PROGRAM, PAGE 2

2002 Mini-Med School

NIH Educates Public on the Science of Life

By Cynthia Delgado

With fears heightened by Sept. 11 events and daily news headlines about bioterrorist threats, antibiotic-resistant bacteria, and

emerging and re-emerging infectious diseases, the Office of Science Education introduced a new theme for its Spring 2002 NIH Mini-Med School program: **Dangerous Microbes: Emerging and Re-emerging Infectious Diseases and Bioterrorism.** The 6- to 8-week



Mini-med student Kellie Campbell loved the course.

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Cordial Tone Set for New Chair

Zerhouni Welcomed, Kirschstein Lauded at 84th ACD Meeting

By Carla Garnett

Just moments after 8:30 a.m. on June 6 and a scant 2½ weeks after his first day on the job, new NIH director Dr. Elias Zerhouni was formally handed the gavel at the 84th meeting of the advisory committee to the director (ACD), which he now chairs as head of the agency.

"I think we should have a ceremony that allows Dr. Zerhouni's previous home institution to turn the gavel over to our new chairman," said NIH deputy director Dr. Ruth Kirschstein, who had chaired the twice-yearly ACD meetings as acting NIH director since 2000. She called on ACD member Dr. William Brody, president of Johns Hopkins University, to introduce Zerhouni to the 36-year-old gathering of physicians, researchers, lawyers, professors and business executives that assembles on



Dr. Zerhouni at ACD

SEE ACD MEETING, PAGE 6

'Biosocial' Approach to Public Health

Farmer Warns of Pathogen: Social Inequalities

By Rich McManus

Dr. Paul Farmer embodies a number of interesting paradoxes that make him a provocative speaker and a thorn in the conscience of public medicine. Tall, clean-cut and patrician, with a rapid-fire, fact-backed speaking style—"Next slide, please"—that would certainly have served him well had he elected a career on Wall St., he is as at home in an overcrowded Siberian prison or the slums of Haiti or Lima, Peru, as he is in the halls of Brigham and Women's Hospital in Boston, where he also practices medicine as a Harvard professor. In fact, he says, the people are sometimes friendlier in impoverished rural Haiti than they are in Washington or Geneva, from which he flew in the night before giving a lecture



Dr. Paul Farmer

SEE FARMER, PAGE 8

Children with ADHD Needed

The Pediatric and Developmental Neuropsychiatry Branch, NIMH, seeks boys and girls 6 to 13 years of age, diagnosed with attention deficit hyperactivity disorder (ADHD), to participate in a movement study. Volunteers should have no history of other medical or neurological disorders (including seizures and hearing problems), and should not be taking any prescribed medications. Participation involves neurological examinations, single and paired-pulse TMS tests, and hearing tests. Participants will be compensated for their effort and time (approximately 3 hours). For more information, call Mark Choa, 496-5323.

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of potential patients. Ads from the mood disorders program call for volunteers on WACA 1540 AM-Radio America, a local Hispanic station, and in *El Pregonero*, a weekly newspaper, which together serve a market of some 400,000 Spanish speakers in the metropolitan Washington area.

With 80 calls from prospective subjects during the first 2 weeks of advertising, the program's voice mail capacity had to be increased. "The Spanish-speaking community is willing to take part because language and cultural barriers have been lowered,"



Dr. Carlos Zárate, Jr.

Zárate said. "It's a matter of trust. People feel we know where they are coming from."

On the air, announcers invite listeners suffering from mood disorders to enroll in studies that offer medical and psychiatric evaluations, treatment, and transportation at no cost.

"Consultorio Comunitario," a public forum on health with Dr. Elmer Huerta, and "Informativo Mundial," morning and afternoon newscasts, run the ads on weekdays.

"Calentando La Mañana," a morning drive talk show, showcases personalities of Hispanic interest. In a recent interview with popular host Madeline Portalatin, Zárate explained symptoms of depression and bipolar disorder, the need to recognize and diagnose these illnesses, and various kinds of therapy. The benefits of research and treatment help dispel stigma and improve lives across cultures, he explained. Zárate encouraged listeners to call NIMH for a voice message in Spanish on how to take part.

Two protocols have been translated into Spanish. These trials are testing new uses for established drugs that cause changes in the brain similar to antidepressants. In both studies, PET scans compare brain activity in healthy controls and those with mental disorders.

An outgrowth of the Hispanic Research Initiative, chaired by Dr. Juan Saavedra, chief, section on pharmacology, the comprehensive plan to engage Spanish speakers in clinical trials sets the tone for future bilingual projects. The initiative steering committee, comprising Saavedra, Zárate, Dr. Catherine Roca and Dr. José Apud, advises the intramural program and institute director on outreach to the Hispanic community, translation and validation of forms and documents, Hispanic patient recruitment for intramural research, and the necessity of having bilingual therapists in the studies.

"This effort is part of a larger consideration—

helping the Hispanic community participate in the life of the country," said Saavedra. "The trials offer Hispanic Americans and Latin American immigrants the opportunity to invest in a network of health care, education, and access to therapies."

The project is currently recruiting another essential team member, a bilingual clinical studies representative to approach the Hispanic community, invite subjects, screen patients and consult with other research branches on protocol consent, IRB involvement, bioethics and customer satisfaction.

"My goal for these studies is to broaden scientific knowledge and increase Hispanic participation," Zárate said. Recruitment ads in English are also appearing in the *Washington Post*, the *Gazette* and in fliers in movie theaters and health care facilities.

In addition to promoting clinical trials to local audiences, Zárate is aiming for Hispanic representation nationwide. He has spoken about the need for Latino volunteers at the Rocky Mountain College Physician Assistants Program in Billings, Montana; Ponce Medical School, in Ponce, Puerto Rico; the University of Massachusetts, Worcester; and the Office of Mental Health, New York City. This summer he plans to address Latino physicians of Puerto Rico, continental U.S., and Latin America in Miami, and mental health organizations in Texas.

