

Still The Second Best Thing About Payday

National Conference Explores The Placebo Effect

By Linda Engel and Joan Wilentz

The Jan. 9, 2000, cover story in the *New York Times Magazine* exclaimed, "Astonishing Medical Fact: Placebos Work! So Why Not Use Them as Medicine?" When prominent national newspapers and health consumers alike are asking doctors to add sugar pills to their treatments, something medically significant appears to be on the horizon.

To explore the basis for and potential applications of the placebo effect and determine future research opportunities, the National Center for Complementary and Alternative



NCCAM director Dr. Stephen Straus and NIDDK's Josephine Briggs, event coplaner

Medicine teamed with the National Institute of Diabetes and Digestive and Kidney Diseases to organize a trans-NIH/DHHS workshop, along with 17 other components of NIH and two DHHS groups. More than 500 researchers and research administrators attended the "Science of the Placebo: Toward an Interdisciplinary Research Agenda," held recently at NIH.

"There are numerous aspects to tackle as regards to the cultural, social and genetic factors associated with placebo effects, what induces them, how long they persist, what biological mechanisms might underlie

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Children's Mental Health Explored

Panel Offers Primer on Rearing Happy Kids

By Rich McManus

If you are a parent, you felt fortunate to hear the four experts on childhood and human development who spoke at Dec. 5's Science for All session "Just Growing Pains? The Mental Health of Our Children," sponsored by the staff training in extramural programs committee. Speaking before a primarily female Wilson Hall audience, the panelists offered reassuring evidence that emotional peaks and valleys are the norm in family life; no one has an easy time of it and there are a plethora of competing biological and cultural pressures governing the route to maturity. While the great majority of humans complete the rollercoaster ride intact, a few stumble; those too were accounted for in the sweeping talks.

The first speaker, Dr. Ronald Dahl, associate professor of psychiatry and pediatrics at the University of Pittsburgh, covered the early years of development—"the pathway to socially responsible adulthood"—from infancy to adolescence. These are years preoccupied with balancing what one knows and learns with what one feels, with the goal of behaving in a desirable way. Too much emotional heat, Dahl explained, can interfere with learning self-

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Can Research Help?

Symposium Explores Dying on One's Own Terms

By Linda Cook

A well-attended symposium, "The End of Our Lives: Guiding the Research Agenda," was held recently on the NIH campus. Sponsored by the newly formed NIH End-of-Life Research Interest Group, the symposium addressed many of the complex issues involved in this area. For example, there are those who argue for a "good death" versus those who believe in aggressive life-prolonging measures. And there are those who advocate euthanasia and assisted suicide, stimulating a national debate on these controversial ways to end one's existence. Addressing these and other quandaries, symposium participants identified areas of research to improve the way people die in the United States.

Clips of patients' and families' personal experiences of the end of life from the highly publicized PBS documentary *On Our Own Terms: Moyers on Dying* were used to illustrate points made by the speakers as they addressed the role of technology, the impact of palliative care, ethical issues, and ethnic and cultural considerations—areas ready for research.

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NIDCR Adopts New Ways to Study Minority Oral Health

Did you know that more African Americans and Mexican Americans suffer from periodontal disease than whites? Are you aware that facial injury and the surgery involving its repair are more likely to leave severe scarring in African Americans than whites?

Minority oral and craniofacial health is of particular concern to the National Institute of Dental and Craniofacial Research because the burden of dental, oral and craniofacial diseases tends to fall disproportionately on the racially, ethnically and culturally diverse populations of our nation. Institute scientists know, for example, that untreated dental caries is much higher among racial and ethnic minority groups, and that only a very small proportion of minority children have dental sealants, which protect against decay. Economic factors seem to compound the problem, since fewer individuals from racial and ethnic minority groups have any kind of dental insurance, compared to the national average. This lack of insurance may explain why members of these populations make fewer visits to the dentist's office. In fact, NIDCR-supported researchers have determined that only 22 percent of African Americans, for example, have even visited a dentist this past year—exactly one-half the average for the rest of the nation. And when it comes to serious diseases such as oral cancer, the statistics are particularly grim—African Americans have a significantly higher disease rate and a much poorer 5-year survival rate than white Americans.

