

# nih record

ABOVE • Bldg. 36 is disappearing by degrees from the NIH skyline. See story on p. 12.

## features

1  
**NIH Celebrates WHI Trial Conclusion At 2-Day Event**

3  
**Making Old-Time Music Mirrors Making Big-Time Science**

5  
**'Take Your Child to Work Day' Set**

12  
**The Demise of Bldg. 36**

## departments

Briefs 2  
Training 10  
Volunteers 11  
Seen 12

## WHI Lauded Despite Its Contrariness

By Rich McManus

Science is just as valuable to society when it throws convention under the bus as when it confirms received wisdom said a number of health officials at NIH's recent 2-day celebration of the Women's Health Initiative.

The WHI, initiated in the early 1990's by then NIH director Dr. Bernadine Healy, followed 161,808 women over 8 to 12 years in a multicenter effort to learn more about how postmenopausal women age, and is not over yet. But it has overturned established tenets on the usefulness of hormone replacement therapy, the benefits of low-fat diet in preventing cancer and the effect of calcium and vitamin D on avoidance of bone ailments.

"The Women's Health Initiative has been a landmark event in how to think about long-term studies

SEE WOMEN'S HEALTH INITIATIVE, PAGE 6 *NHLBI director Dr. Elizabeth Nabel*



## Brent Shares Research on Adolescent Suicide

By Belle Waring

An NIMH report published in 2000 estimated that 8 million American children and adolescents suffer from serious behavior-

al, emotional and cognitive disorders. Suicide is currently the third leading cause of death among 15-to-24-year olds.

To find successful interventions, NIH supports nationwide programs in universities and research hospitals, among them the Western Psychiatric Institute and Clinic in Pittsburgh. That's where Dr. David A. Brent, professor of psychiatry, pediatrics and epidemiology, has been continuously funded by NIMH since 1985. He spoke on "Suicidal Risk in Adolescents: Assessment and Treatment," at the Great Teachers lecture series



*Dr. David A. Brent*

SEE TEEN SUICIDE, PAGE 4

*Then and Now, Race Matters*

## Black History Month Lectures Target Gaps in Health, Care

By Carla Garnett

Two Black History Month events held at NIH on Feb. 23 took different paths to reach the same point: What's past doesn't have to be prologue. Sure, African Americans historically have experienced poorer health and received inferior health care, but current and future generations can change all that by learning our history lessons.

Adopting the 2006 national theme for the month, "Celebrating Community: A Tribute to Black Fraternal, Social and Civic Institutions," the Office of Equal Opportunity and Diversity Management hosted a lecture in Lipsett Amphitheater featuring Roslyn McCallister Brock, vice chair of the NAACP's board of directors.

Introduced by NEI's Angela Neal as a "contemporary trailblazer," Brock began by discussing contributions to the health field by some of her organization's pioneers. Early papers written by noted black scholar W.E.B. DuBois were some of the first in the nation to docu-

SEE BLACK HISTORY MONTH, PAGE 8



The NIH Record is 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 upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2006.

**NIH Record Office**  
Bldg. 31, Rm. 5B41  
Phone (301) 496-2125  
Fax (301) 402-1485

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

**Editor**  
Richard McManus  
[rm26q@nih.gov](mailto:rm26q@nih.gov)

**Assistant Editor**  
Carla Garnett  
[cg9s@nih.gov](mailto:cg9s@nih.gov)

**Staff Writer**  
Belle Waring  
[bw174w@nih.gov](mailto:bw174w@nih.gov)

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.

♻️ The NIH Record is recyclable as office white paper.

## briefs

### FAES Announces Concert Schedule

The Foundation for Advanced Education in the Sciences has announced the performers and dates in the 2006-2007 season of its Chamber Music Series. This is the series' 39th year. The concerts are held at Congregation Beth El at 8215 Old Georgetown Rd., Bethesda, and all performances will be Sundays at 4 p.m.

Oct. 29	Trio Di Parma
Nov. 12	Mihaela Ursuleasa, piano
Nov. 19	Miriam Fried, Jonathan Biss, violin and piano
Dec. 10	Peter Serkin, piano
Feb. 4, 2007	Vivane Hagner, violin
Feb. 18	Marina Piccinini, Emanuele Segre, flute and guitar
Mar. 11	Aurynt Quartet with Roger Tapping, viola ( <i>performing two of the six Mozart viola quintets and one of the three Britten quartets at each concert—see below</i> )
Mar. 18	Aurynt Quartet with Roger Tapping, viola
Mar. 25	Aurynt Quartet with Roger Tapping, viola
Apr. 15	Amit Peled, Alon Goldstein, cello and piano

Tickets for individual concerts may be purchased 2 weeks before the performance, or on the day of the concert. Cost is \$28 for adults; \$12 for students, fellows and postdocs. A 10-performance subscription costs \$250 (\$100 for students, fellows, postdocs). For more information call (301) 496-7976 or visit [www.faes.org](http://www.faes.org).