In Census 2000, of 281.4 million residents counted in the U.S., 35.3 million, or 12.5 percent were Hispanic, the nation's largest racial or ethnic minority group. By targeting Spanish speakers in clinical trials, NIMH is using a strategy that affirms its commitment to boosting minority participation in health research. ■

N I H R E C O R D

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Olufunmilayo F. Olopade, associate professor in the department of medicine and director of the committee on genetics, Center for Clinical Cancer Genetics, University of Chicago Medical Center, will deliver the eighth annual John Diggs Lecture, sponsored by the NIH Black Scientists Association.



Her lecture title is "Dissection of Cooperating Genetic Pathways Involved in Aggressive Early Onset Breast Cancer Reveals Mutually Distinct Roles for BRCA1 and HER-2/neu Genes." She has also been asked to share any insights she might have as to why black women disproportionately die from breast cancer. The program will be at noon on Monday,

July 15 in Masur Auditorium, Bldg. 10, and is cosponsored by the NIH Office of Research on Women's Health, the National Institute of Allergy and Infectious Diseases, the National Institute of Neurological Disorders and Stroke, the National Human Genome Research Institute and the National Cancer Institute. The lecture is open to the public. NIH summer students are encouraged to attend. Sign language interpretation will be provided. For reasonable accommodation, contact Michael Chew at 402-3681, TTY Federal Relay Service 1-800-877-8339.

Free Summer Film Festival

The Office of Science Education announces the return of its free summer film festival, Science in the Cinema. Beginning July 11 for 6 consecutive weeks, a popular film with a medical science theme is screened. Following each movie, an interactive discussion with the audience is led by an expert on the subject depicted in the film.

Shows begin at 7 p.m. each Thursday in Natcher auditorium, and seating is available on a first-come, first-served basis. All films are shown with captions; American Sign Language interpreters and real-time captioning are provided for the post-film discussions. If other reasonable accommodation is required, contact OSE at least 5 days before each film date at ose@science.education.nih.gov or 402-2470 (Federal Relay Service at 1-800-877-8339, TTY users call 451-9706).

Check the OSE web site at <http://science.education.nih.gov> for this year's schedule and more event details. ■

NCRR Celebrates 40th Anniversary

This month marks the 40th anniversary of the National Center for Research Resources. While NCRR has undergone several transformations and slight name changes over the years, the sustaining goal has remained the same—providing the research resources that enable biomedical discovery. These



resources extend across biomedical research disciplines, to all of the extramural programs of the NIH institutes, and enable scientific advances that lead to lifesaving drugs, devices and therapies.

NCRR is celebrating its anniversary with a special edition of the NCRR Reporter, a quarterly publication that is designed to foster

communication, collaboration and resource-sharing in areas of current interest to biomedical scientists. The spring issue highlights the importance of infrastructure support to advances in: studies of hypertension; organ transplantation; imaging tools and computers; mass spectrometry and structural biology; and identification of an AIDS-like virus in nonhuman primates.

The magazine can be found in kiosks in Bldgs. 1, 10, 31 and 38A. Off-campus kiosks are located in the Federal Bldg., Executive Plaza North and Rockledge 1. The publication also can be accessed online at www.ncrr.nih.gov. ■

Seminar on Alternatives in Animal Research

NIH staff who write animal study proposals, or who are interested in searching the biomedical literature for procedural alternatives, are encouraged to attend Alternatives in Animal Research. This free, hands-on seminar is being offered at the NIH Library in Bldg. 10 on Thursday, July 11 from 1:30 to 3 p.m. Participants will be introduced to a checklist that guides researchers to resources that address issues of reduction, refinement or replacement (the 3 R's) and can help meet Animal Welfare Act requirements. Resources covered include databases available through the NIH Library web site such as: AGRICOLA, EMBASE via ScienceDirect, PsycInfo, MEDLINE, and Web of Science. PORPOISE, a research update service developed for NIH'ers, and PubMed's Cubby feature will also be discussed. Attendees will learn the advantages of working with librarians to perform mediated searches in databases available through DIALOG. No registration is required, but attendees should arrive early at the training room, lower level, to use a computer. Observers are welcome. For more information, call the NIH Library at 496-1080 or email Cindy Clark at clarkc@ors.od.nih.gov.

MINI-MED SCHOOL, CONTINUED FROM PAGE 1

program is offered each spring to the public, and gives participants an idea of what it's like to be a medical student. A science background is not required, so lectures progressively build upon one another, beginning with the basic sciences and culminating in more advanced topics.

More motivated than ever before to understand the basic scientific principles that shape the modern world, people rushed to sign up for the program. The school's registration quota of 500 students was met within 2 weeks of its announcement. Mini-Med students agreed that the theme was both timely and important, and the major reason they signed up for the course.

"I have a tremendous innate curiosity, and here is a world-class institute offering the opportunity to learn about microbiology," said



Mini-med classes satisfy Bruce Morton's innate curiosity about nature.

Bruce Morton, a senior manager at Lockheed Martin in Virginia, and an adjunct professor at George Washington University. He explained that his interest stems from his early work as a rocket scientist when he studied the ability of microbes to survive re-entry into the Earth's atmosphere. "I appreciate the time and resources the NIH provides for this program," he added. One discovery for Morton was the striking similarity between the structure and replication of a virus and how a computer "virus" infects and replicates itself within a system.

Diana Mukitarian, who works in the NIH Small Business Office, says Mini-Med school brings science to the public on both a "personal and professional level." With an education in behavioral science, she was able to revisit the basic sciences and also gain a better perspective of the new frontiers of science. She likes to take advantage of NIH resources, and believes it keeps her in touch with NIH's mission—a goal important to her work. She tries to portray this mission accurately when communicating with small businesses that wish to work with NIH. Before taking the course, she says she was scared of infectious diseases, but now she is also comforted. "I better understand the challenge this nation is facing in biodefense."

Mini-Med student Noreene Wells has degrees in both microbiology and zoology. This is her second year in the program. Because science is so fast-

moving, she finds it an excellent way to "lightly touch base with what's happening in the field." Of particular interest this year was the continuity that ran throughout the courses. She said many issues relating to infectious diseases were clarified for her in each lecture.

