

Still The Second Best Thing About Payday

Director's Pittman Lecture To Feature Lee Limbird

Dr. Lee E. Limbird, professor of pharmacology and chair of the department of pharmacology at Vanderbilt University, will present the NIH Director's Margaret Pittman Lecture, on Wednesday, Sept. 17 at 3 p.m. in Masur Auditorium, Bldg. 10.

The title of her lecture is "Alpha₂-Adrenergic Receptors Achieve Signaling Specificity via Coupling to Distinct Effectors and Targeting to Discrete Surface Domains."



Dr. Lee E. Limbird

Limbird's research evaluates the structure and function of alpha₂-adrenergic receptors and the mechanisms by which they influence multiple physiological functions. Alpha₂-adrenergic receptors are molecules on the cell surface that bind the hormones epinephrine or norepinephrine and evoke such physiological functions as the regulation of hormone and neurotransmitter release, platelet aggregation and secretion, vascular contractility, and smooth muscle tone.

Limbird and her colleagues are also examining the mechanisms by which alpha₂-adrenergic receptors achieve their delivery to specialized domains on the surface of target cells.

Limbird earned an undergraduate degree in chemistry from the College of Wooster in Wooster, Ohio, in 1970. She received a Ph.D. in biochemistry from the University of North Carolina, Chapel Hill, in 1973.

Before moving to Vanderbilt, Limbird was a member of the departments of medicine

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‘Hispanic Agenda’ Targets Latino Concerns at NIH

By José Alvarado

The Department of Health and Human Services has launched a major initiative to reach the burgeoning numbers of Hispanic/Latino people in the nation, who often suffer high rates of disease and health problems due to limited access to health care. A key goal is to raise the disproportionately low Hispanic representation in the workforce of agencies such as NIH. The “Hispanic Agenda for Action: Improving Services to Hispanic Americans” complements efforts already under way here to increase Hispanic employees.



NIH's initiatives help train young people like Dr. Gonzalo Graupera, a former participant in NINDS's summer program who is currently pursuing a specialty in internal medicine at Brigham and Women's Hospital in Boston.

Last September, Secretary Donna Shalala announced the “Hispanic Agenda for Action,” prepared by a departmental working group on Hispanic issues in response to her request for “practical recommendations about how we can better serve our Hispanic customers.” (The complete text of the agenda can be accessed on the Web: <http://www.os.dhhs.gov/about/heo/wghi.html>). The agenda involves recognizing the health problems of millions of Hispanics and widening the Hispanic workforce to meet those needs. It is expected that by the year 2009, the number of Hispanics will reach 40 million, surpassing all other minority groups in size, and that in 2030 Hispanics will be the largest minority group among the elderly.

The agenda also includes: providing more educational opportunities for Hispanic American youth, improving Hispanic data collection and analysis, increasing Hispanic participation in research, establishing procurement practices that allow Hispanic

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LETTERS TO THE EDITOR



Dear Editor,

I just read the letter to editor in response to your 'Bad Air Days' article (Aug. 12), which I did not read.

After working for NIH in Rockville on Parklawn Dr. for a number of years and participating in a car pool for the last 2.5 years of that time, my lab moved onto the main campus of NIH. This was great for my lab but bad for my commute. I had to quit my carpool and have been unable to find another one. Part of the problem, as I see it, is that parking is too easy on the main campus. This probably seems heretical to most but it is true. There are insufficient incentives to carpool. In Rockville I was able to get a list of those who worked in the Parklawn complex who also lived in my general vicinity. When I tried to get similar information here in Bethesda, the only available info was for people who voluntarily supplied it to a large metro area-wide database. How about making a list of people within geographical areas with their work phone numbers available to NIH'ers as well as a list of existing carpools available to persons wishing to take this extremely practical step to reduce commuting expenses (to society) whether they be in the form of pollution, dollars or stress?

Claims of privacy to withhold this info should not fly unless the persons decline the parking permit now furnished for free.

I am not suggesting that anyone be forced to participate in a carpool. I am suggesting that [people] should be willing to make themselves known to other NIH'ers with whom they share similar commutes. How people choose to deal with that information they can decide for themselves. I

found that I saved on the order of \$70/month in gas and tolls in a carpool with 5-6 other people. Hopefully that could be incentive enough.

Jim Nagle, NINDS

Dear Editor,

I agree with Dr. Shotland that NIH should replace highly polluting diesel shuttle buses with less polluting natural gas or electric buses. NIH should eliminate free parking and use the parking fees to pay for the new buses, and expand the Transshare program. Free parking amounts to a subsidy to polluting commuting. NIH is served by several bus lines, a Metro stop, and several dedicated satellite parking facilities and shuttles. All of these would enjoy more use if we were to end the free parking pollution subsidy.

Currently my commute costs 25 cents worth of gasoline round trip, or \$2.20 in bus fares. We have designed a bad system when the less polluting commute costs eight times more and takes longer. Exhorting people to change their behavior is far less effective than changing the relative price and convenience of the competing options. We at NIH have it in our power to change the equation and make the less polluting commute also the cheaper commute. We can provide a better atmosphere (literally) for the patients who come to NIH for treatment by replacing diesel buses and encouraging more transit use. Beyond cleaning up the air locally, we would reduce acid rain, greenhouse gas emissions and reduce dependence on imported oil.

Carl Henn, NIAID



NIAID director Dr. Anthony S. Fauci (l) was recently presented with an honorary doctorate at Northwestern University.

ORWH Seminar Series Concludes, Sept. 25

The ORWH Women's Health Seminar Series concludes the 1996-1997 season with a look at "Alzheimer's Disease" at 1 p.m. on Thursday, Sept. 25 in Lipsett Amphitheater, Bldg. 10.

An overview by Dr. Marilyn Albert of Massachusetts General Hospital and Harvard Medical School will cover the epidemiology, diagnosis and risk factors of Alzheimer's disease. Dr. Donald L. Price of Johns Hopkins University School of Medicine will discuss the genetics of the disease. Dr. Rick A. Martinez of NIMH will talk about organizing a system of care for community-dwelling dementia patients. The program will conclude with a presentation by Dr. Rachelle S. Doody of Baylor College of Medicine on the treatment of Alzheimer's disease. A question-and-answer session follows.