### Seminar on Meditation, Apr. 4

A seminar titled "The Science and Tradition of Meditation," will be held Tuesday, Apr. 4 from 1-2 p.m. in the Clinical Research Center, Rm. 1580-North, 7th floor. Presenters will be Dr. Ramesh Manocha of the Royal Hospital for Women, Sydney, Australia, and Dr. George Patrick, chief of the recreation therapy department. Topics for discussion include: Does meditation have unique effects? Is there scientific evidence for meditation as a unique state of consciousness?

### Film Series Accompanies NLM Exhibit

To celebrate the opening of "Visible Proofs," an exhibition on the history and science of forensic medicine, the National Library of Medicine is hosting a free film series, "Screen Forensics." Don't miss the two remaining films in the series: *Citizen X* (R) on Mar. 30 and *Sleepy Hollow* (R) on Apr. 6. Screenings begin at 6 p.m. in Lister Hill Auditorium, Bldg. 38A, and are free and open to the public. Sign language interpreters are provided. Those needing other reasonable accommodation should contact Erika Mills, (301) 496-5963 or the Federal Relay, 1-800-877-8339.

### STEP Fora on Race, Ethnicity in Research

The staff training in extramural programs (STEP) committee will present two Science for All fora on the topic, "Defining Race and Ethnicity in Biomedical and Behavioral Research: A Mini-Course on Biological, Social, Political and Legal Issues." The meetings will be held on consecutive Tuesdays, Apr. 11 and 18, from 8 a.m. to noon in Lister Hill Auditorium, Bldg. 38A. The first session focuses on "How did we get here?" and the second examines "Where are we headed?"

More than 99 percent genetically identical—that's what geneticists say humans are. If we're so much alike, why are we so different? One of NIH's major goals is to reduce disparities in health status experienced by racial and ethnic minority populations. But what is race? What is ethnicity? The definition of these classifications becomes a crucial element in responding to these goals.

Genomic data raises disturbing questions about the scientific value of our current mode of classifying and categorizing individuals and populations. What data are obtained and lost in using the current system of classification? Does our approach really allow us to address the basis for health disparities? Diverse perspectives on racial and ethnic classification in the U.S. will be discussed along with their implications on policies of inclusion and representation in science. These presentations will help us understand the questions that we really should be asking to reduce health disparities.

### Learn to Support Your Older Relative

The Work and Family Life Center will hold a seminar titled, "Supporting Your Older Relative: Awareness & Communication," on Wednesday, Apr. 5 from noon to 1:30 p.m. in Bldg. 50, Rm. 1227/1233. Have you been thinking about the needs of an older relative or what your own needs might be in the future? Are you uncomfortable initiating conversations about this? Did you know that it's possible to support an aging parent's independence, avoid taking too much control, yet ensure their well-being? This is a complex issue, even more so when it involves communicating across state lines, but it doesn't have to consume you. There are strategies that can help you help an older relative make important decisions about the future.

## NIGMS Scientist Dabbles in Musical Chemistry

By Jilliene Mitchell

When Dr. John Schwab talks about Hoover Uprights, chances are he's not referring to vacuum cleaners. Schwab, a chemist in the NIGMS Division of Pharmacology, Physiology, and Biological Chemistry, is a founding member of an old-time country music band named—for reasons even he can't explain—after the appliance.

Schwab says his love of folk music inspired him to take up the acoustic guitar, which he has played since age 13. But he insists that he is not a solo artist. He prefers playing with his fellow band mates—a fiddler, a banjo player and a ukulele player who doubles as a bassist. Occasionally, the Uprights are joined by a harmonica player, whom Schwab jokingly refers to as the group's "blower attachment."

"We have a terrific time playing, both for the music as well as the camaraderie," he said. "After a dozen years, we are still very close friends, and 'band politics' have never been an issue for us," he added.

The style of music the Uprights perform is commonly played at square dances. The genre, which originated in the southeastern region of the United States, is the root of bluegrass music. But unlike bluegrass, which is performance-oriented and features instrumental solo breaks, old-time music is a more social form of music that is played as an ensemble.

The Uprights play for contra and square dances at local venues such as Glen Echo Park and Cherry Hill Park, as well as at Lovely Lane United Methodist Church in Baltimore. They also showcase their skills at fiddlers conventions. A few years after taking home the top prize at the Deer Creek Fiddlers Convention in Westminster, Md., the group won first place in the traditional band contest in 2001 at the Appalachian String Band Music Festival in Clifftop, W.Va. They repeated as first-place winners in 2003.

Schwab says their 2001 performance at Clifftop was his most memorable moment playing with the Uprights. "It was a huge honor, since many of the very best old-time musicians have bands that enter the contest, and they tend to take it really seriously and play their very best," he explained. In a typical year, 50-70 bands enter the traditional band contest.



The group's list of accomplishments includes a performance on the Kennedy Center's Millennium Stage in 2004. The Uprights' first CD, which will include tunes from the Appalachian Mountains and the Midwest, is in the works and will be completed soon.