"People should be beating down the doors to attend these classes," noted Mini-Med student Kellie Campbell. She thought all the lectures were "phenomenal," especially OSE director Dr. Bruce Fuch's class activity on herd immunity. Students were given an assignment to determine what percentage of the population should be immunized to prevent the spread of disease. She found the answer, 77 percent, startling. "It was an epiphany for everyone there. We understood how quickly disease can spread," she said. Regarding vaccination, Campbell learned that "we do have weapons to fight the problems...not only are we a part of the solution, but a very important part."

Many prominent NIH scientists serve as Mini-Med school lecturers, despite their responsibilities and busy schedules. Patrick Murray, chief of clinical microbiology at the Clinical Center, is also an adjunct professor of pediatrics and pathology at the University of Maryland; a three-time winner of the Teacher of the Year award from Washington University in St. Louis, and author of the bestselling textbook, *Medical Microbiology*. Using his extensive background in academics as well as the laboratory, he gave students a glimpse into the role a clinical microbiology laboratory plays in the diagnosis, control and treatment of infectious diseases.

Murray's successful style of teaching may stem from his ability to relate to the audience, while limiting excess information and dispelling commonly held misconceptions. He said, "I try to take what's mysterious about the laboratory and make it relevant."

For example, he talked about how bacteria's strange names often come from the names of microbiologists discovering them. "The real skill," he explained, "whether in writing or teaching is to understand your audience and what they need to know. You don't tell an audience everything you know."

Murray likes to start by giving a broad view of a subject, and then narrowing the focus. In this case, he gave Mini-Med students a look at the specialty areas of pathology and then the microbiology that underlies the field. "Most people think of pathology



Patrick Murray



Noreene Wells is a repeat customer at the school.

as autopsies when, actually, a major component is diagnostics.”

The much-anticipated lecture “Understanding the Bio in Bioterrorism,” presented by Dr. Anthony Fauci, director of NIAID, marked the culmination of the 2002 Mini-Med school program. He discussed the biological agents associated with bioterrorism; gave an overview of the recent terrorist-initiated outbreak of anthrax, its etiology and transmission; and explained how NIH works with other government agencies to prevent the spread of infectious diseases, including the NIH strategic plan for biodefense research.

He also spoke about his recent editorial in the *New England Journal of Medicine* wherein he expresses the urgent need for dialogue between the public and government leaders on the debate about a nationwide smallpox vaccination. The variola virus, the microbe responsible for smallpox, is of most concern because it is easily transmitted, has a high mortality rate, and the population lacks sufficient immunity. Proponents of mass vaccination believe it would eliminate the threat of smallpox as an agent of bioterrorism. Opponents are concerned with vaccination’s associated adverse effects.

The NIH Mini-Med School serves the local community. However, there are more than 70 Mini-Med schools in the United States. Use the Mini-Med locator at <http://science-education.nih.gov/minimed> to find other schools. ■

Dr. Peter Greenwald, who has developed, nurtured, and quantified the field of cancer prevention, received the American Society of Clinical Oncology’s 2002 American Cancer Society Award at ASCO’s annual meeting on May 18. He is director of the Division of Cancer Prevention,



NCI. The award is given to an individual who has contributed significantly to the prevention and control of cancer. As founding director of the Division of Cancer Prevention, he has created and directed a program of research that incorporates not only

basic scientific investigations into early biomarkers of disease but complements that with the research of social scientists, educators and cross-cultural communication experts. Under Greenwald’s direction, the full gamut of clinical research, public health and communications techniques work together, resulting in programs that aim for a significant reduction in cancer incidence, morbidity and mortality.

IntraMall Holds Third Summer Showcase

The NIH IntraMall will celebrate its third Summer Showcase on Friday, June 28 at the Natcher Center. The event, open to all employees, features many of NIH’s largest laboratory and office supply vendors, product demonstrations and lunchtime entertainment. The showcase opens at 10 a.m. with supplier exhibits and continues through the day with a series of activities.

Come learn about new products and features making the IntraMall a popular service for online purchasing and for the reconciliation of credit cards. Pam Robbins, senior purchasing agent, and the IntraMall training team will be on hand to conduct demonstrations and answer questions. More than 40 vendors representing over 2.5 million products in the IntraMall will also be available to answer questions, demonstrate new products and learn how they can better serve the NIH community.

Among the vendors at the event are Sigma, Invitrogen, Fisher and VWR; computer and office product companies like Micro/Mac Warehouse, Daly Computer, Office Depot, Corporate Express, Matthews Medical Books; and Blind Industries Services of Maryland and BOSMA Industries for the Blind.

“The IntraMall is fast becoming the service of choice for those institutes and centers looking for an online ability to quickly and easily comply with reconciliation requirements,” said Jeffrey Weiner, IntraMall project manager. “Early in our second year of offering automated reconciliation, the IntraMall already accounts for over 25 percent of all NIH credit card charge reconciliation activity.”

“This is the third and hopefully best in our series of Summer Showcases at the NIH,” said Dayle Wilson, chief operating officer of the IntraMall. “We are thrilled with the full attendance from the supplier community and hope that all our friends and supporters come to the Natcher Center to enjoy the exhibits, demonstrations and stay to relax with the wonderful chamber music provided by Joel Berman & Friends before and after a complimentary lunch.”

Fresh from their lecture-performance series at the Washington Conservatory of Music, Joel Berman & Friends will be performing selections from Haydn’s Opus #64 and Beethoven’s Opus #95 at 11:30 a.m. and selections from Beethoven’s Opus #135 after lunch at 12:30 p.m. All are welcome. ■

Calcium Study Seeks Subjects

An NIH study seeks healthy overweight adult volunteers for an examination of the health effects of calcium supplementation over 2 years. Call 1-800-411-1222 (TTY: 1-866-411-1010). Compensation is provided. ■

Healthy Children, Teens Needed

NIMH is seeking healthy children, ages 6-17, to participate in a mood and emotion study. Children may be eligible if they do not have a history of medical or psychiatric problems or take any prescribed medications, or have first-degree relatives with psychiatric problems. Participation involves a 3-day screening and evaluation, 2-day followup evaluation, and physiological and psychological testing. Compensation is provided. Call 496-8381 or email bipolarc@intra.nimh.nih.gov to volunteer or request more information.

ACD MEETING, CONTINUED FROM PAGE 1

campus to consider the NIH enterprise every June and December.

