

THE NIH RECORD

Still The Second Best Thing About Payday

Maestro Leon Fleisher Uses 'Two Hands' to Thank NIH

By Shannon E. Garnett

"There is always hope," said internationally renowned classical pianist Maestro Leon Fleisher during a recent visit to NIH to give thanks—in performance—for the innovative treatment he received at NIH and to the NINDS physicians and scientists who helped to reverse his condition. One



Pianist Leon Fleisher

of NIH's inspirational stories, Fleisher spoke to a standing-room-only crowd of scientists, patients, staff and visitors gathered in

SEE FLEISHER, PAGE 4

Public Access, Ethics Are Main ACD Issues

By Rich McManus

NIH's proposal to offer public access to archives of scientific literature supported by NIH (read taxpayer) money was presented in detail at the 89th meeting of the advisory committee to the NIH director on Dec. 2-3. Also outlined were plans to tighten conflict of interest rules at NIH; approval to institute a 1-year moratorium on honoraria and outside consulting with the pharma/biotech industry is being sought from the Office of Government Ethics and HHS.

With regard to public access, NIH director Dr. Elias Zerhouni said, "We believe it is important for NIH to create a stable archive of peer-reviewed research," and touted its attributes—it would be a permanent record, publicly available, searchable online, a

SEE ACD MEETING, PAGE 2

HIGHLIGHTS

1
The Health Boon of The Honeymoon

3
King Program Scheduled, Jan. 11

10
NIH Mourns Loss Of La Montagne

12
'San Francisco or Bust' Health Challenge

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

January 4, 2005
Vol. LVII, No. 1

The Case for Wedded Bliss

Want a Long, Healthy Life? Get, Stay Married, Says Waite

By Carla Garnett

You've heard of the so-called marriage penalty tax? Well, researchers supported by NIH have identified what they believe is a benefit that more than makes up for a mere financial slight: According to NIH grantee Dr. Linda Waite, people who marry live longer and healthier than people who don't. Call it the marriage health dividend. At a Nov. 10 Wednesday Afternoon Lecture titled the "Impact of Social Institutions on Health: The Case for Marriage," Waite pronounced husbands and wives heartier than others. "Marriage affects health," she asserted. "Being married, staying married, being part of a married couple changes people's choices. It changes their behaviors and that changes



Dr. Linda Waite espouses marriage.

SEE BENEFITS OF MARRIAGE, PAGE 8

Garage Accident Investigation Continues

By Rich McManus

The cause of the Nov. 29 accident at Multi-Level Parking Garage 9 that killed one worker remains under investigation by the Occupational Safety and Health Administration, which was sifting through debris for evidence during December. Work will eventually continue on the 6-story pre-cast concrete structure once authorities complete their review.

"The purpose of the investigation is to determine from the physical evidence what exactly happened," said Leonard



Site of the MLP-9 fatality on Nov. 29

SEE GARAGE ACCIDENT, PAGE 6

ACD MEETING, CONTINUED FROM PAGE 1

veritable one-stop-shopping compendium of the fruits of NIH investment that would also “allow us to monitor and manage the scientific enterprise.” Zerhouni said it would represent “a significant increment to the world of archives, which would augment, not detract from” scientific publishing.

“NIH is not intending to publish,” he emphasized, “but to preserve an active archive.” He assured

NIH’s proposal “will preserve the critical role of journals in editing and presenting peer-reviewed research.”

On the conflict issue, Zerhouni said

the proposed moratorium would be a “time-out period to truly scrub our portfolio of consulting activities.” Dr. Raynard Kington, NIH deputy director, told the ACD that the Office of Management Assessment is investigating every case that has come to light of inappropriate outside activities at NIH and that “fairly soon, we’ll enter the penalty phase of these investigations...In a small minority, there’s evidence that’s troubling...some employees have substantially violated rules and regulations.” He and Dr. Michael Gottesman, NIH deputy director for intramural research, acknowledged that NIH could have done a better job of including intramural scientists in their deliberations on ethics; a cadre of intramural investigators had complained to Zerhouni in the days prior to the meeting that their concerns were not represented in NIH policymaking on this issue.

The ACD also deliberated about ways to improve the NIH Director’s Pioneer Awards so that they represent a more diverse population yet still preserve novel ideas as the most important criteria.

Outgoing ACD member Dr. David Burgess, a biology professor at Boston College, used the occasion for a “swan song” lamenting lack of progress in resolving health disparities, earning the trust of minority communities (he is a Cherokee Nation member) or making science a more diverse enterprise. “I feel like I have been a failure,” he told the group, which spent time discussing why these issues—despite NIH’s strong efforts—remain so intractable.

A work group report on basic behavioral and social sciences research, delivered by Dr. Linda Waite of the University of Chicago, suggested promoting the field from its current office status at NIH to a grantmaking body with a stable home in an institute such as NIGMS, NICHD or NIA. The ACD listened

with interest and asked for a deeper look at the issues raised in the report, but appeared lukewarm about any major new effort, especially in an era of flattening research budgets.

The meeting ended with a tour of the new Mark O. Hatfield Clinical Research Center, which Zerhouni called “the most significant addition to the NIH campus in more than 50 years.” ■

Conference on Dietary Supplements, Coagulation, Antithrombotic Therapies

A national conference to increase understanding of the potential for dietary supplements to interfere with hemostasis and influence antithrombotic therapies will take place Jan. 13-14 in Masur Auditorium, Bldg. 10. The meeting will bring together a broad spectrum of experts to discuss current knowledge, review regulatory and safety issues, share recent clinical trial findings and identify opportunities for further research. The conference is sponsored by NHLBI, the Office of Rare Diseases, the Office of Dietary Supplements, NCCAM, the Clinical Center, NINDS and the Foundation for the NIH. See agenda and materials at <http://www.nhlbi.nih.gov/meetings/coagulation/index.htm>. ■

Weight and Insulin Study

The Uniformed Services University of the Health Sciences is conducting a study examining weight and stress responses to exercise in African American and Caucasian men and women between the ages of 18 and 45. Volunteers will be compensated for their participation. Call (301) 295-1371 or email humanperformancelab@usuhs.mil. ■



Dr. Charles Francis (r) makes a point as fellow ACD members look on, including (from l) Dr. Steven Paul, Dr. Thomas Ansfield, Dr. Linda Waite, Dr. Bettie Sue Masters and Dr. David Burgess, who delivered a heartfelt “swan song” in his final ACD meeting.

NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 2005.

NIH Record Office
Bldg. 31, Rm. 5B41

Phone (301) 496-2125
Fax (301) 402-1485

Web address
<http://www.nih.gov/nihrecord/>

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

♻️ The Record is recyclable as office white paper.

They Relay Race in the Rockies, Too

The costumed workers looked about as out of place as a December rainfall in Montana, but that was the reality of the inaugural Winter Relay at Rocky Mountain Laboratories on Dec. 10.

Borrowing the relay idea from the annual NIH event, RML organizers had visions of a medley relay—snowshoeing, cross-country skiing and running laps around snowbound campus buildings.

What Mother Nature provided was good enough: light rainfall that left the six teams laughing and slogging their way to the finish, plastic pipette batons in hand.

Relay organizer Kit Tilly (aka Dancer from the Reindeer Tick team), was appreciative of the employee support—about 10 percent of the RML workforce participated, and a like number cheered the runners along.

“We also gathered about 200 pounds of donated food” for the Hamilton, Mont., food bank from relay participants and spectators, she said. “We’ll aim for even more teams and more holiday season goodwill next year.”

For the record, the NeuroDegenerates won by 1 second over the RML security team, Git’R’Done. The Postal Doctoral Loonies were 7 seconds off the pace in third place, followed by the Reindeer Ticks and the Abominables, who dressed in Tyvek suits and facial makeup to resemble snow monsters. Taking up the rear, fittingly, were the construction wannabes, the BL4 Danger Zoners: We’ll Blister Your Butt. ■

STEP Session on ‘Brain Maintenance’

The staff training in extramural programs (STEP) committee will present a Science for All forum on the topic, “Brain Maintenance: An Owner’s Guide,” on Tuesday, Jan. 11 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A. Do you have a photographic memory that hasn’t developed or are your pictures beginning to fade? You keep the car tuned up—why not do the same for your brain? Recent studies suggest that brain power does not necessarily wane with age: there are many things that you can do to keep your brain in gear. Join us for a review of current findings on mental and physical activities and other factors that can keep your synapses firing on all cylinders. ■

NIH Chamber Singers Auditions

The NIH Chamber Singers perform a wide variety of a cappella music for NIH patients and staff, and for the public. The group of “happy amateurs” is currently recruiting a few new voices for its spring concerts. Rehearsals begin in January. If you are interested in auditioning, contact Susan Hauser at hauser@nlm.nih.gov for details. ■



Lined up for the relay’s start are (above, from l) Jay Silveira, Amanda Weidow, Greg Park, Paul Carlson, Diane Cockrell and Patti Rosa. Below, Carlson passes the pipette baton to teammate Kristine Sabo-Schmitt. At right, Billy Jameson awaits pipette passage from Cockrell.

PHOTOS: GARY HETRICK



Volunteers Sought for Study

Sought by NIH are HIV+ volunteers with a viral load less than 500 copies/ml for greater than 1 year and less than 50 copies/ml and a CD4 count of less than 300 cells/mm³, or for comparison, a CD4 count of greater than 350 cells/mm³, with a pre-HAART CD4 count less than 300 cells/mm³. This is to measure the rate of lymphocyte replication and destruction in persons who have a virologic but not immunologic response to HAART. Call William Sachau (301) 435-7940. ■

King Program Scheduled, Jan. 11

The NIH 2005 Dr. Martin Luther King, Jr., observance, “The Dream of a Healthy Nation Becoming a Reality,” will be held on Tuesday, Jan. 11 from 11:30 a.m. to 1 p.m. in Natcher Auditorium.

Sign language interpretation will be provided at the observance. Individuals with disabilities who need reasonable accommodation to participate should contact Charly Wells at (301) 496-4627 voice, (301) 496-9755 TTY or wellsc@od.nih.gov.

NIH Library Winter/Spring Classes

A new class—Ovid Searching—offers NIH’ers training in use of the Ovid interface to search as many as five databases at a time. Free, hands-on classes on eight additional topics are provided by staff at the NIH Library Training Rm., Bldg. 10. or at the Fernwood Bldg. For more information, visit <http://nihlibrary.nih.gov/ResourceTraining/>.

FLEISHER, CONTINUED FROM PAGE 1

Masur Auditorium about his experiences with a common, but little known disorder called dystonia—including his eventual diagnosis, his treatment at NIH and his recent comeback to two-handed performances. He then played two selections—Chopin's Nocturne in D flat major and "Sheep May Safely Graze" from Bach's Cantata No. 208—from his new CD titled *Two Hands*.

Fleisher began studying the piano at age 4 and gave his first public recital at age 8. He made his debut with the New York Philharmonic in 1944 at the age of 16, and went on to perform solos as well as make regular appearances with orchestras on some of the world's most acclaimed concert stages.

Forty years ago the three-time Grammy nominee lost the use of his right hand to what was then an unexplained ailment. He was only 35 years old at the time, and at the height of his career. For nearly 30 years after those early frightening days, when he first noticed the 4th and 5th fingers on his right

hand involuntarily curling into his palm, he searched for a diagnosis for his condition, and more importantly, for treatment.

"It was the beginning of a great odyssey of hopes and disappointments," said Fleisher. "I tried everything from aromatherapy to Zen Buddhism."