The Women's Health Seminar Series is sponsored by the women's health seminar committee of the Office of Research on Women's Health. The annual series includes current research findings by nationally recognized experts. Admission is free and open to the public. Registration is not necessary. For more information, call 402-1770. ■

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Gene for Familial Mediterranean Fever Found

An international consortium of researchers, led by investigators at NIAMS and including NHGRI scientists, has for the first time identified the gene for familial Mediterranean fever (FMF) and found three different gene mutations that cause this inherited rheumatic disease. The gene holds the code for making a protein the researchers call pyrin. They hypothesize that pyrin normally plays a role in keeping inflammation under control, and that mutations in the gene lead to a malfunctioning protein and uncontrolled inflammation.

Discovery of the gene mutations, published in the Aug. 22 issue of *Cell*, "will allow immediately a simple diagnostic blood test for FMF," says lead researcher Dr. Daniel L. Kastner, who heads a lab in NIAMS's Arthritis and Rheumatism Branch. "One reason that's important is that in the U.S. physicians are often unfamiliar with FMF. Now it will be possible to develop a simple diagnostic test for FMF that could be used in patients with unexplained, recurring fevers."

Researchers hope that studying how pyrin works will ultimately lead to new, improved treatments for FMF and perhaps for other diseases involving excess inflammation.

People with FMF suffer from recurring bouts of fever, most commonly with severe abdominal pain due to inflammation of the abdominal cavity (peritonitis). Attacks can also include arthritis (painful, swollen joints), chest pain from inflammation of the lung cavity (pleurisy), and skin rashes. Some patients develop amyloidosis, a potentially deadly buildup of protein in vital organs such as the kidneys. The only treatment for FMF is a drug called colchicine, which patients have to take every day for life and which causes side effects such as diarrhea and abdominal cramps.—Elia Ben-Ari ■

Sickle Cell Conference Marks NHLBI's 50th

To commemorate the 50th anniversary of the National Heart, Lung, and Blood Institute and the 25th anniversary of the National Sickle Cell Disease Program, a national conference, "Sickle Cell Disease in the 21st Century: Keeping the Promise of Treatment and Cure," will be held Sept. 18-20 at the Grand Hyatt in Washington, D.C.

The conference goals are to review and update scientific advances in basic and clinical research, enhance understanding of the pathophysiology, management, and treatment of sickle cell anemia, and improve ability to provide education, genetic counseling, and psychosocial support services to patients and their families.

Speakers include NHGRI director Dr. Francis S. Collins, Dr. Marilyn H. Gaston of the Bureau of Primary Care, NHLBI director Dr. Claude Lenfant, Dr. Ronald Nagel of Albert Einstein University, Dr. David Nathan of Dana Farber Cancer Center, Dr. Arthur Nienhuis of St. Jude's Hospital, CDC director Dr. David Satcher, Dr. George Stamapoyannopoulos of the University of Seattle and Dr. Louis Sullivan of Morehouse Medical College.

The National Sickle Cell Disease Association of America, Inc., also celebrating its 25th anniversary, is cosponsoring the meeting. For more information or for registration, call the NHLBI Sickle Cell Disease Program, 5-0055.

Researchers Discover First Animal Strain of Hepatitis E Virus

Scientists at the National Institute of Allergy and Infectious Diseases have identified a strain of hepatitis E virus in pigs that is very similar to the strain that causes disease in humans. However, there is no evidence that the pig virus causes disease in either humans or pigs. The finding, published in the Sept. 2 issue of the *Proceedings of the National Academy of Sciences*, should help advance studies of hepatitis E disease in humans and eventually could lead to the development of a vaccine.

"This is a very interesting finding that will open new avenues of research, and contribute to strategies to treat or prevent hepatitis E disease," said Dr. Robert H. Purcell, chief of the hepatitis viruses section in the Laboratory of Infectious Diseases and senior author of the study. "Unlike hepatitis A, B and C, hepatitis E disease almost never occurs in the United States. However, epidemics of the disease do occur periodically in developing nations in Africa and Asia."

Hepatitis E virus is most commonly transmitted to people through contaminated drinking water in areas with poor sanitation. The disease generally affects young adults and usually is not life-threatening, except in pregnant women infected with the virus where fatality rates of 15 to 20 percent have been reported.

According to the Centers for Disease Control and Prevention, virtually all cases of acute hepatitis E in the United States have occurred among travelers returning from areas where hepatitis E disease is endemic. Nevertheless, recent studies have shown that upwards of 20 percent of healthy people in this country—even those who have not traveled abroad—have antibodies to hepatitis E virus or related agents in their blood.—John Bowersox ■



Dr. David Schlessinger, chief of the National Institute on Aging's newly established Laboratory of Genetics, will present "X Chromosome Mapping and Developmental Genomics" at the 11th annual Florence Mahoney Lecture on Aging on Monday, Sept. 22 at 2 p.m. in Lipsett Amphitheater. Schlessinger, who compiled a high resolution map of the X chromosome, conducts analyses of both microbial and mammalian genomes, including the initiation of map-driven analyses of development throughout human life.



Michele T. Lagana has been named chief financial officer for the Clinical Center. A new position at the CC, the CFO will help develop a cost-accounting system, which will allow closer monitoring of the hospital's budget. Since 1988, Lagana had been assistant vice president and controller at Providence Hospital in Washington, D.C. Prior to that, she was with Medlantic Health Care Management Corp. as assistant director of financial analysis from 1976 to 1987 and assistant director for financial planning from 1984 to 1986. Lagana holds a B.A. in finance and economics from Towson State University and earned an M.B.A. from George Washington University.

Day Care Oversight Board Seeks Nominees

The NIH day care oversight board is seeking volunteers to serve as members for a 3-year term. Established by the NIH director in July 1992, the board works to ensure that day care programs and access to day care facilities are fairly administered and that applicable standards are met by existing programs, and new programs are developed as necessary to serve the special needs of NIH'ers; establishes policy for future day care centers; and serves as a focal point for NIH's day care concerns.

The board currently meets bimonthly for 2 hours. Attendance at these meetings is critical. Membership requires participation on either standing subcommittees or ad-hoc subcommittees formed to meet specific purposes. Subcommittee participation requires time commitments beyond bimonthly meetings.