"I sort of feel like the father of the bride," Brody quipped, before launching into an abbreviated biography of the new director that was sprinkled liberally with personal notes about the friendship and high level of professional respect that have developed over more than 20 years between himself and Zerhouni.

PHOTOS: BILL BRANSON



In a brief ceremony beginning the 84th ACD meeting, NIH deputy director Dr. Ruth Kirschstein passes the gavel to the group's new chair, NIH director Dr. Elias Zerhouni. Introducing the new leader and joking that he felt "like the father of the bride" is the head of Zerhouni's previous place of employment, ACD member Dr. William Brody, president of Johns Hopkins University.

"When President Bush announced his intention to nominate Elias as director of NIH, a colleague of mine from the West Coast called me and said, 'Gee, they appointed a radiologist. That's kind of unusual.' And I said, 'Well, describing Dr. Zerhouni as a

radiologist is like describing Bill Gates as a computer programmer.' Elias is one of the most broad-gauged people that I know in the field of medicine and biomedical science."

Warm Welcome

Himself an expert in the field of radiology, Brody continued, "Many of us in biomedical science strive to have an important discovery or invention, but Elias has had a number of them. I think in that regard, he's quite unusual. Early in his career, Elias discovered that there was a way to differentiate benign from malignant nodules on computer technology, which then sparked a tremendous controversy because people couldn't reproduce the work. So Elias then went into the detailed physics of computer tomography and showed why—depending on the type of scanner and how the method was conducted—you could come up with erroneous results. I think it was this work that made Elias a consultant to the Reagan White House during President Ronald Reagan's illness."

Noting more of Zerhouni's breakthrough inventions, Brody said, "I could go on and on. He has a great sense of humor, he plays the lute and the piano, loves to scuba dive and listen to opera...It's a great loss for Hopkins, but I think it's a wonderful gain for NIH. Congratulations, Elias."

Immediately revealing the quick sense of humor alluded to in the introduction, Zerhouni began his remarks, smiling broadly: "First let me say thank you to Bill Brody for all his nice comments. Bill, if you had said all those things to me before, I would have stayed."

Sobering, Zerhouni acknowledged, "There are few things that happen in one's life that are important

and critical to what happens to you. [For me], one of them was meeting Bill Brody. If I have to count the three or four things that have been determining, I would say that crossing paths with Dr. Brody was one of them."

The new NIH chief then contrasted his last position with his current. Describing the various hats he wore at JHU, Zerhouni joked about what he called "the Hopkins reengineering method—four jobs for the price of one. The difference here though is I have one job and many bosses—Congress, White House, the Administration. It's quite a daunting position. With that as a preamble, I'm very honored and excited to be here. I saw the composition of the committee and I am very impressed and thankful for having your advice and support."

Zerhouni said he'd had a lot of job offers over the years that he had "declined within 10 seconds," but that he'd once acknowledged in a meeting that "probably the only one I would consider is an NIH job, because I admire NIH." He had expressed similar feelings in a May 17 farewell message to colleagues at Hopkins, writing, "You took me in and exposed me to an extraordinary environment for innovation and discovery. More than that, you provided me with great mentors who nurtured me and helped me become the physician, teacher, researcher and executive I am today...I wouldn't have left Johns Hopkins for any other job."

Accountability, Communication Top Priority List

Zerhouni then briefly touched on three overarching priorities he said he gleaned from his meetings in Congress, his experiences during the confirmation process and his 14 days on the job.

"The first and foremost message I received from every senator, every congressman, everyone in the administration and outside the NIH community," he said, "is the doubling of the budget and questions about whether or not it is well used. 'How do we know it is well used?' 'What does the public gain for it?' There is a huge cry out there for accountability and transparency. This I think is going to be a constant theme over the next few years. This is a concern that really comes across every layer of the many bosses that I'm talking about."

The second issue that Zerhouni said he "heard over and over again" from everybody is "science policy being influenced more and more by earmarks. This is something we need to grapple with" and perhaps curb in some way.

"The last but not least concern," he concluded, "is the level of expectation of the public such that there is now a cry for effective translation of the discoveries into tangible benefits."

Elaborating, Zerhouni related a phenomenon that was described to him to illustrate the point: "A

hypothesis says, 'You know, the cure can be here in 5 years, if we only had X amount of dollars.' One of the fundamental difficulties we have is that the research enterprise is often compared to the moon shot strategy. 'Why is it that President Kennedy can say we'll go to the moon in 10 years and we did it, and you scientists tell us you can't get a cure in 10 years for one thing or another?'"

Zerhouni said the issue proves why basic discourse is needed with the public regarding "the realities of science." He said people involved in biomedical science need to spread the word to the public: "When we talk about going to the moon, we're really talking about an incremental technological challenge. We know where the moon is. We see it every night. Fundamentally, we knew we could get there. We knew the laws of physics. We knew the laws of gravity. We knew escape velocities. That kind of project was a technological challenge. People need to convey the message that in biomedical research we're not just dealing with a technological challenge that has a well-defined endpoint and scientists clear on just how we get there. We have a knowledge challenge in many of these enterprises. That message is just not verbalized enough to make the many bosses we have understand that this is the challenge for us. And, we're not communicating that effectively. That is why we have this phenomenon of 'the cure will be here in 5 years if we spend X dollars.' In the minds of many people, it makes an analogy between the moon shot and the War on Cancer and the Manhattan Project and medical research, when in fact there are fundamental gaps in knowledge that do not allow one to make those predictions."

Getting Up to Speed

As is customary, the first business of the ACD meeting is to provide an update on major occurrences at NIH in the last 6 months. Kirschstein offered such a report, highlighting the congressional budget hearings and the status of search committees for each of six vacant institute directorships. The committee for the head of NIDA is poised to begin interviewing candidates, NIMH's committee has interviewed already, NIAAA's is "moving apace" and NINDS's is being reinstalled for a new search. At NIBIB, Dr. Roderic Pettigrew, currently of Emory University, has been appointed and will start in early fall. Dr. Marvin Cassman's departure from NIGMS since the last ACD meeting was acknowledged; a committee to fill the job there is under way. Kirschstein also noted that several vacancies on the ACD roster had been deliberately left open in anticipation of Zerhouni's arrival and subsequent input on nominees.