At the thought that he may never again play piano with two hands, Fleisher fell into what he calls "a state of despair and depression" that lasted nearly 2 years. He continued, however, to express his love of music by teaching, conducting and playing one-handed repertoires. He also continued to search for treatment for his condition.

Dystonia—the third most common neurological movement disorder, affecting 300,000 people in North America—is characterized by involuntary muscle contractions that cause twisting and repetitive movements or abnormal postures. The movements, which are sometimes painful, may affect a single muscle; a group of muscles such as those in the hands, arms, legs or neck; or the entire body.

"I am a dystonic and I will forever be a dystonic," said Fleisher. "I don't have a 12-step program. They don't know what causes dystonia and they don't, therefore, have a cure. But they can alleviate the symptoms to such a degree that they helped me to restore my life again."

After several misdiagnoses and years of frustration, in 1991 Fleisher was properly diagnosed with focal

hand dystonia—a form of the disorder that afflicts about 10,000 musicians worldwide but can strike anyone who uses his or her hands to perform repetitive tasks. He was then referred to NIH, where he entered a clinical trial led by NINDS scientists Dr. Mark Hallett, Dr. Barbara Karp and Dr. Zoltan Mari.

Finally, Fleisher found lasting relief—in the form of botulinum toxin, more popularly known as botox.

Botox is injected into the muscle at the neuromuscular junction (where the nerve and muscle meet) and acts as a sort of relaxer, easing the tension in the muscle.

According to Hallett, who serves as the chief of the NINDS Medical Neurology Branch, when Fleisher first arrived at NIH his hand was quite curled. "He had difficulty in even washing his hand," Hallett recalled. "So the first goal with botulinum toxin was to see if we could open up the hand enough so he could wash it better. Then, of course, he began to try playing the piano. Gradually, with time, he began playing more and more and the music got better and better."

Since receiving treatment, Fleisher has resumed playing the piano with both hands and has been performing with various symphony orchestras such as the Vienna Philharmonic, the Chicago Symphony and the New York Philharmonic. He recently made a solo return to Carnegie Hall, where he played both two-handed and left-handed works.

Additionally, Fleisher also now serves as a spokesman for "Freedom to Play," an educational program set up by the Dystonia Medical Research Foundation to raise awareness of dystonia. He travels the world attending meetings and medical conferences, and visiting music schools, to educate students, doctors and musicians about the disorder.

"My reaction when first faced with this disorder—which is not an uncommon reaction—was to work harder, which is the worst thing you can do," said Fleisher. "I warn musicians about this. I warn them to treat themselves as athletes of the small muscle. They make extraordinary demands of the small muscles of their hands and fingers."

He also encourages students and fellow musicians to exercise properly and seek medical advice at the first sign of trouble. According to Fleisher, dystonia is still not a very well-known disorder, even among the medical community. "I deem my activities to be of a certain import," he said. ■



Fleisher plays, from memory, two pieces from his recent recording Two Hands before a rapt standing-room-only audience in Masur Auditorium.

PHOTOS: ERNIE BRANSON



NINDS's Dr. Mark Hallett

NCRR Names Grieder Associate Director

The National Center for Research Resources has appointed Dr. Franziska Grieder as associate director of comparative medicine. Since 2000, Grieder has managed the Division of Comparative Medicine's Laboratory Animal Sciences Program, where she created the Mutant Mouse Regional Resource Centers Program and supervised grants related to mammalian models, comparative and functional genomics, and training opportunities for veterinarians and veterinary students.



Dr. Franziska Grieder

Grieder will oversee the division's grantmaking—which exceeded \$176 million in FY 2004—to support the 8 national primate research centers and their field stations, primate breeding and resource-related projects, development of mammalian and nonmammalian animal model resources, pre- and post-doctoral training and a variety of research projects.

Since 1993, Grieder has been on the faculty and has conducted research at

the medical school of the Uniformed Services University of the Health Sciences. Her areas of expertise include viral-induced neuroimmunology and neurodegeneration, emerging viral threats and the molecular genetics of Venezuelan equine encephalitis (VEE) virus, which is on the Centers for Disease Control and Prevention's list of biowarfare agents.

Born in Dayton, Ohio, Grieder grew up in Switzerland and received her doctorate in veterinary medicine from the University of Zurich. She earned her Ph.D. in viral pathogenesis at the University of Wisconsin, Madison, and conducted postdoctoral research on the VEE virus at the University of North Carolina at Chapel Hill. She has written numerous articles and book chapters for scientific publications, and her research has appeared in peer-reviewed journals including *Virology*, *Journal of Immunology* and *Nature Genetics*. ■

Ever Have Postpartum Depression?

If you have a history of postpartum depression (PPD) following the birth of any of your children, consider participating in a PPD study with NIMH. The study seeks to examine if your PPD was caused by hormonal changes during or after pregnancy. The study is recruiting female participants between the ages of 20-45 years old. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010). ■

2004 Stride Interns Named

The 2004 NIH Stride Program interns recently received an orientation held by the NIH Training Center and the technical advisory board (TAB). The interns are Mimi Bishop and Ronald Shaw. Both will be training for positions as administrative officers within NHLBI.

Stride is a competitive, 3-year program that gives employees an opportunity for career change and advancement, and provides a combination of on-the-job training, academic courses and selected short courses to prepare individuals for specific professional positions. It was established under the HHS Career Opportunities Program to help meet NIH staffing needs.



Stride Program participants include (from l) Kent Bemberger, NIHTC coordinator; interns Mimi Bishop and Ronald Shaw; Pauline Irwin, Stride Program manager; and Donna Huggins, Stride chair.