According to Schwab, his role as an old-time music backup guitar player is similar to his role at NIH.

"Here in NIGMS, there is no such thing as a 'superstar' program director—we all work for a common goal, which is to facilitate scientific research and to help identify and support the very best science," he said. "Playing old-time music is comparable. We all play together, and each of us tries to complement what the other musicians are playing." 🎵

*Dr. John Schwab (l) and band mates (from l) Bill Schmidt, Kevin Enoch and Dr. Kate Brett, play old-time country music in their free time.*

## TEEN SUICIDE

CONTINUED FROM PAGE 1

### Right:

Dr. David Brent of Western Psychiatric Institute and Clinic in Pittsburgh presents recent clinical and research findings on teen suicide risk.

PHOTOS: ERNIE BRANSON

Feb. 8 in Lipsett Amphitheater.

“Having some thought of wanting to die is quite common in adolescents,” Brent began, “at around 20 percent. As you get ideation with a plan, or with intent, that is much less common.”

For medically serious suicide attempts, the prevalence is about 1-2 percent. Girls are about twice as likely to attempt as boys, and of those who attempt, between 15 and 30 percent will repeat within a year. “This is concerning because suicidal behavior is the most significant risk factor for completed suicide,” Brent said, “with a 10- to 60-fold increase in risk.”

Yet there is good news. “I would like to see this on the cover of the *New York Times*,” Brent declared. “The suicide rate among adolescents has been declining for about a decade.” We don’t yet know why. People who are interested in antidepressants think the decrease reflects increased sales, he noted, and people interested in gun control have correlated the decrease with that.

“If you only have time to look at one assessment factor,” he said, “the most important is the nature of the suicidality, because that’s what drives the risk: specifically, the degree to which the person has intent to kill himself or herself at that moment.”

To assess ideation, the clinician should progress from less specific questions (“Have you ever thought you’d be better off dead?”) to more specific (“Do you have a plan?”).

Other important dimensions of ideation are frequency and intensity, “but the fact that somebody has suicidal ideation only occasionally is not that reassuring, because it’s really the ‘worst point’ that’s the most dangerous. Somebody can impulsively act on a suicidal urge; that’s really what you need to target.”

Brent recalled a teenager “who had saved up 90 pills, overdosed, and then claimed it was an accident. So look at what people do rather than at their own report—including, interestingly enough, whether they’ve communicated intent to someone.”

Brent described a variety of risk factors for suicidal behavior, among them psychological characteristics such as hopelessness; aggression and impulsivity; a social skills deficit; and homosexuality/bisexuality. He was careful to clarify that “homosexuality and bisexuality are not synonymous with pathology, but the response of soci-



ety is deviant. There’s so much stigma. Victimization, rejection and bullying place these kids at a much higher risk of suicidal behavior.”

Family and environmental factors such as discord, abuse and neglect are also significant. “If you could eliminate sexual abuse,” Brent stated, “you could eliminate about one-fifth of suicidal behavior.” In collaboration with colleagues at Columbia, Brent is engaged in an ongoing study indicating how suicidal behavior runs in families. He stressed that this is not accounted for by mood disorders alone, but also because of the familial transmission of impulsive aggression, probably related to genetic factors. “While this could take years to prove,” said Brent, “from a clinical point of view we know that it’s a significant factor.”

Brent emphasized how adolescents’ risky behaviors can be offset by a few core processes: having dinner with your kids every night; being involved in their activities; seeing that kids have a connection with schools and protecting them from “deviant peer groups.”

“The relationship between mood disorders and suicide is intimate, though it is not the only risk factor,” Brent continued. Depression increases the risk for suicidal behavior 10- to 50-fold; 80 percent of attempters and 60 percent of completers are depressed. Some studies suggest that improved treatment of depression reduces suicidality; others show reduction in suicide with use of selective serotonin reuptake inhibitors (SSRIs).

On the other hand, Brent noted, such treatment may not reduce suicidal risk, since the most suicidal individuals are excluded from clinical trials of depression.

"It's a curious finding," he said, "that suicidal behavior and mood don't move entirely in concert. Suicidality is multifactorial."

There are very few studies on treatment of suicidal youth, and the ones that have been done are not that promising. "This one is kind of humbling," said Brent. "The most powerful effect came in a study using follow-up postcards sent to teens and saying things like 'I'm concerned about you,' which shows how nonspecific factors may be the most potent."

He also noted areas that haven't been sufficiently looked at "but should be, such as lithium as protection against suicide."

What do you do with somebody who's suicidal? There are a few important considerations: a safety plan; case management to determine appropriate level of care, and to ensure return for treatment; analysis of the attempt; focus on cognition and the most relevant factors leading to the attempt; a relapse prevention session, including role-playing to access crucial skills.

"We teach them a simple emotional regulation technique to identify at what point they're so hot they're going to lose control, but can still turn back; we try to work out with them and the family permission for this kid to walk out of the room to cool off.