NIH deputy director for extramural research Dr. Wendy Baldwin then gave a short briefing on the stem cell registry and announced that three more

memoranda of understanding and six new stem cell lines meeting President Bush's criteria had been added to the registry.

For the remainder of the morning session, the agenda turned to the topic of science education and career development. About a dozen students who participate in the CityLab at Boston University, a program underwritten largely by the National Center for Research Resources, delivered a unique presentation about their experiences there. Lively and often punctuated with humor, the youngsters' enthusiasm was palpable, prompting Zerhouni to inquire whether ACD meetings were always so much fun.

"No," replied Dr. Thomas Cech, president of the Howard Hughes Medical Institute, with a wry smile, drawing laughter from the other members.

Also offering details about NIH's forays in stimulating even the youngest age groups to consider science for their futures were Dr. Bruce Fuchs, director of NIH's Office of Science Education, who discussed the NIH curriculum supplement series, and Dr. LaShawn Drew, acting director of the NIH Academy, who talked about the possibility of expanding the academy.

By the meeting's midpoint, the cordial tone of Zerhouni's ACD initiation had been well established, primarily by the warm greetings that began the day.

"We've known each other for years, so I don't need to introduce myself to you," said ACD member Dr. Donald Wilson, vice president for medical affairs and dean of the School of Medicine at the University of Maryland, addressing Zerhouni during the greeting period and leading the first of many of the group's personal tributes to Kirschstein. "For at least the last 30 years, I've been an employee of the NIH for several days a year, and over this time it's been my privilege to work with our Ruth Kirschstein and I just want to thank her for all she's done over the years."

Attempting to stave off the barrage of similar laudatory comments she sensed would follow, a noticeably embarrassed Kirschstein ordered that the verbal thanks cease. Still, as members introduced themselves individually to Zerhouni, none could resist offering small salutes to Kirschstein. Observing their affection for his predecessor, the chair quipped, "On my last day, I wish there would be as much unanimous sentiment."

Breaking slightly with his fellow ACD colleagues, but accurately reflecting another sentiment, Cech said, "At a time when one gets this type of position, Dr. Zerhouni, everyone says 'Congratulations.' I would instead like to say 'thank you,' which is a very different step, but I think that we appreciate the leadership that we are about to receive." ■



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FARMER, CONTINUED FROM PAGE 1

in Masur Auditorium May 24.

The paradoxes don't end with his demeanor and daunting professional milieu; he maintains that despite good intentions, the international public health community's strategy to eradicate multidrug-resistant tuberculosis (MDR-TB)—a seeming triumph of compassionate intervention—was actually inept, harmful to patients, and only a managerial, as opposed to clinical, success. His insight stems from field work among the world's hardest medical cases, and it often involves having to criticize large bureaucracies that lack his knack for person-to-person care. He speaks with the

authority of someone who makes house calls on rag-roofed huts and grimy, far-flung prisons.

Farmer's central interest, to be elaborated in a forthcoming book called *Pathologies of Power* (the fourth in a series of front-line public health analyses titled in punchy, binary fashion) is discovering "how social inequalities get in the body." Trained in both anthropology and medicine, he

studies "what it means to live in a very inegalitarian world." He is indebted, he says, to a number of disciplines and counts as a major insight the existence of a "sociology of knowledge," which recognizes that "all forms of knowledge are socially produced." Drawn to the study of worldwide epidemics (he was a panelist at a 2-day AIDS retrospective given at NIH in fall 1993, decrying the treatment of HIV-positive Haitian detainees at the hands of the U.S. military), he says such outbreaks "are not exclusively biological events. They are also social ones."

Employing a "biosocial" approach to the study of disease, which takes into account "a number of complementary analytic strategies," including molecular biology, political economy, medical anthropology, clinical outcomes and the sociology of knowledge, he examined MDR-TB in two settings: a prison in western Siberia, where he has served as medical director, and an urban slum in Lima, where "TB families" are ostracized and where some families feature as many as eight members with active pulmonary MDR-TB.

In Russia, Farmer found that the rates of imprisonment vaulted from 285 per 100,000 to 700 per 100,000 within just a few years; the elevated detention rate was a major factor in the TB outbreak.

Ironically, TB has surpassed AIDS as the leading infectious cause of death in the world, yet it is completely treatable, he said. Public health experts should have known that drug-resistant strains of tuberculosis would develop and that strategies that

could treat them were necessary from the outset. "Very few infectious pathogens do not acquire resistance to the drugs used to treat them."

Farmer was quick to credit the value of basic science, the "enormous yield" of scientific specialization, and the validity of scientific methods and results. He cautioned, however, that "science is a socially constructed phenomenon" and that the choice of research questions and ways of interpreting associated data are "open to the same forces that influence other social affairs."

He took particular issue with a WHO statement in 1997 that "MDR-TB is too expensive to treat in poor countries; it detracts attention and resources from treating drug-susceptible disease."

"That statement was particularly troubling to the young men in Russian prisons and to the families in Peruvian slums," he said, "and happens to be incorrect in both of its assertions."

Farmer warned of "trans-national cases" of MDR-TB, using the case history of a single patient—a 50-year-old American relief worker in a Peruvian slum who returned to Boston where he was diagnosed and later died. "Seventy percent of all cases of TB in Massachusetts were diagnosed among foreigners," Farmer reported. "Such trans-national cases are very much not the exception—they are increasingly the rule." The migration of pathogens, he said, is common; "It has happened with every major infectious epidemic in the world." He urged trans-national contact-tracing as a containment measure.

Reporting on his trips to a squatters' settlement in northern Lima, Farmer said that active pulmonary MDR-TB is common in local hospitals. More than 450 untreated cases have been found there since 1996, he said. A WHO survey—drawing on different methodologies—of the same population and era produced no cases. Deadpanned Farmer, "You can find them if you look properly."

Cases tend to be clustered in families, which makes sense given the transmission of MDR-TB by coughs and sneezes. So-called "intra-household transmission" is typical. The WHO-imported therapy of DOTS—directly observed therapy, short course—actually harmed certain patients because its regimen of antibiotics was already outwitted by the disease, so that the treatment was worse than placebo. Cases thought to be "cured" were only temporarily suppressed by the antibiotics.