Addressing these oral health disparities continues to be one of NIDCR's top priorities. Using innovative methods to reach minority populations, NIDCR is gathering information about their oral health, finding out why health disparities occur and providing a number of new treatments for dental, oral and craniofacial diseases and disorders. ■

Heart Disease Study Seeks African Americans

The Heart Disease Risk Factors in African Americans Study is investigating the relationship of obesity to heart disease risk factors in healthy, nondiabetic African American men and premenopausal women who are normal weight, overweight and obese between the ages of 18-50. Specifically, the study is looking at risk factors for triglyceride concentration and the triglyceride related risk factors of unhealthy cholesterol (low density lipoprotein), good cholesterol (high density lipoprotein) and body fat distribution. There will be a series of four outpatient visits to the Clinical Center in which participants will have body fat analyses, an electrocardiogram, blood tests including cholesterol profiles, an oral glucose tolerance test and an intravenous glucose tolerance test. The study is ongoing and searching for new participants. If interested, call 402-7119 for more information. All subjects will be compensated for their participation. ■



NINDS director Dr. Gerald Fischbach (l) and Dr. Kazuo Sasaki, director-general, Okazaki National Research Institutes, Japan, recently signed a memorandum of understanding for an exchange program in the neurosciences. The Brain Research Cooperative Program will facilitate collaborative neuroscience research and training between the United States and Japan.

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do Club is offering a beginner's class for adults and mature teens starting Monday, Feb. 26. The class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 7 p.m. on Mondays and Wednesdays, and will continue for 2 or 3 months until participants can be integrated into the regular club training. Dues \$40 (3 months), \$30 uniform. Interested persons are welcome to watch regular training sessions. For information call Andrew Schwartz, 402-5197 or visit the club web site at <http://www.recgov.org/r&w/nihtaekwondo.html>. ■

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Osteoarthritis a Complex Disease With New Solutions

A multidisciplinary group of scientists has declared that osteoarthritis (OA), the most common form of arthritis, is “surprisingly complex,” but has outlined a number of new approaches to its understanding, prevention and treatment. Their report, a review by 28 researchers at 17 academic and government institutions, cites over 250 published articles and is presented in two parts in the *Annals of Internal Medicine*. The effort was led by Dr. David T. Felson of Boston University and Reva C. Lawrence of NIAMS.

The disease, says the review, can result from an inherited predisposition to OA combined with a joint injury. Regular runners have almost no additional risk of OA, but football and soccer players and baseball pitchers are at increased risk. A healthy lifestyle helps—exercise can lessen disability if OA has developed. Strengthening the thigh muscles reduces risk of OA of the knee, as can losing weight. For people who have the disease, a combination of treatment approaches, including new medications and patient education, is effective.

The review points out that in the United States about 6 percent of adults over 30 have OA of the knee and about 3 percent have OA of the hip. The disease is responsible for more trouble walking and stair-climbing than any other disease, and it is the most common indication for total joint replacement of the hip and knee.

Development of the review was coordinated and funded by NIAMS and was based on a July 1999 conference at NIH cosponsored by the NIH Office of Disease Prevention, National Center for Complementary and Alternative Medicine, Office of Research on Women’s Health, Office of Behavioral and Social Sciences Research, National Center for Medical Rehabilitation Research, NICHD, CDC, the Arthritis Foundation and American Academy of Orthopaedic Surgeons.—Connie Raab ■

Postpartum Depression Study

The Behavioral Endocrinology Branch, NIMH, is seeking female volunteer mothers ages 18-40 who: have had one or more past episodes of postpartum depression following a full-term pregnancy, have no current symptoms of depression, must be 6 months post-delivery and not lactating, must be medically healthy and medication-free. Volunteers may be asked to participate in a 6-month protocol investigating the effects of ovarian and stress hormones on brain and behavior. Payment is provided for those who complete the study. For more information call Linda Simpson-St. Clair, 496-9576. ■

Molecular Mechanism Found for Impetigo

The bacterium *Staphylococcus aureus*, cause of the common skin infection bullous impetigo, produces a toxin that attacks a protein highly specific for cell-to-cell binding in the outermost layer of the skin, according to a new study funded by NIAMS and reported in the November 2000 issue of the journal *Nature Medicine*. Breakup of this protein, say the researchers, not only brings about the characteristic blistering of the infection, but also gives the bacterium “an exquisitely specific mechanism to circumvent the skin’s protective barrier and spread further.”

The University of Pennsylvania’s Dr. John Stanley and his colleagues there and at Japan’s Keio University found that the toxin, exfoliative toxin A, causes impetigo’s blisters when it breaks up the protein Desmoglein 1 (Dsg1), which is responsible for a specialized type of binding in epidermal skin cells. Only the Dsg1 protein is broken up, say the scientists, and not other closely related proteins. The consequent breakdown in skin cell adhesion gives *Staphylococcus* a way to proliferate and cause more damage.