"Ultimately, we want these kids and their parents to know everything we know about depression and suicidal behavior, which unfortunately isn't all that much. Transparency is a good thing. I will never put somebody on a medication per se. I'll say these are the benefits, these are the risks, but it's up to you. Not that you don't sometimes have to hospitalize people, but over the long run, you want people to take responsibility and control over their own illness." Common sense advice includes exercising, engaging in enjoyable activities and getting enough sleep.

Asked whether talking with kids about suicide increases incidence, Brent cited a recent study that proved it doesn't.

"Here is the main issue in somebody who is suicidal," he said. "Simultaneously these kids have two wishes." He turned both palms up, side-by-side, and rhythmically moved them up and down, as if hefting two objects of equal weight. "They have a wish to die and a wish to live. The two are in balance, and we have to find how to strengthen the balance in the direction of life." 📍

## Take Your Child to Work Day, Apr. 27

NIH celebrates its 12th annual Take Your Child to Work Day, on Thursday, Apr. 27. From 9 a.m. to 4 p.m., a variety of institutes and centers will host educational and fun activities designed to let your child (ages 8-15) experience the world of biomedical research.

More than 1,500 children are expected to participate in NIH's Take Your Child to Work Day. The planning committee is seeking volunteers to sponsor a variety of activities for the children. You can help by identifying activities that will introduce children to the vital roles their parents play in the NIH workforce and expose them to careers they might not have envisioned. The event needs many activities scheduled throughout the day. No matter where you work—in a lab or office setting—consider sponsoring an activity or an exhibit that will introduce children to careers in science, medicine or civil service. To sponsor an activity or exhibit, contact the planning committee.

Not up to sponsoring your own activity, but still want to see children engaged in opportunities to learn about careers? How about helping in the planning and conducting of the event? The committee can use your help in all aspects of the event; you can volunteer anytime between now and the event day itself.

Visit the Take Your Child to Work Day web site for more information: <http://takeyourchildtowork.nih.gov>. Registration for the event begins in mid-April. Contact Gary Morin, (301) 496-4628 voice, (301) 480-3122 TTY; [MorinG@od.nih.gov](mailto:MorinG@od.nih.gov).

Individuals who need sign language interpreters and/or reasonable accommodation to participate should contact Carlton Coleman at (301) 496-2906, voice or (301) 451-2290 (TTY), (800) 877-8339 Federal Relay, or by email, [ColemanC@od.nih.gov](mailto:ColemanC@od.nih.gov).



## NLM Board of Regents Gains Three

NLM director Dr. Donald Lindberg (l) recently welcomed three new members to the library's board of regents. They are (from l) Dr. Clement McDonald, director, Regenstrief Institute, Inc., Indiana University School of Medicine in Indianapolis; Dr. Cynthia Morton, W.L. Richardson professor of obstetrics/gynecology and pathology at Brigham and Women's Hospital in Boston; and Dr. James Gray, senior researcher at Microsoft in San Francisco.

## WOMEN'S HEALTH INITIATIVE

CONTINUED FROM PAGE 1

### Right:

NIH director Dr. Elias Zerhouni called the WHI a harbinger of a new way of doing medicine.

PHOTOS: ERNIE BRANSON

in medicine," said NIH director Dr. Elias Zerhouni. "It has proven that good science is not beholden to dogma—it brings truth, and it can be disturbing." Acknowledging that the study's conclusions have been controversial, he argued, "If there had been no study at all, it would have been flawless."

As NIH prepares to launch a major initiative this spring that will encourage Americans to participate routinely in clinical trials, Zerhouni called the WHI a harbinger of a new way of doing medicine. "This is the beginning of a long-term process," he said. "The nation needs to come around and understand the concept of large studies that affect millions of lives, and whose real-time collection of data" can result occasionally in sudden and unexpected changes in medical practice.

"I'd like to see a real evolution of our thought processes about how best to use the new methodologies—proteomics and genomics, for example—to move medicine forward. How do you keep that momentum," he asked, "and how do you enlarge it?" He called the WHI an exemplar of "how our country can better learn so that dogma does not dominate—the truth dominates."

The WHI still has 5 years to go in an extension phase and is now directed by NHLBI director Dr. Elizabeth Nabel, who declared that her institute "is committed to the future of the WHI. We are very keen to understand the mechanisms underlying our findings." In addition to



enormous amounts of yet undigested data, the study collected many thousands of blood, DNA and other specimens that can now be analyzed by techniques more sophisticated than the initial WHI could have envisioned. "We are especially excited about the genetic, genomic and proteomic components of the study. This is the close of chapter one, and we're excited about the start of chapter two," Nabel said.

Project officer Dr. Jacques Rossouw of NHLBI called the archive of refrigerated samples "an enormously valuable resource...it may equal or even surpass what we've learned from the WHI."

Former NIH director Healy, now a medical editor at *U.S. News & World Report*, said the WHI was not so much a study of older women as a frank look at women "in their second prime." Since the study recruited one out of every 200 women in the age range 50-79 in the U.S., she said the WHI represented "really a third women's suffrage movement...It turns out we are different from men—we are not the same."