Farmer further found that capreomycin, a long-forgotten antibiotic that is cidal against TB, is priced far differently, depending upon where in the world you buy it.

Turning lastly to Haiti, where he is medical director of Clinique Bon Sauveur in the town of Cange, Farmer said that TB is rampant among HIV-positive patients; 5,000 of every 100,000 citizens are coinfectd. "You can't control TB in countries most



Dr. Suzanne Heurtin-Roberts (l) of NCI, who cochairs the cultural and qualitative research interest group at NIH, introduced Farmer on May 24.

affected by HIV," he said, "without taking on HIV as well."

A wide array of conditions contribute to disease in Haiti, including poverty, execrable living conditions, population and economic pressures, gender inequality, patterns of sexual union, and more. "HIV in parts of Haiti is as bad as was predicted years ago, and in some areas worse," Farmer said. Still, he pointed hopefully to a reduction, starting in 1996, of AIDS mortality rates in the U.S., coinciding with the introduction of more effective therapies. New drug combinations have reached even impoverished areas, and Farmer read movingly from a Haitian woman's message to the medical establishment: "What can I say?" wrote a patient who appeared in two slides—the first in which she looked ready to die, and the second in which she is beaming heartily—"The medicines are eloquent enough."

During a brief Q&A session with the audience, Farmer noted some hopeful trends: the Brigham and Women's Hospital has agreed to create a new division in the department of medicine to examine health inequalities—ironically, Farmer and his colleagues will be allowed to see if the health-worker model that was effective in Third World Haiti can be successfully imported to First World Roxbury, Mass.; Farmer thinks NIH is increasingly interested in research proposals that incorporate biosocial principles, and believes that "a new research ethics agenda also requires a biosocial approach, especially when research must be done across steep gradients of social inequality...A lot can be done with better policies and more just distribution of the fruits of science," he concluded. ■

CIT 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>.

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|---|----------|
| Introduction to HTML | 6/26 |
| Creating Presentations w/PowerPoint for the PC | 6/26 |
| KMIG-Knowledge Management Interest Group | 6/26 |
| PowerPoint Topics: Graphs, Links and More | 6/28 |
| NIH Enterprise Directory (NED) | 6/29 |
| mAdb Basic Informatics | 7/2 |
| Creating Presentations w/PowerPoint for the PC | 7/2 |
| Presentations: From PowerPoint to DVD | 7/8 |
| Hands-on XML Schema | 7/8-8/12 |
| Relational Database Overview | 7/9 |
| Data Warehouse Query: Research Contracts & Grants | 7/9 |
| Understanding the Grants Process | 7/10 |
| Intermediate FileMaker Pro 5 | 7/10 |
| Contractor Performance System | 7/10 |
| Titan Transition - Where's My Keyword? | 7/10 |
| Introduction to FrontPage 2000 | 7/11 |
| Budget Tracking | 7/11 |
| Data Warehouse Analyze: Budget & Finance | 7/11 |

HRDD Class Offerings

The Human Resource Development Division supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call 496-6211 or visit <http://LearningSource.od.nih.gov>.

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|---|---------------|
| NIH Retirement Seminar—FERS | 7/8, 9, 10 |
| Introduction to MS Word 2000 | 7/9 |
| Preparing Manuscripts for Publication | 7/9, 10 |
| English Pronunciation for the Non-Native Speaker | 7/11, 18, 8/1 |
| Stressed For Success! Achieving Work/Life Balance | 7/11 |
| Creating and Maintaining Filing Systems | 7/12 |
| Intro to the NIH Knowledge Associate Cert Program | 7/12, 15 |
| Managing Upward | 7/12 |
| Fundamentals of English | 7/15-19 |
| Motivation at Work | 7/15 |
| Purchase Card Training | 7/15 |
| Basic Position Classification | 7/15-26 |
| Adventures in Attitudes | 7/16 |
| Critical Thinking | 7/16 |
| Delegated Acquisition Training Program | 7/16-19 |
| Positive Approaches to Difficult People | 7/17 |
| Valuing Differences | 7/17 |

ADP Holds Annual Awards Ceremony

Employees who have made outstanding contributions to information technology use in the extramural community were recognized recently by the NIH ADP extramural program coordination committee, which held its annual award ceremony on May 22. Chairperson Mary Ann Williamson made the presentations.

Certificates of achievement were awarded to Stephen Hughes, NCI, for serving as chair of the IMPAC II technical coordinators meetings and as application programming interface advocate for IMPAC II; and to members of the IMPAC II reporting database redesign team, for continued efforts to improve accessibility of data: Carol S. Martin of NHGRI, and from OD/OER Johnnie Pearson, Leena Dilawari, Vish Kaliappan, Lhadj Moumena, Amir Venegas and James Tucker.

Certificates of appreciation were awarded to Cathy Buckley, CIT, for significant contribution to the NIH Query/View Reporting System development; Gregory Fischetti, NCI, for providing outstanding leadership as 2001 chair of the NIH ADP-EP coordination committee; Julie McDermott, OER, for exceptional service and support to the NIH extramural business community; and Anne Robertson, NIDDK, for service over many years to the ADP extramural program coordination committee. ■



Regina H. White has joined the OD Office of Extramural Research as director of the Office of Policy for Extramural Research Administration. She comes to NIH from the University of Vermont, where she spent 11 years as director of the Office of Sponsored Programs. Previously she served as assistant director of the Office of Sponsored Research at Harvard University, held the position of president of the National Council of University Research Administrators and she founded the Office of Grants Management at the Eunice Kennedy Shriver Center for Mental Retardation. White spent 6 years in a research lab before pursuing a career in research administration. She has dedicated her career to bringing research faculty and administrators together in collaborative, fruitful relationships.

Senior Leadership Program Announced

The Human Resource Development Division is accepting nominations through Aug. 2 for the fall session of the 2002 NIH Senior Leadership Program that begins Sept. 18. Targeted at IC leadership teams of senior scientific and administrative leaders, the program focuses on the competencies that were identified as critically important to meeting NIH's scientific goals. The program combines case studies, interactive discussions, experiential learning, assessment data, development planning and a 3-day residential retreat at The Inn at Perry Cabin, St. Michaels, MD. The curriculum includes sessions led by scholar-practitioners and leaders and individual feedback sessions. For more information visit <http://learningsource.od.nih.gov/main.pdf> or contact Joyce Laplante at 496-6211 or email Laplantj@od.nih.gov.