Membership provides an opportunity to serve fellow employees and their families. Membership is an official duty and may be included as a noncritical element on an employee's performance plan. Members are selected to be representative of the diverse NIH population. Voting members may not have a financial interest in NIH-sponsored day care, except that they may have a dependent enrolled in NIH day care programs.

Needed are individuals with professional or academic expertise in early childhood education, human development, developmental psychology or neurology, expertise in the evaluation or auditing of programs, or a strong interest in the provision and quality of NIH day care. Also sought are experts in financial business management, fundraising and health and safety.

Individuals may self-nominate for membership by sending a letter to the Director, DSFM, EPS/Suite 200. Include name, NIH mailing address, ICD, branch, section, job title and a brief biographical sketch. Also, describe why you wish to serve on the board and specify any special concerns or interests related to day care and human development. Nominations should not exceed 2 pages. Because of the time commitment required, supervisory concurrence is recommended prior to submission of nominations. New member nominations will be made for January 1998. Nominations received later than Nov. 30 will be considered only if board openings remain.

For more information or to receive a copy of the board's charter, contact Chris Steyer, 6-6334.

NLM's Diversity Council recently sponsored a training program open to all staff. At the sessions, speaker Carole Y. Lyles (r) of the Diversity Training Group in Columbia, Md., explained the concept of diversity and its meaning to employees; drew distinctions between diversity, EEO and affirmative action; and described how diversity programs work within organizations. She also addressed the benefits of diversity to accomplishing NLM's goals. To illustrate how preconceived notions of groups can cloud one's view of a person, she showed a series of photographs of individuals, asking attendees for their initial impressions. She then repeated the photographs, but added an audio overlay that often had surprising descriptions of the person's background. NLM was the first of NIH's ICDs to establish its own Diversity Council, which plans to offer more training to staff and to survey which issues staff would like addressed. The council also developed a home page on NLM's intranet.



Winners of the NCI-FCRDC-Ft. Detrick spring research festival Young Investigator Awards recently received a \$100 check presented by Life Technologies Inc. (LTI). Shown with Dr. Robert Blakesley (l) of LTI are NCI recipients (from l) Dr. Gregor Weirich of the Laboratory of Immunobiology, Dr. Candy DeBerry of the Laboratory of Leukocyte Biology, Dr. Philip Jones of the Laboratory of Experimental and Computational Biology, Dr. Margaret Ashcroft of the Molecular Virology and Carcinogenesis Laboratory and Emily A. Clark (student award winner) of the Laboratory of Immunoregulation.

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and biochemistry at Duke University. From 1979 to 1985 she rose through the academic ranks at Vanderbilt, becoming professor of pharmacology in 1985 and chair of the department of pharmacology in 1991.

Limbird has published many original papers and reviews in scientific journals, and has received numerous awards and honors including an NIH Young Investigator Award in 1977, an NIH Research Career Development Award in 1979, and the John J. Abel Award in Pharmacology in 1987. From 1989 to 1991 she chaired the NIH pharmacology study section.

The lecture is part of the NIH Director's Wednesday Afternoon Lecture Series. All NIH employees are invited to attend. For more information, contact Hilda Madine, 4-5595. ■

STEP Committee Announces 1997-1998 Offerings

The Staff Training in Extramural Programs (STEP) committee recently announced its continuing education activities for 1997-1998.

STEP will offer three training modules during the coming year, each exploring a topic for a full day. The first module, "Bioinformatics: New Power Tool for Research," will be held Nov. 5. It will include demonstrations on the use of shared databases in a variety of scientific disciplines from genetics to anatomy and will address the opportunities and challenges in this growing field. The second module, "Advocacy Groups: Partners in Research," to be offered Feb. 24, will explore the role that advocacy groups play in influencing public health policy and in setting research priorities through their interactions with Congress, NIH and the public. The third module, "DRG: The Next Generation," scheduled for Mar. 24, will take a critical look at ongoing changes within the Division of Research Grants that are intended to ensure a highly responsive peer review system. The module will examine the potential impact of these changes on NIH and the scientific community, offering various perspectives on a range of issues through a series of presentations, panel discussions and case studies.

Advance registration is required for participation in all STEP modules. Register by submitting a training nomination using the NIH Integrated Training System. The nomination deadlines are: module 1, Oct. 3; module 2, Jan. 23; and module 3, Feb. 24.

In addition to the modules, STEP will offer the Forum series, which is designed to provide an opportunity for lively exchange of information on current issues of interest to the extramural community. The programs are generally 2-3 hours long, and don't require advance registration. Dates, times and locations will be announced well in advance of the presentations.

Four forums are planned. The first features Bruce Johnson, who returns with a new presentation titled, "Creating a Compelling Life." This will be followed by "Risky Business: Perils and Payoffs of Genetic Testing," which will review the utility of screening for genetic disease or disease susceptibility, what test results actually mean, and the consequences of genetic testing. The next forum, "Outbreak! The Real Story on Emerging Infectious Diseases," will examine a range of issues including the populations at risk, measures people can take to protect themselves, and public health efforts to combat these diseases. Finally, "Forever Young? Hormone Replacement Therapy," will address the reasons men and women undergo hormone replacement therapy as well as risks and benefits.

STEP will also continue the popular Science for All

Series. These programs provide extramural staff with an excellent opportunity to learn about recent scientific advances as they relate to contemporary health issues. Like the forums, these 2-3 hour presentations don't require advance registration. Dates, times and locations will be advertised at a later time.

Three presentations are planned for this year. The first in the series, "Can You Buy Health Over the Counter?" will examine the scientific risks and benefits of using vitamin, mineral and herbal supplements, and will also cover some of the current regulatory issues governing this growing industry.

The second presentation, "Diabetes: Are You at Risk?" will familiarize participants with factors that place one at risk for diabetes and will explain the different forms of diabetes with respect to their underlying causes, disease consequences and effectiveness of available treatments. The third in the series, "Organs 'R' Us: Tissue Engineering," will highlight new developments in tissue engineering and some of the clinical challenges and legal implications associated with this relatively new branch of medicine.