The TAB oversees the planning and operation of Stride. Its members include Donna Huggins, NIDDK, chair; Anne Rogerson, NCI, co-chair; Donna Brooks, NCMHD; Judy Duff, NEI; Melanie Keller, NIHTC; Jennifer Riewerts, CIT; Mike Rosenthal, OHR/CSD; George Tucker, NCCAM; Stride Program Manager Pauline Irwin and Coordinator Kent Bemberger. ■

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens starting Jan. 10. The curriculum combines traditional striking arts, forms and sparring with emphasis on self-defense. No experience is necessary. Class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays, and will continue for about 2 months until participants can be integrated into the regular school training. Dues are \$40 per quarter and a uniform costs \$30. Interested persons are welcome to watch regular training sessions. For information call Andrew Schwartz, (301) 402-5197 or visit <http://www.recgov.org/r&w/nihtaekwondo.html>. ■

HIV+ Volunteers Needed

HIV+ volunteers with CD4 T cells greater than 500 cells/mm³ and viral loads less than 50 copies/mL are needed for a treatment-interruption study. Participants may be eligible for this study if they have never received IL-2, have never had a CD4+ count under 200 cells/mm³, do not have any significant medical problems, and are willing to stop their antiretroviral medications with close supervision. Travel assistance may be provided. Call Rosanne Burke, (301) 435-7937.

GARAGE ACCIDENT, CONTINUED FROM PAGE 1

Taylor, acting director of the Office of Research Facilities. “We know generally what happened—one of the precast concrete double-T beams that form the floor of the garage slipped and caused a death. But until OSHA releases the site, we can’t complete the cleanup and start rebuilding. We all want to mitigate the chances of this reoccurring.”

The accident happened around 9 a.m. when a 30-ton section of pre-cast concrete that had previously been set in place with tack (as opposed to final) welds suddenly collapsed from the fifth floor onto the fourth, pinning 25-year-old construction worker Ronal Alvarado Gochez, a recent immigrant from El Salvador. Alvarado Gochez “more than likely died on impact,” said Pete Piringer, spokesman for Montgomery County Fire and Rescue Services. The victim’s body was not recovered until nearly 12 hours later as rescue workers gingerly made their way toward his position. Shortly after the body was recovered, several more sections of pre-cast concrete—called “double T’s”—also collapsed, although no one was injured in the second incident.

Accidents involving placement of double T’s, which are 64 feet long and 12 feet wide, “usually happen when the floor is being lowered, but that’s not what happened here,” Piringer said.

Taylor explained that garages such as MLP-9, and the newly opened MLP-10 near Bldg. 31 (which engineers examined for possible structural flaws on Nov. 29 and found none), are constructed of pre-cast concrete pieces that are pre-fabricated at a factory then set in place at the construction site. This is opposed to “cast-in-place” concrete, where builders create forms for each floor, place the concrete, wait

Workers anxiously await news of any injuries following the collapse at MLP-9. A small village of rescue workers and media appeared on the scene shortly after the accident occurred around 9 a.m.



for it to cure, then proceed up to the next floor. Precast construction “is kind of like an Erector set,” he said. “The structure is vulnerable at some points during construction. There are points where all of the elements that make it stable aren’t yet fully fastened.”

He said that inspectors checked all welds and connections in the already-built portions of MLP-9 and that “all were found to be okay. Where the incident occurred was where [pre-fab sections] were just being put together.”

Taylor said the construction job, by contractor Coakley & Williams Construction, Inc., had been proceeding well up to the day of the accident. “The contractor had been conscientious about everything brought to their attention, and everyone associated with the job was very pleased with the overall progress.” He explained, “Even though [MLP-9 construction] looks simple, its location made this a very complicated project. It’s adjacent to a lot of buried utilities, it involves access to some loading docks and you’ve got the Clinical Center next door. It’s already a greatly constrained site, and there was lots of safety monitoring going on all the time.”

He continued, “There is a great deal of quality assurance throughout the design and construction process, just so we can avoid these kinds of things [job-site accidents]. But construction is an inherently dangerous process.”

Taylor emphasized that the area affected by the collapsed floors was a very small portion of the overall project, representing about 4 percent of the total. “The actual structural failure was very limited,” he said, adding that the extent of damage was still under review as of mid-December. Of a total of some 350 double T’s in the project, about 284 had been set without incident when the accident occurred, he noted. “It was number 284 or 285

PHOTOS: JOHN CRAWFORD, ERNIE BRANSON, BRAD MOSS

A “muncher” carefully removes remnants of the “double T” segment of precast concrete that fell on a worker Nov. 29.



that fell. Most of the garage is there and stable.”

He used an egg-crate image to illustrate the damage: “If you had an egg crate with 3 rows of 9 eggs each, that would total 27 slots or ‘bays.’ The problem at MLP-9 is confined to one portion of one bay.”

Response to the accident was massive. The NIH Police took the first call, Taylor said, and sent out a request to Montgomery County for “mutual assistance.” The NIH Fire Department was on the scene moments after being alerted by NIH Police. “The county called in their experts in collapse—we don’t have that [kind of expertise],” Taylor noted. “They responded with anything and everything they could muster that might be helpful in this situation.”

The county Urban Search and Rescue Unit pulled a tractor-trailer onto the scene to augment an array of police and fire command posts already present. Despite the amassed manpower, including several trained canines, many of the responders had to wait for hours until the structure was deemed safe to enter. “It took about 8 hours of erecting temporary shoring before the Fire Department felt it was safe to begin the body recovery operation,” Taylor said.