Former NIH Director Fredrickson Mourned

Dr. Donald S. Fredrickson, 77, an authority on lipid metabolism and its disorders who was NIH director for 6 years (July 1, 1975, to June 30, 1981), died on June 7 at his home in Bethesda. Only 6 days earlier, he had accepted the NIH Alumni Association's 2002 Public Service Award in a ceremony at Bethesda United Methodist Church. And he had given a public lecture at NIH last December on a topic for which he became famous: legitimizing recombinant DNA research at a time when public fears threatened to proscribe that avenue of investigation.



Dr. Donald Fredrickson at June 1 NIHAA event

He said on Dec. 11, 2001, "We're...in the midst of a revolution—and we have been for the past 30 years—and it's the most important one in the history of medicine and biology. I was in the first phase of it, and it was the most enjoyable period of my life, I think." His remarks capsulized a book he had recently published, *The Recombinant DNA Controversy: A Memoir*. The book's jacket reads, "In this fascinating memoir, Donald Fredrickson tells the story of the controversy over recombinant DNA and its revolutionary impact on modern science...Relying on vast archives of hearing records, correspondence, and extensive personal records and diaries, Dr. Fredrickson recalls the numerous personalities from microbiology, molecular biology, and other scientific disciplines, as well as the leaders among Congress, the administration, and government agencies, environmentalists, and many others, who had a role during this challenging period."

Said former NIH deputy director Dr. Thomas Malone, "I was privileged to have served as Don's deputy from 1977 through 1981. This appointment was one of the most fulfilling during my 20 years at NIH. Following a superb and productive period of bench research, he made the transition to the administrative sector with ease and grace. He tackled head-on the questions generated by the new technologies. For example, he was at the center of the recombinant DNA controversy and its solution. He was equally at home with science as he was with the great writers and philosophers, past and present. He was a superb writer and speaker. I shall always remember his genius and wit and will be forever appreciative that he passed my way."

Fredrickson was born Aug. 8, 1924, in Canon City, Colo. He received both his B.S. (1946) and M.D. (1949) from the University of Michigan, and was certified by the American Board of Internal Medicine in 1957. He did postgraduate work at Peter Bent Brigham and Massachusetts General hospitals

and Harvard Medical School prior to coming to NIH in 1953.

In that year, he joined the scientific staff of the then National Heart Institute as a clinical associate. He was among the first cadre of house staff for the then new Clinical Center.

Fredrickson held numerous positions at NIH, several in the heart institute simultaneously. From 1955 to 1961 he was a member of the Laboratory of Cellular Physiology and Metabolism. He then served as clinical director (1961-1966), while continuing his research as head of the section of molecular diseases, Laboratory of Metabolism (1962-1966). He was appointed institute director in 1966, serving in that capacity until 1968. He combined this responsibility with research as chief of the Molecular Diseases Branch (1966-1974), and as director of intramural research (1969-1974).

His earliest research interests centered on the metabolism of sterols. Later he focused on the structure of the plasma lipoproteins, their importance in the transport of fats, and the genetic factors regulating their metabolism and concentration in blood. It was during this period that he discovered two new genetic disorders: Tangier disease (absence of high density lipoproteins) and cholesteryl ester storage disease, a lysosomal enzyme deficiency.

In 1965, he and his coworkers introduced a system for identifying and classifying blood-lipid abnormalities on the basis of plasma lipoprotein patterns. From this work came recognition of new causes of hyperlipidemia. The system was adopted by laboratories around the world.

Fredrickson and his colleagues also discovered several previously unknown apolipoproteins, and uncovered new knowledge including descriptions concerning the structure and function of various apoproteins.

Before becoming NIH director, he served for 1 year (1974-1975) as president of the Institute of Medicine, NAS. He was a member of numerous professional societies in addition to NAS and the American Academy of Arts and Sciences, was honored with 10 honorary doctorates, and authored more than 270 publications. He left the NIH directorship to return to NAS as a visiting scholar.

In 1983, he joined the Howard Hughes Medical Institute as vice president, rising to president and CEO in 1984; he left HHMI in 1987, and became a scholar at the National Library of Medicine. His CV notes whimsically that, for 25 years, he was physician to King Hassan II of Morocco.

Burial took place in The Netherlands. He is survived by his wife Henriette, and two sons, Eric of Columbus, Ohio, and Rurik, an NIAID employee, of Bethesda. A memorial service at NIH is planned for the future. ■

NIMH's Hazel Rea Dies at 91

By Sophia Glezos Voit

Hazel Rea—the deeply loved “mother of the (NIMH) intramural program,” the self-taught, undaunted secretary who rose to the second highest position in NIMH intramural leadership—passed away in her home on May 18, 3 months after her 91st birthday and only 7 years after she retired.

According to many, including Dr. Julius Axelrod, scientist emeritus and Nobel laureate, who also recently turned 91, Rea was more than a deputy. “She was the one who really ran the administration,” Axelrod said. “She made important decisions and was a very powerful person.”

And she “knew her power,” he added, which may have accounted for part of the reason she was able to advance so far with comparatively little formal scientific training. “A degree doesn’t mean very much,” said Axelrod. “I published 25 papers before I got my Ph.D. What was important to the people who worked with Hazel Rea was that she was very knowledgeable, both about the institute and about how to run things. She knew the intricacies of NIMH.”

Born the second youngest of nine children, Rea left her home state of Arkansas for adventure and a job in the nation’s capital. At the age of 24, back in 1935, she began her federal career at the Department of the Treasury. Fourteen years and several agencies later, she took a stenographer position at NIMH, when the institute’s staff totaled 60 employees, in a 2-story building where, reportedly, only the primates had the benefit of air conditioning.

Over the years, Rea’s administrative and analytical abilities earned her increasing levels of responsibility, to the point of her ultimately becoming deputy director of the Intramural Research Program. By age 80, she started working part-time, and finally retired 4 years later, in 1995.