More than two-thirds of the women who participated in the WHI were overweight or obese at the time of recruitment, noted Dr. T. David Curb, a principal investigator from the University of Hawaii. Weight problems "are among the biggest challenges to the health of American women." More than a third of the women also had high blood pressure, he said.

Reviewing more than half a dozen key facets of the study, including its diverse population, its statistical authority, its provision of answers within its subjects' lifetimes and its integrated view of the whole woman, not just distinct body parts, Healy said the WHI revealed "something important—reality is sometimes complex. Sometimes simplicity is false.

### A Snapshot of the WHI

One of the principal designers of the Women's Health Initiative was Dr. William Harlan, former NIH associate director for disease prevention who is now retired and a consultant to the National Library of Medicine's web site [www.clinicaltrials.gov](http://www.clinicaltrials.gov). Referring to a popular American film, he called the WHI "a *Field of Dreams*—build it and they will come."

While the WHI extension study is slated to continue until 2010 under the auspices of NHLBI, the main part of it took place between 1993 and 2005. It involved more than 1,000 investigators and staff at 40 clinical centers in the U.S.

There were three controlled clinical trials (diet modification, hormone trial, calcium and vitamin D) that enrolled a total of 68,133 women, and a large observational study that recruited 93,676 women. Participants were ages 50-79.

On campus, 160 NIH scientists and staff were involved in the WHI, from 16 institutes and centers. "I'd like simply to say, 'Well done!' to all those individuals," Harlan said.



Former NIH director Dr. Bernadine Healy, now a medical editor at U.S. News & World Report, said the WHI was not so much a study of older women as a frank look at women “in their second prime.”

“There are many mysterious findings still to be explored,” she said. Quoting poet W.B. Yeats, she called it “a terrible beauty,” but also said “it’s a gift that women are sharing with their daughters, and that those daughters will share with their daughters.”



ORWH director Dr. Vivian Pinn lauded the many visiting participants in the WHI, whose involvement defied initial doubts about the study’s ability to draw subjects. The participants were honored with roses.

## NIH Joins Sorority in Mississippi Health Outreach

In 1935, a small band of women, all members of the Alpha Kappa Alpha sorority, initiated the Mississippi Health Project. Their goal was to bring treatment, supplies and health education messages to Mississippi Delta residents who rarely saw a health professional. For 6 years, until the beginning of World War II, they mobilized health professionals who set up clinics under trees, in churches and wherever people gathered. Adults were tested for various conditions and given medical treatment, children were immunized and everyone was given useful tips for staying healthy. Then Surgeon General Dr. Thomas Parran referred to the project as “one of the greatest efforts of volunteer public health” he had ever seen.

In 2006, another generation of AKA women traveled to the Mississippi Delta to continue a tradition begun 70 years earlier. This time, they were joined by a team from NIH that included representatives from five institutes. Dr. Yvonne Maddox, deputy director of the National Institute of Child Health and Human Development, and Dr. Patricia Grady, director of the National Institute of Nursing Research, co-chairs of the NIH Public Trust Initiative, led a team who listened, learned and talked about health in Mississippi.

During the 2½-day visit that began in Jackson, some members of the NIH team traveled to Mound Bayou, a 2-hour bus ride north of Jackson. There, the team joined dozens of health professionals and volunteers from the AKA sorority in staffing a health fair at the local clinic. AKA members dedicated a plaque commemorating the contribution of Dr. Dorothy Boulding Ferebee, the AKA member who began the Mississippi outreach in Mound Bayou 70 years ago.

Others on the NIH team remained in Jackson to take part in a series of events at the Jackson Medical Mall. In the late 1990s, Sen. Thad Cochran (R-MS) and a group of Jackson residents arranged to convert a failing retail mall into a major medical facility. Today, the Jackson Medical Mall houses clinics and offices of the University of Mississippi Medical Center (UMMC) as well as the educational facilities of Jackson State University and Tougaloo College. The Jackson Heart Study, which is supported by the National Heart, Lung, and Blood Institute and the National Center for Minority Health and Health Disparities, is also located in the mall.

Maddox thanked the residents of Jackson for their support of medical research. “You are a vital part of the research enterprise,” she said. “From planning the research to disseminating the results, we can’t do this without your participation.”

NINR’s Grady noted that a large organization such as NIH needs public trust to fulfill its mission, and events like the ones in Jackson and Mound Bayou can help build that trust. Linda White, world-wide head of the 170,000-member sorority, thanked NIH for its commitment to reducing health disparities. “Our members began working with the NIH in a campaign to reduce the risks of sudden infant death syndrome among African-American infants. We are happy to expand our relationship to make a real impact on reducing health disparities.”

A highlight of activities at the Jackson Medical Mall was the National Eye Institute’s walk-through exhibit. Area station WLBT-TV covered the opening of the exhibit live and conducted several interviews with NIH staff and AKA members from within the eye exhibit.