The STEP training activities are developed by a committee of 25-30 experienced NIH extramural staff. Mary Armstead, procurement analyst in the Office of Contracts Management, OD, has been named chair of the STEP committee. Dr. Philip Smith, director, Pituitary and Neuroendocrinology Research Program, NIDDK, is serving as vice chair. The Office of Extramural Programs sponsors the program. For a copy of the STEP catalog, contact your personnel office or the STEP office at 5-2769. ■



Mary Armstead

Normal Volunteers Sought

The Laboratory of Brain and Cognition is recruiting research volunteers for studies involving brain imaging using PET and MRI scans. Subjects should be in good health, right-handed, and ages 20-40. Most brain imaging studies require a 2-3 hour visit. Studies occur throughout the year. For more information, call Elizabeth or Jenny, 2-0416; Idette Elizondo, 5-4941; or Liz or Jill, 6-6831.

Manchester String Quartet Returns

The Manchester String Quartet Series returns on Sept. 22. The 1-hour lunchtime concerts begin at 12:30 p.m. in Masur Auditorium, Bldg. 10. All are welcome. The series is made possible by a grant from Merck Co. Foundation. The 1997-1998 schedule includes these dates: Sept. 22, Nov. 10, Dec. 22, Jan. 26, Feb. 9, Mar. 9, Apr. 6, May 11. For more information, call Sharon Greenwell, 6-4713.

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American-owned companies and individuals to compete for HHS contracts, and translating program materials for customers whose primary language is Spanish.

Shalala appointed a steering committee to follow up on the progress of Hispanic agenda recommendations at all HHS agencies. A Hispanic agenda task force has been set up at NIH, chaired by deputy director Dr. Ruth Kirschstein. Each component of NIH must craft its own action plan to implement agenda goals.

Gaps in Health Care

"Despite having the highest rate of labor force participation of all U.S. population groups, Hispanics/Latinos are the poorest minority group living in the United States today, and more than one-third of the population is uninsured," reads a 1993 Surgeon General's report. "Not only do they lack accessible, affordable, available, affable, and portable health care, but they also are severely underrepresented in ownership of health-related enterprises." Government statistics show that 32 percent of the nation's current population of 22 million Hispanics are uninsured, compared to 13 percent of Anglo-Americans and 20 percent of African Americans. Employed Hispanics and their families are less likely to be covered by employer insurance, with only 40 percent of Hispanics receiving insurance from their employer or a relative's employer, compared to 70 percent of Americans as a whole, according to 1990 data.

In addition, a 1995 report by the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) indicates that Hispanics

"I think the time is ripe for things to happen. We have the best chance that we have ever had at the NIH to actually make a difference and improve the number of Hispanics being employed."

—Dr. Ernest Marquez, NIH-HEO

are less likely to visit a doctor, and often prefer to approach family members, friends, neighbors or shopkeepers for their medical advice. The COSSMHO report says Latinos feel American health care institutions are too impersonal and cold.

According to surveys, many Hispanics have a great distrust of the health care system and believe it discriminates against them. COSSMHO cites studies documenting many examples of how lack of cultural sensitivity leads to misunderstanding between patient and health care provider and frequently to misdiagnosis of the patient's illness.

Beginning in childhood, lack of adequate primary care has led to a higher incidence of vaccine-preventable illness among Hispanic preschool children, who during the 1991 measles outbreak

were 5.8 times as likely as non-Hispanic white preschool children to contract the illness, according to COSSMHO. Among Hispanic adolescents, studies have shown they are least likely to use family planning services compared with their non-Hispanic Black and white peers. Mexican American and Puerto Rican adults have rates of diabetes approximately twice that of non-Hispanic whites, which is linked to poor diet and lack of exercise. High alcohol consumption among Hispanics has made liver disease the third leading cause of death for Hispanics ages 45 to 64, although it is the sixth leading cause of death for non-Hispanic whites. And Hispanics are three times as likely to live in polluted areas, as designated by the Environmental Protection Agency, says the COSSMHO report.

"Improved access to culturally sensitive care would go a long way toward addressing Hispanics' unusually high cause-specific mortality rates for conditions such as diabetes, liver disease, pneumonia/influenza, hypertension and certain cancers," writes Dr. Lauro F. Cavazos, a former secretary of education, in a newsletter for the Association of American Medical Colleges.

NIH Diagnosis

Since 1981, the Hispanic Employee Organization—an advocacy group not affiliated with the Office of Equal Opportunity—has pressed HHS and NIH administrations to hear out Hispanic concerns, and to implement policies such as the Hispanic agenda to address those problems. "I think the time is ripe for things to happen," said Dr. Ernest Marquez of NIGMS, who is president of NIH-HEO, founded in 1995. "We have the best chance that we have ever had at the NIH to actually make a difference and improve the number of Hispanics being employed, in spite of the fact that we are downsizing everywhere."

HEO officials say that years of studies and recommendations from government-appointed bodies to improve workplace conditions and consumer services for Latino citizens have been either ignored or halfheartedly implemented. This has resulted in a workforce that is a long way from reflecting even the present demographic realities of the Hispanic population of the country, let alone one prepared to handle its future expansion, claims HEO.

Officials from the Office of Equal Opportunity say Hispanic Americans, along with Native Americans, are "severely" underrepresented at NIH. While Hispanics currently represent 10 percent of the U.S. workforce and 5.7 percent of federal employees, the fiscal year 1996 workforce for HHS includes 1,451 Hispanics, or 2.7 percent, of its 53,579 career employees, according to Hispanic agenda data. In Senior Executive Service policymaking posts in the department, there were 536 slots for FY 1995, but only 2.61 percent were filled by Hispanics. Eight of these were career appointments; the remaining six

were political appointees.

Currently at NIH, out of a permanent workforce of 13,256 employees, 281, or 2.1 percent, are Latino, according to statistics from the Division of Human Resource Systems. This compares with 22.3 percent for African Americans, 5.8 percent for Asian/Pacific Islanders, and 0.5 percent for Native Americans. The



Dr. Carlos Caban

proportion of Hispanic employees at NIH has risen since 1992, however, when it was just 1.8 percent.

Dr. Carlos Caban of the Office of Extramural Research, who is president of the HHS-wide HEO, says NIH efforts to recruit more Latinos do not go far enough, and that new approaches are needed. "Actual hiring of Hispanics has not improved over time as it has for other minority groups."