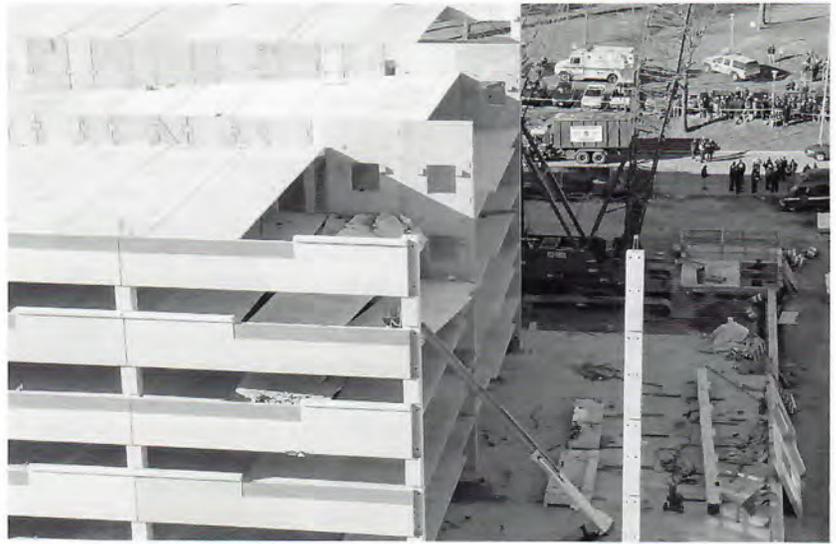
Portions of the west side of the Clinical Center were temporarily evacuated on the order of CC director Dr. John Gallin, in case of any further structural collapse, and netting was strung in front of windows that might have been vulnerable to the flight of debris.

Long-time NIH construction authorities could not recall another construction-related fatality in campus history, although there have been industrial and traffic-associated accidents on campus in which individuals have died, Taylor reported.

He noted that contractors’ safety records and past performance are always evaluated prior to selection for work at NIH, and that “in construction, the contractor is responsible for the means and methods of achieving safety...in the United States, contracts are written so that the owner [the government] does not take on the safety liability of the contractor.” Taylor also said that Coakley & Williams will



Rescue workers had to wait for 8 hours before the structure was made safe enough to enter.



remain the prime contractor on MLP-9 once the rebuilding phase starts. “Based on what we know today, there’s no reason for us to change.”

MLP-9, with space for almost 1,000 cars, had been scheduled to open in March 2005. Its new estimated time of completion has not been set.

A memorial trust to aid Alvarado Gochez’s son has been established. Checks should be made out to “Emerson Mauricio Trust Fund,” c/o United Bank, 9872 Liberia Ave., Manassas, VA 20110-9821. **R**

Concerns that the lone vertical member at right might also collapse caused NIH officials to evacuate temporarily some portions along the west side of Bldg. 10.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. William T. Newsome III on Jan. 12; his topic is “Reward, Value and Decisions: Neural Mechanisms of Decision-Making in Rhesus Monkeys.” Newsome is professor, department of neurobiology and HHMI investigator, Stanford University School of Medicine.

On Jan. 19, Dr. Joseph Nadeau, James H. Jewel professor and chair, department of genetics, Case Western Reserve University, will lecture on “Genetic Variation and the Systems Biology of Health and Disease.”

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5595. **R**

Healthy Volunteers Sought

The Mood & Anxiety Disorders Program, NIMH, is looking for healthy volunteers, not on medication, with no current or history of psychiatric illness, between the ages of 18 and 65, for a multitude of studies. These may include PET scans, MRI, psychological interview, neuropsychological testing, and other procedures depending on the project in which you choose to participate. A stipend is available. Call 1-866-627-6464 for more information. **R**

BENEFITS OF MARRIAGE, CONTINUED FROM PAGE 1

people's outcomes—particularly their health outcomes.”

Waite, the Lucy Flower professor of sociology and director of the Center on Aging at the University of Chicago who also has served as a member of the advisory committee to the NIH director since 2000, has for decades studied how individual lives intersect with family, and the connections between marriage, family and health. Her work with the late Dr. Lee Lillard of the University of Michigan produced the book *The Case for Marriage: Why Married People Are Happier, Healthier and Better Off Financially* (2000).

Introducing the speaker as a longtime advisor of his, NIH deputy director Dr. Raynard Kington said, “The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...Dr. Waite has broken new ground in applying the rigor of NIH-supported research toward improved understanding of health in the broader positive sense.”

Waite cited several NIH-funded studies as the basis for her lecture, including the Social Environment, Loneliness, Stress and Health in Aging Program Project and the National Social Life, Health and Aging Project, both sponsored by the National Institute on Aging, as well as what she called “long-term moral, financial and logistic support” from the National Institute of Child Health and Human Development and the NIH Office of Behavioral and Social Sciences Research.

“We’ve known for a long time,” she said, “that the social is very important for health. Things like social support, advice and help improve people’s ability to deal with stress.” Environments like neighborhoods affect the course of disease, she continued, and religious communities and such

institutions as marriage all have been shown to have an effect on comprehensive views of human health. Waite said her studies of marriage zero in on what she believes is a vital component of human well-being that is vastly under-recognized and under-explored.

Committed to an Institution

“Marriage is unique,” she said, contrasting wedded unions with friendships and other social, romantic or caring relationships. “Marriage is a public promise to stay together for life. Two people getting married promise—in front of their families and communities, often their religious communities—that they’re going to form a new unit, that they will work together for the good of the unit, for each other’s good, for the good of any children they might have, for their larger family and for their community. People around this unit recognize the bond and support [it].” And, unlike other iterations of coupledness, she said, “marriage is a legally binding contract.”

Next, Waite presented data that showed trends in marriage, and links between marital status and mortality; between marriage, family and changes in health; and between marital history and current health.

“If marriage produces benefits, then what’s happened to people’s access to these benefits?” she asked, offering a snapshot contrasting marriage rates now to those a half century ago.

In 1950, about the same proportion (35 percent) of people ages 15 and older in four race/gender categories—black and white, men and women—were unmarried. “Since then, however,” Waite pointed out, “there has been a tremendous divergence, with the proportion of unmarried people skyrocketing—especially for black women and for black men—and rising for white women and for white men. If there are health benefits of marriage, then this unequal access to marriage could be a cause of racial disparities in health.”

To link marriage to health, Waite used a large national data set to follow the probability of survival for more than 6,000 adults ages 43 to 65 throughout an 18-year period. The results indicated that many more married women and married men were still alive at age 65; far fewer people who never married, people who divorced, and widowers survived to that age. Widows seemed to retain some of the marriage benefit, with survival rates only slightly lower than those of still-married women. The data indicated that any category of unmarried—never married, separate/divorced or widowed—is unhealthy for men.