NIH also invited the community to take part in roundtable discussions. These included Jackson residents, researchers from UMMC and Jackson State, Jackson Heart Study participants and stakeholders in promoting the health and well-being of the people in Mississippi. 🌹

## BLACK HISTORY MONTH

CONTINUED FROM PAGE 1

ment differences in health between Caucasians and African Americans. His 1906 report, *The Health and Physique of the Negro American*, is often hailed as the earliest observational study of the well-being of blacks in the post-Civil War period.

In addition, Brock spoke briefly about former NAACP president Dr. W. Montague Cobb, a renowned anthropologist and longtime edi-

tor of the *Journal of the National Medical Association* whose 1946 testimony on unfair health care conditions in the U.S. led eventually to the Medicare program being established in 1965.

Brock said the country has studied and discussed the issue for more than a century now—

long enough. The time for action is past due. “Is anybody listening? Does anybody care?” she wondered aloud. “It appears that the rising tide that was intended to lift all boats out of poverty has capsized and left many of our brothers, sisters, mothers, Big Mamas and granddaddies drowning in despair.

“The truth is that when viewed through the lens of bigotry and hatred,” Brock continued, “race matters in this country, and it matters in health care delivery and access. The pendulum of justice is moving backward for communities of color across this nation.” Recalling a question posed recently by civil rights leader Rev. Joseph Lowery at the funeral of Coretta Scott King, she asked, “When will words become deeds that meet needs?”

Public education, Brock said, is a major part of the solution. The NAACP has teamed up with a number of other civic organizations and private corporations such as the Girl Scouts, the Prince Hall Masons, the Kidney Foundation and Pfizer to get the word out about the importance of quality health care and open access to it. These partnerships, she said, can serve as models to spur even more joint efforts and collaborations around the country. The goal is action and the enemy is complacency, she concluded.

In the afternoon’s second black history lecture—this one hosted in the Lister Hill Center by the National Library of Medicine’s History of Medicine Division—guest speaker Dr. Kirby Randolph posed her own question: How can medical historians help address health deficits?

“Health disparities research usually fails to ask how we got here,” she said. “A historical perspective can help us understand whether health disparities have changed over time.”

A former NIMH postdoctoral fellow, Randolph now serves as director of the Office of Cultural Enhancement and Diversity and as assistant professor at the University of Kansas Medical Center in Kansas City. Her current research focuses on race and psychiatry in the 19th and 20th centuries, but it was her casual observations of a homeless man named Andre that led her to imagine ways history could shed light on health gaps.

Randolph was a grad student in Philadelphia when she happened to notice a man searching the curb for cigarette butts and eating food foraged from trash cans. Although he appeared to have a home base at a men’s shelter, she said, Andre could usually be found near the corner of 34th and Walnut Sts. downtown.

“I wondered what would have happened to Andre—or any black man—who lived in predominantly white public spaces and occasionally yelled at walls, over a hundred years ago,” said Randolph, who then based her dissertation on how black people with mental illness were diagnosed and treated following the Emancipation Proclamation, which signaled the end of slavery.

A library search steered Randolph to the Central Lunatic Asylum for the Colored Insane, a state-run Virginia facility established in 1868 to segregate blacks who had mental disabilities. Published hospital records of the era describe fascinating patients: 24-year-old Anthony Jackson suffered from “paroxysmal mania brought on by an unfortunate marriage” and 27-year-old ex-slave Godfrey Goffney, diagnosed with “homicidal mania as the result of freedom,” tried to kill every white man he met.

Randolph thinks the stories of these patients, the way their ailments were categorized, the resources society devoted to helping them, whether their cultural beliefs were ignored or incorporated into their treatment and the general care (or lack thereof) that was afforded



At the 2006 NIH observance of African-American history, Roslyn McCallister Brock, vice chair of the NAACP’s board of directors, recalls work of black pioneers and civil rights leaders.

PHOTOS: JANET STEPHENS



*A former NIMH postdoctoral fellow, Dr. Kirby Randolph of the University of Kansas Medical Center is currently researching race and psychiatry in the 19th and 20th centuries.*

them can all be instructive for tackling today's unequal health burdens.

As if to answer Brock's query about whether anyone was listening to or caring about the disparities, Randolph briefly mentioned her latest research project. She and colleagues are interviewing 50 African Americans who have chronic mental illness, capturing for the first time, perhaps, glimpses of the disorders from the patient's perspective. By attacking current and past problems from a fresh angle, she suggested, health care providers and medical historians alike may get closer to closing the gaps sooner.

"Answers about what hasn't worked can save us time," Randolph concluded. 🗨️

## R&W Has Orioles, Nationals Tickets

Tickets to Baltimore Orioles games went on sale Thursday, Mar. 23 at the R&W gift shop in Bldg. 31, Rm. B1W30. Orioles tickets include two regular season tickets (2 seats behind first base—Section 14 Row BBB seat 7-8) and, in addition, tickets are available for 13 Sunday games (4 seats behind third base—Section 58 Row MM) and 13 Sunday and additional weekday games (2 seats behind first base—Section 14 Row UU and 5 seats in right field—Section 8 Row AA).