In 1995, NIH started its own initiative through OEO to correct minority workforce underrepresentation. Dr. Harold Varmus, NIH director, mandated a new affirmative action planning process to address general frustration with lack of progress by traditional affirmative action programs. For the first time, goals were set to recruit minorities in occupations at each ICD that were most underrepresented, taking into consideration 1990 U.S. Census data that show percentages of minorities in each occupation. This information is used to compute an underrepresentation index, which indicates "severe underrepresentation" when it is below 50 percent. At the beginning of the program, Hispanics were below this range for all occupations at NIH, except for medical officers, general health scientists, nurses and management analysts.

In the short time since the program's implementation, OEO statistics show partial fulfillment of first-time AAPP goals for hiring Hispanics. OEO officials admit these numbers can improve, but consider it better than the absence of goals before.

Invisible Applicants and Opportunities

Hispanic NIH'ers point out several obstacles to achieving Latino equality in the workplace. They say the way ICDs recruit is not helping efforts to increase representation of Hispanics in the workforce. Vacancies are advertised every week in job series where consideration is limited to NIH employees or HHS employees, among which Hispanics are already underrepresented.

The 'status only' requirement, as it is called, excludes persons who are not career employees. Latino employees and HEO officials see a need to lift the 'status only' requirement where it is not essential and in jobs in which there is underrepresentation of Hispanics. They say the hiring process

has to be modified to attract a larger pool of minorities.

Kirschstein explained that the shrinking federal workforce makes it difficult to do away with 'status only.' She said the limits on how many employees NIH can have—its "ceiling"—rules out hiring from the outside because priority must be given to employees already inside NIH. "It's a very difficult problem, but one that we have to think about creatively in order to solve. We are not sure we have all the answers, but we are working on it."

Luis Arvelo, an NINDS personnel management specialist, tackles the hiring problem head on, making sure his office follows up on EEO efforts to hire minorities in his institute. He says the ICDs are not doing enough to support EEO programs that assist in hiring more Latinos. "There must be more leadership from the directors, who must be more proactive in seeking out Hispanics."

Arvelo says the problem is twofold: besides the lack of effort to recruit Latinos, there is often too little persistence on the part of Hispanic applicants, who are quickly discouraged from applying to NIH. He says it is extremely important for applicants to get help preparing a competitive resume for a world-class institution like NIH and persevere in a long, rigorous process. He says there are always openings for administrative and technical areas, and clerks at entry levels.

Nevertheless, Arvelo understands the frustration of many Latinos who apply to NIH and are never called back. "They perceive NIH as a place that is not giving them opportunities because after applying, they don't get interviewed. Then they figure it is a waste of effort, and word gets



Luis Arvelo

around and they say 'Why bother?' So we need to have better communications programs in place and continue visiting Hispanic institutions, and continue sending announcements. But it can't be one person doing it. It must be a concerted effort."

The key to addressing the problem of underrepresentation, according to John Medina, Diversity Program manager at NIH, is to get more Hispanics to compete for NIH weekly vacancy announcements. When he first arrived in 1994, the lack of coordination between personnel staff, EEO, and ICDs made hiring qualified Latinos extremely difficult. "Now, much more coordination is taking place," he said. "ICD, personnel and EEO officers are advising me of vacancy announcements targeted toward Hispanics. We get the word out nationally to qualified Hispanics. It is a slow, tedious process,

Socially Anxious People Sought

People currently experiencing significant social anxiety may be eligible for a collaborative NIMH/USUHS treatment outcome study that will evaluate nondrug treatments for anxiety and panic. For more information, call Audrey Kowmas, (301) 295-3651.

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but we are having some success in getting Hispanic candidates to compete on equal terms with others.”

A Youth Pipeline

Many at NIH say the best bet to get more Hispanic employees, especially as scientists, is to build a pipeline for the future. They are referring to the different minority youth initiatives and internship programs that expose high school and college students to NIH career and academic opportunities and encourage pursuit of careers in health and medicine. This summer, the National Hispanic Youth Initiative and the Native American Youth Initiative gave dozens of students from around the country a chance to explore the inner workings of different research and policymaking agencies and talk with leaders in medicine. Many Hispanic students from past initiatives are now working as interns.

Levon Parker, minority and special concerns program officer and director of the summer program at NINDS, says the Hispanic agenda should focus on increasing the participation of Hispanics in NIH's biomedical research program. The best opportunity for many Latinos, according to Parker, can be participating in programs such as the tenure track of the Intramural Research Program, and the Undergraduate Scholarship Program for individuals from disadvantaged



Levon Parker

backgrounds. He says the permanent jobs at NIH and in industry are going to those with a solid background in biomedicine.

“If the pool stays the same, you are never going to change the numbers,” says Parker. “So unless you build a pipeline to enlarge the pool so that new candidates can come out, you will never change the picture. Where do you begin to change the pool? With the youngsters. That’s going to become your feeder going into the next century. You have to let Latino and other minority students know about the opportunities. They have to know that they are welcome and that people are going to bend over backwards to work with them.”

Lynn Ramirez from California, a biology major at Harvard, is doing her fourth internship at NINDS laboratories. She says her participation in the 1993 National Hispanic Youth Initiative helped her get into college and decide on a career in medicine. Her high school science teacher gave her the application to NHYI, which rescued her from the indifference of other school officials. “My counselor didn’t do anything for me, he didn’t care. His attitude was like, ‘You are Hispanic and you are not going to get anywhere anyway.’”

Ramirez, who has worked on mad cow disease, believes NIH youth initiatives benefit minorities who would otherwise have research opportunities pass them by. She says it is crucial to have more Latinos represented in research. “Latinos doing research will have a better idea of what the needs of their communities are. Not that others won’t, but they will have a different, close-up perspective of our health problems.” ■

‘Reasonable Accommodations’ To Be Studied

The Equal Employment Opportunity Commission is conducting a study of reasonable accommodations for people with disabilities throughout federal government agencies. The Department of Health and Human Services has been selected as one of the agencies for review. EEOC staff conducting this study will be at HHS headquarters during the week of Sept. 8 and at NIH’s Bethesda campus during the week of Sept. 15. Employees with disabilities who wish to be interviewed concerning reasonable accommodation at either of these locations should contact Peggy Leister at EEOC as soon as possible at (202) 663-4582 (voice) or (202) 663-4593 (tty). If you have questions or need accommodation to participate in the review, call Leister.