“There are very large differences in chances of dying by marital status that change when you change marital status,” Waite concluded.

Before the lecture, guest speaker Waite (second from l) is greeted by (from l) Dr. Michael Gottesman, NIH deputy director for intramural research; Dr. Norka Ruiz Bravo, NIH deputy director for extramural research; and NIH deputy director Dr. Raynard Kington.



Family Matters

Next, she explored the family unit and its importance to health. “Family members,” she explained, “bring resources with them into the home” via various support mechanisms: social—“a shoulder to lean on”; instrumental—someone to take out the trash or wash the dishes; and financial—additional household income.

By the same token, family members bring demands: the need for physical care, emotional and financial support, and the inevitable conflict/criticism.

“These family constellations differ in the level of demands relative to the level of resources,” Waite explained. “Too many demands and not enough resources leads to stress. In fact that is the definition of stress. Stress diminishes health directly and it may diminish health by affecting healthy behaviors. Generally, more adults in the household mean more resources; more children mean more demands.”

In study results that will surely boot more live-in in-laws from the family home to less intimate environs, Waite found that even the composition of the household makes a difference to health.

Using one of “NIA’s premier data sets, the Health and Retirement Survey” begun in 1992 that includes 12,000 respondents ages 51-61 and has followed them every 2 years since, Waite examined three categories of health: physical—“How would you assess your health?”; emotional—self-rated depressive symptoms over the last 2 weeks; and cognitive—scoring from an immediate recall test.

The verdict? Married people who live only with their spouse or with their own children reported the best physical health, while other family configurations—singles living with others, married couples living with parents, or single parents—all reported significantly lower health.

Looking at study data that considered physical and mental health as well as mobility during a 2-year interval, Waite was able to show that “the family that one lives in causes or at least contributes to changes in health even over a short period.” Married couples living by themselves or with their own children were the healthiest, while single parents were the least healthy. Extended family households limit the marriage benefit in both physical and emotional health; cognitive health did not statistically differ according to family composition. “The marital advantage depends on family context, with people in multigenerational households getting less advantage,” she concluded.

Cost-Rewards of Happily Ever After

“So there is some evidence that marriage improves health,” Waite said. “And if marriage improves health by reducing stress, by giving people more resources to meet demands, then the end of marriage increases stress and damages health. It moves people from a relatively resource-rich to a relatively

resource-poor living arrangement.

“I like to think about health sort of like money,” she continued. “Marriage is also a wealth-producing institution. People over time develop, maintain a stock of health and wealth. Something like a divorce is very costly. It’s capital-destructive. It burns resources and if that’s the case, then we should see the scar, the mark, the lower asset balance at a later time than we would see for people who never had this experience.”

Waite and colleagues separated the survey’s married people into two categories: those continuously married to the same person, or those separated/divorced or widowed and then remarried. The researchers then searched for—and found—a “scar” or other evidence that a disruption in marriage had an impact on the person’s health. Data also showed that continuously married couples and never-married individuals clearly had a health advantage. “This provides some evidence that disruption damages health,” she said. “This stressful transition is harmful.”

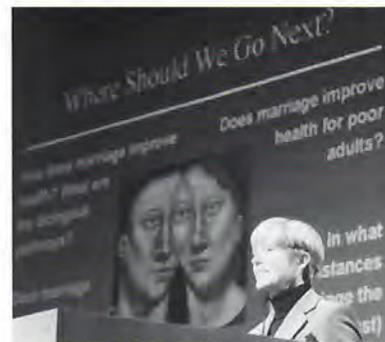
Waite pointed out that the health benefit of marriage has been carefully documented, but the “hows” and “whys” have proven more difficult to determine. She offered “very early-stage work” on biological responses to stress as one avenue researchers are exploring to explain how the honeymoon may translate to a health boon. Married couples differ from single people in several key measures, including exposure to stress, severity of stress and access to restorative behaviors after stress. Researchers are looking at the brain as well as cardiovascular, immune and metabolic system responses to stress for the answers.

One conclusion that could be drawn, Waite said, is that it is the permanence and stability provided only by marriage that provides the health dividend. Perhaps people bound by public vows and legal contract are less apt to take risks with their health, less prone to unhealthy behaviors, she surmised. Perhaps husbands and wives fret less about life’s burdens, since they know such cares will be borne and shared by two.

“Married people can specialize,” she concluded. “Two working together can produce more and then trade with each other. They get the advantage of economies of scale. Two can live as cheaply as 1.65, according to recent estimates. Married people also share risks. They form a little insurance pool. And, finally, marriage provides people with social connections, which we know are health-protecting.”

Waite ended her lecture by posing questions for further research, and fielding several from the audience. The full talk is archived at <http://videocast.nih.gov/>. ■

PHOTOS: ERNIE BRANSON



Waite presents data showing trends in marriage, and links between marital status and mortality; between marriage, family and changes in health; and between marital history and current health.

NIAID Mourns Loss of La Montagne

By Ann London

NIAID deputy director Dr. John R. La Montagne, 61, died unexpectedly on Nov. 2. He collapsed while waiting in a passport line after arriving in the Mexico City International Airport and died of pulmonary infarction edema. He had been on his way to a meeting of the Pan American Health Organization.

As the news spread through NIAID offices, staff were shocked and stunned that their much-admired and respected deputy director was gone. The feelings of disbelief were palpable.

"All of us are profoundly saddened by the loss of John La Montagne," said NIAID director Dr. Anthony Fauci. "Personally, he was a dear friend and one of the finest people I have ever known. Professionally, in an NIH career spanning nearly 30 years, his leadership and commitment to improving global health were remarkable. His generosity, wit, even-handedness and kindness made him a friend to all who knew him. He will be sorely missed."