Tickets for Washington Nationals games will go on sale Thursday, Mar. 30 at 8 a.m. outside the Bldg. 31 R&W gift shop. Available are 4 regular season tickets (4 seats behind first base—Section 104 Row 7); more tickets for various games will be available in Section 106 Row 5.

## Martin Named NIEHS Associate Director

Dr. William J. Martin II joined NIEHS as associate director for translational biomedicine on Mar. 6. Translational biomedicine focuses on moving research results from the NIEHS portfolio into clinical practice.

Martin will ensure that the institute's research is more rapidly integrated into patient care. He will develop new clinical research programs, as well as interdisciplinary training initiatives to extend the influence of environmental health sciences into the clinical arena.

"As a physician-scientist who has worked in both the research and clinical arenas, Dr. Martin is uniquely qualified to help bridge the gap between research and patient care," said NIEHS director Dr. David Schwartz. "He shares my vision that environmental health science can provide unique approaches to understanding diseases that affect people around the world. I am thrilled that he has agreed to join the leadership team at NIEHS. He brings a wealth of professional and practical experience, and also a vibrant creativity to this new role."

Martin served as dean of the University of Cincinnati College of Medicine and is a past president of the American Thoracic Society. He also served as director of pulmonary and critical care at Indiana University for 12 years before becoming executive associate dean for clinical affairs at the university's School of Medicine.

Martin volunteered aboard the Navy hospital ship *Comfort* as part of Project Hope during Hurricane Katrina relief efforts. He helped establish clinics and provide medical services in devastated areas of Mississippi.

"I plan to approach my new position at NIEHS with the same sense of commitment and urgency I felt while working with the Katrina relief efforts," he said.

Martin received his M.D. from the University of Minnesota in 1974, and completed his pulmonary and critical care training at Mayo Clinic in 1979. Following completion of his research training in the Pulmonary Branch, NHLBI, he joined the staff of Mayo Clinic as a clinician-investigator in 1981. While on faculty at Indiana University, he served as a health policy fellow, U.S. Senate, labor and human resources committee in 1995.

He has written more than 130 research and clinical papers and has been NIH-funded for the past 24 years. Martin has received numerous awards including the Sagamore of the Wabash, the highest award presented to a citizen of Indiana by the state's governor.—Robin Mackay



### CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Microsoft Office 12 Preview	3/27
SPSS: ANOVA	3/27-28
NIH Enterprise Ethics System (NEES)	3/28
Windows XP Tips and Tricks	3/28
Adobe Acrobat - Introduction	3/29
How to Get the Most Out of Outlook 2003	3/29
Sciware - On Demand Scientific Applications	3/29
FileMaker Pro 7/8 Basic	3/30
Ingenuity Pathways Analysis Training	3/30
Introduction to mAdd	3/30
Mouse Genome Informatics (MGI) Workshop	3/31
NIH IT Enterprise Architecture 101	4/4
Creating Presentations with PowerPoint 2003	4/4
S-PLUS - Command Line Programming	4/5-6
Introduction to the QVR System	4/6
Lasergene 7 Hands-On	4/6
Microsoft Visio Hands-On	4/6

### NIH Training Center Classes

The Training Center 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 (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Electronic Purchase Logs & Reconciliation Procedures	4/3
Professional Service Orders	4/4
NBS Travel System for Organizational Administrators	4/4
Simplified Acquisitions Refresher	4/6
NIHITS II Training	4/6
Merging Minds: Special Expert Teams in Bio.Sci.	4/12
NIH Domestic Travel	4/18
Purchase Card Training	4/21

### NIH Marks Women's History Month

*Edie Fraser, president and CEO of the Public Affairs Group, Inc., gave the keynote address for "Builders of Communities and Dreams," part one of NIH's 2006 Women's History Month observance, sponsored by the Office of Equal Opportunity and Diversity Management on Mar. 3 in Lipsett Amphitheater. "What are you doing to be a trailblazer and what is the group that you're working with doing to drive change?" she asked. Although seven of every 10 jobs are now held by women and minorities, she noted, women represent only about 18 percent of corporate board membership, with women of color at about 3 percent. "We have to make sure that our representation in your [Senior Executive Service] system at NIH [honors] America," she said. Fraser acknowledged that women make up 57 percent of the NIH workforce, but advised the audience to consider the ranks of management. "What grades are we and what are we doing on representation to push career advancement?" she asked. "Those are the questions that will be so important to our future success." Fraser also recognized the gains by women in health, medical research and related fields. The majority of medical school students in the U.S. are women, she said, and there has been tremendous growth in every aspect of the health industry. Capitalize on that growth, she concluded, to find "a mentor or a champion to build your career path."*



### NIH 9-Hole Golf League

The NIH Golf Association (9-hole coed league) is seeking new members for the 2006 season. The 9-hole league meets Tuesdays and/or Thursdays after work and plays at Needwood Golf Course in Rockville or Sligo Creek Golf Course in Silver Spring. The league features two flights of competitive handicapped-match play and one non-competitive flight. The season starts with an optional Spring Outing (members and guests) in late April, then regular play through the end of August, and a members and guests Fall Outing in early September. The league has a block of reserved tee times and serves as a great social/networking opportunity to meet fellow NIH'ers and to improve your golfing skills. For more information, email John Hamill at [jh148m@nih.gov](mailto:jh148m@nih.gov) or visit <http://www.recgov.org/golf/>.