This year marked NINDS’s 13th year of offering hands-on research experience to hundreds of students through its Summer Program in the Neurological Sciences. The class of 1997 conducted research projects such as elucidating the mechanisms of cortical plasticity, developing three-dimensional models of the skull and brain for presurgical planning, creating a retrovirally transformed neuronal cell line to study an apoptosis model of Parkinson’s disease, and studying how the brain controls movement by sending messages to the spinal cord. According to Jennifer Rodriguez, who gave student remarks on behalf of the 125-member class, she and her fellow student scientists have been exposed to all kinds of exciting research through the NINDS Summer Program. “What has impressed me the most is that instead of just meeting with the scientists at NIH, we are interacting with them on a daily basis,” said Rodriguez, a Yale University student who has spent 2 summers working in the NINDS Stroke Branch. “We work on projects that are not just academic exercises but actual research.” For more information on the NINDS Summer Program, visit its Web site at <http://www.ninds.nih.gov/leol/summer.htm>, or call Levon Parker, director of the NINDS Summer Program, 6-5332.

NHLBI Deputy Director Frommer Retires After 36-Year Federal Career

By Louise Williams

Dr. Peter L. Frommer, NHLBI deputy director, recently retired after a distinguished 36-year federal career. He served as NHLBI deputy director for nearly 20 years and was a Public Health Service assistant surgeon general, or rear admiral.

NHLBI director Dr. Claude Lenfant praised Frommer's leadership, saying it helped shape both the institute and the direction of heart research. "For as long as I have known Dr. Frommer," Lenfant said, "he has always kept the institute's and the Public Health Service's interests at the forefront in everything he has done. His selflessness and commitment will continue to serve as an example to us all."

Frommer's long association with one institute was not foretold by his peripatetic early life. Born in Budapest, he and his family left Hungary in 1939, moving first to Australia, then to Chicago, and finally to Cincinnati.

He continued to move about, earning a degree in electrical engineering at the University of Cincinnati College of Engineering in 1954 and, 4 years later, an M.D. from Harvard University Medical School.

In 1959, he joined NHLBI's intramural Laboratory of Technical Development and worked with Dr. Robert Bowman, then laboratory chief, on such topics as indicator dilution and cardiac catheterization techniques.

In 1961, he returned to the University of Cincinnati, this time for a residency in internal medicine at the university's medical center. But, a few years later, he rejoined NHLBI as a senior investigator and attending physician in the intramural Cardiology Branch. Biomedical engineering was a new field and just beginning to be used for research in cardiology. Frommer, Dr. Eugene Braunwald, then branch chief, and other branch scientists helped change that. For instance, they applied electrical pacing techniques to control heart rate and increase contraction.

In 1966, Frommer moved to the extramural side of the institute and in 1967 became chief of the Myocardial Infarction Branch. He helped to forge research programs on the prevention of sudden death and on other topics, but his main mission was to establish an extramural program on myocardial infarction. "It's hard to imagine now," he said, "but there was literally no research being done back then on myocardial infarction."

The program he helped establish, myocardial infarction research units, became the model for the institute's highly successful specialized centers of research. The centers support both basic and clinical research that focus on clinical problems. Specialized centers now exist for 14 areas of heart, blood vessel, lung, and blood research.

In 1973, the institute reorganized along divisional

lines and Frommer became associate director for cardiology in the new Division of Heart and Vascular Diseases (DHVD). At various times, he also served concurrently as acting chief of DHVD's Devices and Technology Branch and acting chief of its Cardiac Diseases Branch.

One of his major tasks during this time was laying the groundwork for the Coronary Artery Surgery Study (CASS), which compared the long-term results of coronary bypass surgery to those of just medical treatment. CASS became a template for detailed registry studies in whole populations from which randomized patients are drawn. The CASS randomized and registry studies complemented each other, and the combination has since been replicated to varying degrees elsewhere.

Frommer also helped to foster joint U.S./U.S.S.R. research activities. Additionally, in the biomedical engineering area, he reoriented the U.S. artificial heart program from radioisotope-powered cardiac replacement devices to a focus on electrically energized cardiac assist devices.

In 1978, he became NHLBI deputy director. His responsibilities ranged broadly and included advising researchers on various facets of clinical trials, forging collaborative research with private industry, helping to formulate professional treatment guidelines, and guaranteeing accuracy and quality in institute educational materials.

During the 1980's, as the health care system was undergoing great changes, Frommer also was involved in devising reimbursement guidelines for use by the Health Care Financing Administration. These included guidelines for pacemaker implantation and the criteria for heart transplant centers.

For several months before his retirement, Frommer also served as acting chief of staff for the Office of the Surgeon General.

Through the years, Frommer produced about 85 articles, abstracts, and other communications. He also has memberships in many professional organizations in the fields of medicine, biomedical engineering, and electrical engineering.

Retirement isn't returning him to the itinerant style of his early life. Instead, he's staying put, both professionally and privately. He expects to remain active at NHLBI, as deputy director emeritus, continuing some of his previous responsibilities, as well as in his professional affiliations. A fellow of the American College of Cardiology, he plans to increase his activities with the group, which 4 years ago gave him its Distinguished Service Award.

Frommer and his wife will stay in the Bethesda area, where most of their children and grandchildren live. He said retirement also offers some further attractions, such as being able to spend more time aboard his sailboat. ■



NHLBI deputy director Dr. Peter L. Frommer recently retired after a distinguished 36-year federal career.

Cytokines in the Brain

The NIH Cytokine Interest Group is jointly hosting a meeting with the Neuroendocrine Immune Interactions Interest Group entitled "Cytokines in the Brain." The meeting will be held Sept. 18 from 9:30 a.m. to 4:15 p.m. in the Natcher main auditorium. Speakers will cover such topics as: effects of peripheral cytokines on CNS gene expression; cytokine-neuropeptide/neurotransmitter interactions; relevance of cytokine-CNS interactions to human physiological and clinical situations. Refreshments and a light lunch will be provided. A full listing of speakers and topics can be found on the Cytokine Interest Group's home page at: <http://www.nih.gov:80/sigs/cytokine/>.