A native of Mexico City, Mexico, La Montagne became a world-renowned scientist and an influential leader in the field of infectious diseases. He made

significant contributions to the national and international effort against emerging and re-emerging infectious diseases, including biodefense-related activities, and has been recognized internationally for his leadership in this area.

La Montagne played a central role in the organization of the Multilateral Initiative on Malaria, an international effort involving research, control and development agencies from the United States, Europe and Africa. In addition, he served as a member of the scientific advisory groups of experts on vaccines and biologicals as well as for vaccines and immunization for the World Health Organization. He chaired the WHO task force on strategic planning for the children's vaccine initiative, advised PAHO on its programs in vaccine research implementation and served as a member of the board of the Global Alliance for Tuberculosis Drug Development.

La Montagne was also a member of the biomedical research confederation executive steering committee at Ft. Detrick, and co-chair of the research and development gaps working group, a component of the weapons of mass destruction subcommittee of the National Science and Technology Council. He was also a member of the NIH community advisory board for security and the recently formed NIH ethics advisory committee.

La Montagne delivered numerous major lectures all over the world. He received many awards for his scientific accomplishments, including the Public Health Service Special Recognition Award for leadership in childhood vaccine research programs; the Surgeon General's Certificate of Appreciation; the Presidential Meritorious Executive Rank Award; the Distinguished Executive Award for his work in the areas of infectious diseases research of global health relevance; the Secretary's Award for Distinguished Service for leadership of acellular pertussis vaccine trials; and most recently, the Secretary's Award for Distinguished Service for design and implementation of critically important biodefense strategies.

La Montagne received his early and high school education in Mexico and Texas. He received B.A. and M.A. degrees in microbiology from the University of Texas at Austin and a Ph.D. in microbiology from Tulane University. After leaving Tulane, he did postgraduate work at the University of Pittsburgh.

In 1976, he came to NIH as influenza program officer at NIAID. He later became program officer for the institute's Viral Vaccines Program, and then the Influenza and Viral Respiratory Diseases Program officer. In 1986, La Montagne assumed the role of director of the AIDS Program, and a year later was appointed director of the Microbiology and Infectious Diseases Program, which became a division. La Montagne became deputy director of NIAID in February 1998.

Kendall La Montagne remembers her uncle as the least pretentious and most unassuming person she knew. She said that no matter how busy he was with national and international health research matters, he always took time to talk with and guide her.

La Montagne was the keeper of the family history and spent much time researching the family background in Mexico and Texas. His interest in history extended to his old farmhouse in Virginia. He and his wife were renovating it, making sure the additions and changes were done according to the local custom for the time period. Raising Airedale dogs was possibly La Montagne's favorite hobby.

La Montagne lived in Alexandria, Va., with his wife of 36 years, Mary Elaine Elliot. He also leaves his brothers Edward (Ted) of Evergreen, Colo., and Gregg of Austin, Tex., and his sister Molly of Bellaire, Tex.

NIAID has set up a memorial fund in his honor. Gifts may be made to the John R. La Montagne Fellowship in International Medicine. The purpose is to fund scientific research in the areas to which La Montagne dedicated his career. Contributions should be mailed to NIAID, 31 Center Drive MSC 2520, Bldg. 31, Rm. 7A03, Bethesda, MD 20892. 



NIAID deputy director Dr. John R. La Montagne, 61, died unexpectedly on Nov. 2.

Bldg. 1 Mainstay McCleaf Dies

Linda McCleaf, an NIH staff member for more than 15 years and longtime mainstay in the NIH director's immediate office, died Nov. 17, 2004. She had retired in July after a federal career of more than 35 years.

McCleaf began her government service at the Department of Justice in 1967 as a clerk-stenographer. Nearly 20 years later, in July 1987, she joined the Office of Research Services, Division of Logistics; she was at NIH to stay. In 1991,



Linda McCleaf

she became a secretary in the Office of the Director, working directly for the assistant director for program coordination, Dr. Vida Beaven. In May 1992, she took a secretarial position that put her just outside the door of the NIH director. In that location, she served three directors—Dr. Bernadine Healy, Dr. Harold Varmus and Dr. Elias Zerhouni—and Dr. Ruth Kirschstein during her two tenures as acting director.

For most of that time, McCleaf was the director's scheduler, the person who held the key to time on the director's calendar. In that role, she was well-known to the top NIH leadership and to officials and staff members at many levels across campus.

McCleaf's coworkers quickly became familiar with her ready smile, quick wit and calm amid the continuous swirl of activity in the director's office. They could count on her to subtly point out the humor in situations that would arise in the course of working to keep the director's days on track as his or her schedule changed and new, urgent issues demanded attention on a moment's notice, day after day. And they knew that when there was time to stop and take a deep breath, McCleaf would always be eager to talk about the Washington Redskins or the University of Maryland Terrapins (particularly Terp basketball).

McCleaf's family has asked that memorial contributions be made to the Susan G. Komen Breast Cancer Foundation, P.O. Box 650309, Dallas, TX 75265-0309. ■

One-Day Outpatient Study

Healthy volunteers, ages 19 to 55, are needed to participate in research studying genes and brain function. Testing procedures involve a blood draw, non-invasive neuroimaging, interviews and cognitive testing. No overnight stay. No medication trial. Compensation provided. Call the Clinical Brain Disorders Branch at (301) 435-8970 or email ThorpeK@intra.nimh.nih.gov. Refer to protocol # 95-M-0150. ■

NIH Mourns Elaine Johnson Twillman

Elaine Johnson Twillman, 74, a former management analyst in the Office of Management Assessment (formerly the Division of Management Policy), Office of the Director, died of a heart attack Nov. 18 at her home in Silver Spring. She received numerous special service awards during her tenure at NIH and she retired in 1994. Her specialty was organizational change.

Twillman was a native Washingtonian. She graduated from the former Immaculata Preparatory School and attended American University. During the 1960s, she was a teacher and later principal of the Religious Education (CCD) Program at St. Jude Catholic Church in Rockville. She then became the first principal of religious education at St. Patrick Catholic Church, Rockville.