### 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 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](mailto:humanperformancelab@usuhs.mil).

### Exercise Study Volunteers Wanted

The Uniformed Services University of the Health Sciences is looking for healthy, 18-45-year-old men and women interested in completing an IRB-approved research project. Project entails completing a step test with knee bends, and blood draws on two other days. If interested call (301) 295-1371 or email [humanperformancelab@usuhs.mil](mailto:humanperformancelab@usuhs.mil). Volunteers will be compensated for their participation.

### Can Exercise Improve Well-being for Cancer Survivors?

This study is being conducted to determine whether Tai Chi or indoor stationary cycling best helps cancer survivors improve physical fitness and well-being, reduce stress and favorably affect blood cholesterol and triglyceride levels. Disease-free cancer survivors between 18-60 years of age who have received chemotherapy and/or biologic therapy as part of cancer treatment, completed treatment at least 2 years following their initial diagnosis or at least 5 years after cancer recurrence may be eligible for this study. For more information call 1-800-411-1222.

### Siblings, One with Lupus, One Without

Siblings with lupus are invited to participate in NIH study 03-E-0099. Compensation provided. Call 1-866-444-2214 (TTY 1-866-411-1010)

### Healthy Children Needed

Healthy child volunteers (ages 8-12) are needed for a brain imaging study of attention. This study consists of two visits. All procedures are non-invasive; no blood draws will be performed. Compensation is provided for each visit. For more information call Meryl Wagman at (301) 402-3893.

### Healthy Volunteers Needed

Doctors at NIH are conducting a study that examines the tongue. Call 1-866-444-2214, (TTY 1-866-411-1010). Refer to study 01-CC-0044. Compensation is provided.

### Have Enlarged Gums?

Do you have enlarged gums and are you taking dilantin, cyclosporine or calcium channel-blockers? If so, take part in an NIH study. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-D-0103.

### HIV-Positive Volunteers

HIV-positive volunteers who are off anti-HIV medications, CD4+ 350 or greater, without hepatitis B or C, are needed for a research study. Financial compensation is provided. Call 1-866-444-2214 or TTY 1-866-411-1010. Refer to study 05-I-0065.



### NIDDK Council Welcomes Five New Members

NIDDK recently welcomed five new members to its advisory council. They are (top, from l) Dr. David M. Klurfeld, a national program leader in human nutrition in the Agricultural Research Service, Department of Agriculture; Dr. Mitchell A. Lazar, professor of medicine and genetics and chief of the division of endocrinology, diabetes, and metabolism, University of Pennsylvania School of Medicine; Margery Deutz Perry, past chair of research at the Juvenile Diabetes Research Foundation International. In the front row are (from l) Dr. David H. Perlmutter, chair of pediatrics and professor of cell biology and physiology, University of Pittsburgh School of Medicine and physician-in-chief at Children's Hospital of Pittsburgh; and Dr. Juanita Lynn Merchant, professor of internal medicine and molecular and integrative physiology, University of Michigan. At right is NIDDK acting director Dr. Griffin Rodgers.



### Two New Members Join NIGMS Council

NIGMS director Dr. Jeremy Berg (c) recently welcomed two new members to the National Advisory General Medical Sciences Council. They are Dr. Paula E. Stephan, professor of economics and senior associate at the Georgia State University Andrew Young School of Policy Studies; and Dr. Edwin S. Flores, a managing partner at Chalker Flores, LLP, a law firm that focuses on intellectual property and patent prosecution in areas such as biotechnology, nanotechnology and pharmaceuticals.

### The Demise of Bldg. 36

*Bldg. 36 is being munched, crunched and disassembled in a demolition process that began in February and should wrap up by September. In the initial phase, the structure is being nibbled at, but “mass demolition” is expected by May, according to the Office of Research Facilities. The gradual dismemberment is intended to minimize dust, debris and other environmental impact. The project is part of phase II of the Porter Neuroscience Research Center, which is to comprise 600,000 gross square feet of space on the sites of former Bldgs. 35 and 36. The ORF web page says phase I is complete and occupied, representing 45 percent of the whole project. “Phase II will complete the project with the addition of approximately 315,000 gross square feet of laboratories, a rodent vivarium, meeting spaces and an atrium circulation space,” ORF noted. The phase I architect has withdrawn from the project and a replacement architect is being sought. The Porter Center houses scientists from NINDS.*

PHOTOS: BILL BRANSON