NIDDK's Hawker Bids Farewell After More Than 30 Years

By Jane DeMouy

Warm words flew thick and fast at a recent luncheon for Margaret Hawker, who retired from NIDDK Aug. 8. The event was crowded with present and former NIDDK intramural scientists and administrators from office directors to rank and file staff, all colleagues Hawker said she has "grown up with at NIH" during her 30-plus years with the intramural division.

She came to NIDDK in 1961 as a secretary and stenographer who was newly wed and reared two daughters while supporting the scientific efforts of many of NIDDK's leading lights. During her NIH tenure, she worked with scientist emeritus Robert Scow, Gerald Aurbach, Richard Podolsky, and Nobelist Martin Rodbell, as well as scientific directors Ed Rall, Jesse Roth, and Allen Spiegel. Spiegel notes that Hawker made important and tangible contributions to the scientific successes of the labs and the scientific excellence of the institute through her own "commitment to excellence and hard work."

NIDDK director Dr. Phillip Gorden agreed, telling Hawker, "You are one of the people who has made NIDDK special. What you have done makes us all what we are." Gorden, who was part of the intramural staff at the time, remembered with



Dr. Allen Spiegel

amusement that when Hawker was interviewed they wondered if she might be "too shy for the job," a comment that brought a round of laughs from the people who know her best. Hawker's well-wishers made it clear that she not only performed her intramural duties efficiently and well, but with strong-mindedness and great good humor. "When I first met her," said longtime friend Patsy Frye of NHGRI, "the friendship was so immediate. She's a lot of fun." Frye and Hawker lunched together every day for 27 years.

Ed Steers, who recently retired as deputy director of the intramural division, recalls the day Hawker called him away from his lab to meet with then scientific director Jesse Roth on very short notice. Steers, who barely knew Hawker, seated himself nervously in a visitor's chair beside Hawker's desk while he waited to be summoned into the boss's office. "You," Hawker told him, fixing him with a steady gaze and without cracking a smile, "are in a lot of trouble." Steers found out just how much when Roth told him he wanted Steers to become deputy director of the intramural program.

"Margaret looked out for me, and I certainly needed looking out for. She was my saving grace,"

Steers added. Like others, he credits her help in his own success. "She's a very witty person with a very sharp mind. I relied on her tremendously for her opinions, her sixth sense. She was one of the brightest people in the institute," said Steers. "In addition to her other skills," Spiegel joked, "Margaret is the only person who can read my handwriting!" Scow added simply, "Maggie kept us in pretty good tow."

Now her attention turns from NIDDK scientists to her flower garden and her grandsons.

"NIDDK has been a major part of my life for 36 years," Hawker told her assembled friends and family, "and I'm not going to say goodbye. I'll be back." The people she leaves behind fully expect to keep in touch: Hawker's retirement gift from her successor, Kay Place, was a pager. ■



New NIDDK retiree Margaret Hawker and her husband, Edgar, enjoy warm sentiments expressed by her coworkers.

NMR Center Celebrates 10th Anniversary

The In Vivo NMR Research Center will celebrate its 10th anniversary on Oct. 7, in conjunction with the NIH Research Festival. The program at the Lasker Center (the Cloister) will feature lectures on in vivo NMR spectroscopy and functional neuroimaging by Drs. Jeffrey R. Alger (UCLA), Chrit T.W. Moonen (University of Bordeaux) and Robert Turner (University of London), all of whom worked previously as investigators in the NMR Center.

Activities will begin at 12:30 p.m. with short talks commemorating the founding and development of the center, followed by the three lectures. A poster session (including refreshments) is scheduled from 3:30 to 5:30 p.m.

Since its inception in 1987 with financial support from all ICDs that have intramural programs, the center has provided state-of-the-art facilities for carrying out in vivo NMR research with both humans and animals. The center's building has been expanded to accommodate independent ICD NMR research programs, and significant further expansions are planned.

For more information on the celebration, contact Daryl J. DesPres, Bldg. 10, Rm. B1-D125 (email: despres@helix.nih.gov). ■

NCI's Mead Closes 40-Year Career

Dr. John Anthony Radford "Tony" Mead recently retired almost 40 years to the day after he first arrived at the Laboratory of Chemical Pharmacology in the former National Heart Institute.

Born in Bushey and reared in Derby, England, he received his B.Sc. in biochemistry with honors from Liverpool University and then headed for graduate school at St. Mary's Hospital Medical School, London University, where he received a Ph.D. in biochemistry in 1956. In the course of his thesis work he developed the first fluorescent enzyme assay and identified 7-hydroxycoumarin as the major metabolite of coumarin. He successfully used 7-hydroxycoumarin formation as a means of identifying a key p450 drug metabolizing enzyme.

His career interests in drug metabolism led him to NIH where he became a visiting scientist first in the National Heart Institute and later, in 1959, in the Laboratory of Chemical Pharmacology of the National Cancer Institute. At NCI he examined folate metabolism, work that led to a patent and Inventor's Award in 1980 for the discovery of 5-methyltetrahydrohomofolate, an agent later developed in clinical trials for the treatment of methotrexate-resistant leukemia.

Mead became deputy associate director for the Developmental Therapeutics Program in 1980 in the former Division of Cancer Treatment. He witnessed many changes in the drug development program, as animal tumor models were phased out as the primary screening systems, and panels of cultured human tumor lines were introduced followed by



Dr. John Mead

animal testing of selected agents. He had major responsibility for guiding the contract program and for adapting the master agreement mechanism for drug development activities. In 1984 he received the DHHS Special Achievement Award for his contributions to the Developmental Therapeutics Program. He also served as editor-in-chief of the former *Cancer Chemotherapy Reports* from 1972 to 1975 and the first editor in 1976 of the renamed version, *Cancer Treatment Reports*.

During his final years, he became the first chief of the newly created Grants and Contracts Operations Branch. In this capacity he monitored a large portfolio of grants in biochemistry and pharmacology, managed the National Cooperative Drug Discovery Group Program, and coordinated the staff technical merit reviews of all DTP contracts. In addition, he served as chief of program directors for the former Division of Cancer Treatment.

His fellow workers helped him celebrate his retirement with a party earlier this year. He was also feted at a surprise dinner party hosted by former colleagues during a recent meeting of the American Association for Cancer Research in San Diego.