After her children were grown, Twillman came to work at NIH. She emphasized the skills she had honed as a volunteer and homemaker when she applied to NIH. Her keen organizational skills and meticulous attention to detail were perfectly suited to her work in management analysis. She excelled in carrying out NIH policy and procedures for implementing organizational changes.

Recognized for her technical expertise and exceptional interpersonal skills, Twillman received numerous promotions and awards.

After surviving a battle with breast cancer in 1994, she became active in the American Red Cross Reach to Recovery Program, helping other women cope with the disease. She provided support and loving care to many companions with breast cancer, and worked hard in many areas, including the Relay for Life, to help raise funds for breast cancer research. She was an active member of the Lunch Bunch, a weekly gathering of breast cancer patients and survivors, who meet to share lunch, listen to speakers and provide support to each other.

Survivors include her husband of 54 years, Donald J. Twillman of Silver Spring; four sons, a sister and eight grandchildren.



Elaine Johnson Twillman

FEW Offers Motivational Speaker

All are invited to join the Bethesda chapter of Federally Employed Women (FEW) on Tuesday, Jan. 11, from noon to 1 p.m. in Bldg. 31, Conf. Rm. 6C6 to hear motivational speaker Arlena Fitch-Gordon. Her topic will be "But We Still Have Not Learned the Simple Art of Living Together." Fitch-Gordon is FEW's national vice president for diversity. For more information, contact FEW President Arlene Polk at Polka@od.nih.gov or (301) 402-6101. ■

Healthy Volunteers Needed

If depression has never been a problem for you and the fall and winter seasons do not much affect how you feel, you may be eligible to participate in a research study. We are looking for volunteers with good mental health, 18 years or older. Participation involves a 2-3-hour visit including questionnaires. Participants will be paid. For more information, call the Uniformed Services University, (301) 295-3241. ■

Fitness Buffs Find Routes to San Francisco

By Rich McManus

There's a place at NIH where you can meditate for 30 minutes and go 10 miles. At the same place, if you lift weights for 45 minutes, you travel 90 miles. Ten minutes of jumping rope reins in 20 miles. An hour of dancing earns 100 miles.

It's all part of "San Francisco or Bust," a fitness challenge that ran Sept. 13 to Dec. 3 and involved about 100 NIH'ers, all of whom traded fitness/health pursuits for mileage in a theoretical journey from NIH in Bethesda to San Francisco.

Depending on how active they are, participants could choose a direct route of 2,840 miles; a long, circuitous route of 8,020 miles; or a middle-of-the-road, 4,280-mile route, said Bob Caldwell, director of the NIH Fitness Center who has long been associated with NIH, albeit mainly in the role of a YMCA contractor. He recently retired from the YMCA after 30 years, and was most recently president and CEO of the Wilmington, N.C. branch, one of 2,500 Y outlets



Participants in the recent "SF or Bust" challenge included (from l) Donna Vogel, Vidmantas Petraitis, Turid Knutsen and Kevin Laser.

nationwide. Though he has been with R&W (which runs the Fitness Center) officially for only the past half-year, he notes with pride, "I designed this center 22 years ago as president of the Bethesda Y. I have been involved with this program since its inception."

The SF or Bust campaign was for Fitness Center members only; there are about 950 members on campus who pay \$170 a year to use center facilities and classes. There is also an R&W-run Fitness Center at Rockledge, which has about 750 members who pay \$220 yearly.

Though most participants earned their mileage at the two centers, there were some activities that could take place at home. Cutting the lawn, for example, was worth 15 miles. A good night's sleep was worth 10 miles. Exercising your brain with a crossword puzzle was worth 20 miles. "Intimate activity" was worth a measly 10 miles. But an hour of shopping was worth 30 miles.

There was a maximum mileage per week for each of the three distances, so that no over-achieving participant could finish way ahead of the others, Caldwell said. Those who chose the longest route had to average 668 miles per week to reach the Golden Gate by contest's end.

Caldwell was himself a participant—indeed a leader—who gained most of his miles with weight

training, but also worked golf and tennis into the mix. Lifting weights yielded the single highest total mileage in the contest: one hour of it gained you 110 miles. By contrast, cooking a "recipe of the month," or "doing a good deed" were only worth 5 miles each.

SF or Bust is one of a handful of Fitness Center promotions developed each year. "There are usually at least four per year," said Sherrell Freeman, administrative assistant at the center.

The SF challenge was developed by Kirty Dhekar of the Rockledge Fitness Center.

Rather cagily, the center tossed in 100 miles to

anyone who renewed their Fitness Center membership during the contest.

"The purpose of the San Fran program is to help encourage members to make healthy choices every day, which range from aerobic exercise and weight training to eating a nutritious diet and encouraging an overall well-balanced lifestyle," Dhekar said. "In the real world, offering incentives or rewards for a job well done is a motivational tool. The San Francisco or Bust Challenge is an incentive program designed to increase exercise frequency, improve fitness results and inspire long-term interest in one's well-being."

All efforts were logged by participants, according to the honor system, Caldwell said, and each "traveler" got a chart to map his or her progress. "It was actually a pain in the back to fill it out," he chortled.

Maybe the next promotion can offer mileage for filling out the chart.

Caldwell says the Fitness Center welcomes new members, and can handle more people than are currently enrolled. He noted two limiting factors in membership at Bldg. 31's facility: there are only a handful of the much-coveted cardio workout machines, which members may reserve ahead of time for the usual 30-minute workout. And there are only 6 showers in the center—three each for men and women.

To learn more about the NIH Fitness Center, call either the Bldg. 31 facility at (301) 496-8746 or the Rockledge center at (301) 435-0038. ■



R&W's Bob Caldwell (l) and Sherrell Freeman stand aside challenge map with participant Cyrus Salazar.