Pat Middleton, chief of the IRP Personnel Management Branch, who interviewed Rea in 1994 for an article she was writing, said Hazel treated people with respect and knew how to appeal to their good side.

“Hazel’s direct advice to employees was that they ‘should take their work seriously and believe in what they are doing,’ and that managers should ‘deal honestly’ with their staff. ‘Always level with employees,’ Hazel had said, ‘and let them know when they are doing well or when they are not performing,’” Middleton said.

In addition to a respectful regard of others, savvy, and robust self-confidence, Rea also rose on the wings of hard work, native intelligence, perseverance and long hours.

Dr. Robert Desimone, scientific director, who had worked with her for many years, told staff in an email informing them about her death that “no one

was more devoted to NIMH” than Hazel. “She will be greatly missed by everyone who knew her.”

Adding to her assets was a keen working knowledge of the science, said NIMH science writer Jules Asher, who worked in the IRP during the 1980s. “Hazel was undaunted by her lack of formal training,” he said. “She attended all the scientific reviews and got into the nitty gritty of the research.”



Hazel Rea

According to son-in-law Henry Hilken, “Hazel loved NIMH. She was intellectually challenged by the research they were doing and believed in it. Though I think she felt that during certain parts of her career she was held back because she was a woman, she never whined about it. She probably figured she had to overcome it by being smarter than everybody else and working harder, and she was.”

Middleton said Rea developed procedures for attracting and recruiting women to NIMH that predated the equal employment opportunity program.

Though Rea often worked many hours past closing, she also carved out time to work on behalf of all NIH staff by taking the lead role in bringing the R&W to NIH, as one of its founding members.

Randy Schools, president and CEO of the Recreation & Welfare Association, said Rea “took the concept and brought it to the NIH community.” Although other R&Ws existed, Rea was responsible in large part for NIH being among the early ones. “She helped plant the seed for all the programming that’s now here in the NIH community,” said Schools.

Granddaughter Whitney Perregino said her grandmother’s departure from NIMH was a difficult break for her to make. “Retiring wasn’t something that came easy to her,” Perregino said. But she kept in touch with colleagues and NIMH friends, “and they kept in touch with her. If she wasn’t going to the theater with them, she was visiting with them or having parties.”

She kept in touch with the science, too, particularly as it related to her own health. “She certainly had a belief in the antioxidants,” Perregino said, adding that in the last week of her life, her grandmother was saying she was “just too healthy. And I said, ‘Well, with the stuff you took all your life, what d’ya want?’ On the day she died, she took a very low dose of low blood pressure medication and everything else was vitamins. She was very proud of that. She was going to be 92 in February.” ■

Identical Twins Needed

The HLA laboratory in the department of transfusion medicine wants to compare T cell receptor repertoires of healthy young adult identical twins (ages 20-35). Blood from healthy identical twin pairs is needed. Each twin pair must answer a questionnaire about their medical history and undergo HLA typing, complete blood counts and leukapheresis. Optimally, the subjects should be available for questioning about their previous and subsequent medical history. Study participants will be paid. Call Cynthia Matthews at 1-800-892-3276 or email cmatthews@mail.cc.nih.gov.

Seinfeld's 'George' Takes on Scleroderma

The often unemployed, usually complaining and always self-centered George Costanza of television's *Seinfeld* doesn't exactly conjure up pictures of volunteerism, dedication or brotherly love. But it might be time to give George a little respect. The man behind the character—actor Jason Alexander—has all of these qualities, and he is using his celebrity status to bring attention to the devastating impact of scleroderma, an autoimmune disease that affects his half-sister Karen Greenspan and killed her mother, Fay.

Scleroderma (literally meaning “hard skin”) is often referred to as a single disease, but actually it is



Scleroderma spokespersons Jason Alexander (l) and Lauren Beeson pose with NIAMS director Dr. Stephen Katz.

a symptom of a group of diseases that involve the abnormal growth of connective tissue, which supports the skin and the internal organs. In some

forms of scleroderma, hard, tight skin is the extent of the disease, but in other forms, the disorder can severely affect blood vessels and internal organs such as the heart, lungs and kidneys.

As spokesman for the Scleroderma Foundation, Alexander gave the keynote address at a luncheon the foundation held recently on Capitol Hill to increase legislators' awareness of the disease and to honor the members and staff of the U.S. House and Senate labor, health and human services, and education appropriations subcommittees.

Dr. Stephen Katz, director of NIAMS, was a featured speaker at the luncheon, introducing Alexander and speaking about the 10 new research grants NIAMS funded this year—two with the Office of Research on Women's Health—which total more than \$2 million per year.

After Alexander cracked a few jokes about his new role as spokesman (it turns out he can be irreverent even when he's not wearing George's shoes), he talked about his half-sister's strength and courage throughout her ordeal with scleroderma. He encouraged the soft-spoken Greenspan to address the audience and tell her own story.

Greenspan said her mother was diagnosed with scleroderma in 1952, and 4 years later, she died from it. Yet despite her mother's diagnosis, Greenspan suffered from scleroderma for 13 years before she was properly diagnosed. “My doctor told me that there was nothing wrong with me that a new boyfriend and a yoga class wouldn't cure,” she said. She went undiagnosed for so long, she thinks, partly because she did not have the skin manifestations considered to be the hallmark of the disease and partly because scleroderma was so

poorly understood.

Katz told the luncheon attendees he hoped their efforts and the new research grants would result in better treatments for scleroderma and other autoimmune conditions. “And maybe now,” he joked when introducing Alexander, “Jason Alexander will get some respect.”

“Don't bet on it,” said Alexander.—Rachel Moore **R**



TEAM NIH Races for the Cure—Team NIH members, 400 strong, braved the heat and humidity on June 1 to run and walk 3.1 miles in the National Race for the Cure in Washington, D.C. A throng of 70,000 race participants took to the streets in support of research for breast cancer and related women's health initiatives. The National Race is the world's largest 5K event and is held annually.



Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Sir Richard Peto on June 26; he is professor of medical statistics and epidemiology, Oxford University. He will give the annual Robert S. Gordon Jr. Lecture on “Halving Premature Death.”

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