Mead will be missed by many not only for the loss of "corporate memory" but also for his friendly, open and approachable management style. His humor and quick wit brought many a chuckle. An avid bird watcher and nature photographer, he will now have time for travel and many hobbies cultivated over the years.—Mary K. Wolpert and George S. Johnson ■

Mixed Media Art on Display

Sharon Loudon, professor of painting and drawing at New York University and daughter of NIH's Marian Loudon (OPM), will display a collection of her mixed media drawings at the Clinical Center gallery (outside Lipsett Amphitheater) now through October. The collection can be viewed daily from 7 a.m. to 9 p.m. Part of the proceeds benefit the CC's Patient Emergency Fund.

Reduced-Price Meal Program Sponsored by NIH Facilities

The NIH Preschool and the Executive Child Development Center announce sponsorship of the Child and Adult Care Food Program. The same meals will be available to all enrolled children at no separate charge, regardless of race, color, sex, age, disability or national origin, and there is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted to the Secretary of Agriculture, Washington, DC 20250. Meals will be provided at the facilities listed below: NIH Preschool, 9000 Rockville Pike, Bldg. 35, Rm. 1B-05, Bethesda, MD 20892, contact Mary Haas, 6-5144; and Executive Child Development Center, 6006 Executive Blvd., Rockville, MD 20852, contact Anne Schmitz, 6-9411. Eligibility for free or reduced-price meal reimbursement is based on the following annual income scales effective from July 1, 1997, to June 30, 1998.

Family Size	Eligibility Scale for Free Meals	Eligibility Scale for Reduced Price Meals
1	\$0-\$10,257	\$10,257.01-\$14,597
2	\$0-\$13,793	\$13,793.01-\$19,629
3	\$0-\$17,329	\$17,329.01-\$24,661
4	\$0-\$20,865	\$20,865.01-\$29,693
5	\$0-\$24,401	\$24,401.01-\$34,725
6	\$0-\$27,937	\$27,937.01-\$39,757
7	\$0-\$31,473	\$31,473.01-\$44,789
8	\$0-\$35,009	\$35,009.01-\$49,821
Each additional member add:	\$3,536	\$5,032

Health Plan Service Days

The following Federal Employees Health Benefits Program plans will be on the NIH campus during September to assist their enrollees who have claims or enrollment problems, or questions for the plan representative: **Blue Cross/Blue Shield, Wednesday, Sept. 10, 9 a.m. - 3 p.m., Bldg. 31, Conf. Rm. 9; M.D. IPA, Wednesday, Sept. 17, 9 a.m. - 1 p.m., Bldg. 31, Conf. Rm. 9; Kaiser Permanente, Tuesday, Sept. 23, 9 a.m. - noon, Bldg. 31, Conf. Rm. 7. You do not need to sign up for these service days. Assistance is available on a first-come, first-served basis.**

'Opening Doors'

NIH To Observe National Hispanic Heritage Month

The national observance of Hispanic Heritage Month is set annually from Sept. 15 through Oct. 15 to recognize the achievements of Hispanic Americans and their rich contributions to the heritage of the nation.

For 1997, the Hispanic heritage observance committee is planning a health symposium, health fair and culinary festival for Monday, Sept. 15, 8:30 a.m. to 5 p.m. in the Clinical Center. The theme is "Opening Doors to Foster Health in the Hispanic Community." Hispanic youth and Hispanic senior citizens as well as the NIH community are invited to attend. The lobby and the Visitor Information Center of Bldg. 10 have been reserved for ICD exhibits and for distribution of health information. Approximately 800 Hispanic participants are expected. In addition, keynote speaker Dr. Samuel Betances will discuss "Hispanic Health Issues in the United States" in Masur Auditorium. During the month, GSI cafeterias will be serving Heart Healthy Latino dishes from NHLBI's Stay Young at Heart program.

For the Sept. 15 kickoff in Bldg. 10's B1 cafeteria, GSI chefs will demonstrate preparation of the recipes and Lilo Gonzalez's band, "Los de la Mount Pleasant," will perform during the lunch period. That afternoon, Drs. Elmer Huerta and Hector Balcazar will make presentations on the Salud Para Su Corazon program, the NHLBI Latino Cardiovascular Disease Prevention and Outreach Initiative in Masur Auditorium. NICHD, NIDA, NIMH and NIAAA have been invited to present information on their initiatives and outreach efforts to the Hispanic community. All ICDs are invited to set up exhibits and disseminate information in the Clinical Center; to reserve exhibit space, call Jacqueline Alonzo, 6-1877.

Finally, the planning committee and the NIH Hispanic Employee Organization have teamed with the Calcium Interest Group to sponsor a lecture by Dr. L. Birnbaumer of UCLA on Tuesday, Sept. 23 from 10 to 11 a.m. They have also joined with the Drug Discovery Interest Group to sponsor a lecture by Dr. Antonio Fojo of NCI on Monday, Sept. 29 from 3 to 4 p.m. Both lectures will be held in Masur.

Sign language interpretation will be provided for all sessions. For reasonable accommodations, contact Carlton Coleman, 6-2906 or 2-8014 (tty). For more information on heritage observance activities, contact John Medina, 6-9281. ■



BIG Way to Beat the Heat: The NIH chapter of Blacks in Government recently sponsored BIG Ice Cream Day for employees at Bldgs. 10, 31, Rockledge and Executive Plaza. Above, employees enjoy cool treats supplied by Baskin Robbins. A raffle was held at each site as well. Shown below is the winner of the Bldg. 31 "Sundae in a Box," Sharon

Nieberding (c) of the Fogarty International Center, with Felicia Shingler, BIG president, and Earl Simmons, first vice president. Other winners included Sandra Butler of NCI at the Executive Plaza drawing, Dr. Leslie Serchuck of NCI at Bldg. 10 and Sherri Siegler at Rockledge.



Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—continues with the Margaret Pittman Lecture (see p. 1) on Sept. 17.

On Sept. 24, the Robert S. Gordon, Jr., Lecture in Epidemiology will feature Dr. Jean W. MacCluer, senior scientist, department of genetics, Southwest Foundation for Biomedical Research and professor, department of cellular and structural biology, University of Texas Health Science Center, San Antonio. Her topic will be "From Epidemiology to Gene Discovery: Finding Genes for Complex Diseases."

For more information or for reasonable accommodation, call Hilda Madine, 4-5595.