The researchers suspected Dsg1 was the toxin’s target because it is also the target of autoantibody attacks in pemphigus foliaceus, a blistering skin disorder with similar cellular characteristics. The work was carried out in cell culture, mouse skin and with recombinant Dsg1, and the results emphasize the importance of the protein’s functioning to healthy, protective skin. The major therapy for the infection will continue to be antibiotics, say the researchers, even though agents that fight protein breakup might help prevent the spread of the bacterium.—Ray Fleming ■



A thin blanket of snow covers the Mark O. Hatfield Clinical Research Center worksite just before Christmas. Officials say the site will soon swarm with more than twice as many workers as have appeared so far.

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them, whether there are biomarkers to monitor their presence, ethical issues that affect studies of the placebo, optimal clinical study designs to account for their confounding effects," according to NCCAM director Dr. Stephen E. Straus. "Certainly, the placebo effect has major implications for the conduct of all clinical trials."

What Is the Placebo Effect?

The placebo effect may be defined as "desirable physiological or psychological effects attributable to the use of inert medications." Indeed, the potential use of placebos to benefit health and well-being and their continued use in clinical trials are stirring considerable interest and controversy. The placebo

effect in itself has become the focus of scientific interest: Can science explain why placebos often work?

Cochaired by Harry Guess, vice-president, epidemiology, Merck Research Laboratories and Dr. Arthur Kleinman, professor of social anthropology and

medical anthropology at Harvard, the workshop brought together a multidisciplinary group of experts whose strengths clearly complemented each other. As Guess noted, "the fact that clinical trialists on the one hand and social, behavioral, and biological researchers on the other enlarged each others' perspectives is a noteworthy accomplishment of the meeting and an important first step toward developing an interdisciplinary research agenda to move the field forward." The meeting also highlighted the evolving status of the placebo, from negative perceptions—a sham in clinical care and unwanted statistical noise in clinical trials—to a positive one that appreciates the potential for therapeutic value. "It's clear from the placebo effect that people have the resources inside to get better," offered Dr. Richard H. Gracely, chief of the clinical measurement and mechanisms unit with NIDCR's Pain and Neurosensory Mechanisms Branch.

History of the Field

In plenary sessions of the workshop, researchers summarized the history of the field and provided perspectives on the meaning and mechanisms of the placebo effect from varied points of view: social/cultural, behavioral, biological and ethical. Other speakers addressed the use of placebos in randomized clinical trials and what alternatives to placebos might be used. Videotapes of the plenary sessions may be viewed on the NIH Videocast site at <http://videocast.nih.gov/>.

Presenters reflected that prior to the 1950's,

clinicians had few effective treatments for disease. Medicine was an art that depended on provider-patient interactions, which often incorporated the use of drugs or other measures that today would be considered inert or even harmful. Nevertheless, patients frequently felt better and objectively may have shown improvements in health.

In that light, workshop participants considered whether the notion of placebos should encompass the process—what happens in the course of the patient-provider encounter—or whether placebos should be defined in terms of their effects, as seen in the eyes of the responder as well as in measures of brain and body changes.

Lingering Ethical Questions

Discussions of the ethical use of placebos, both in the clinical setting and in clinical trials, threaded throughout the conference. Recent revisions to the Declaration of Helsinki, a statement developed by the World Medical Association to guide researchers in studies that involve humans, led to profound ethical debates among participants. According to the revision, researchers have a moral responsibility to use the "best current" drugs in trials, and placebos should be used only when no proven treatment exists. While no one disagrees that all patients should receive treatment in cases in which the absence of treatment could cause them harm—for example, in testing new chemotherapeutic agents for cancer—there was disagreement among participants regarding the necessity to provide patients with the "best current" treatment for milder conditions such as allergic rhinitis. In such cases, patients may only experience some discomfort and some argue that their willingness to participate as volunteers with full informed consent should be honored. How individuals resolve the conflict between the worthy principles of guarding the rights of the individual on the one hand, and benefiting society on the other depends on their philosophical leanings.

Summing up the conference, Kleinman said, "Throughout all of this, it is important to consider the findings and what they tell us about a phenomenon that goes to the very heart of what medicine is about. The data are extraordinarily interesting, somewhat controversial, and sometimes not entirely clear. The real issue is to build a future research agenda that is prioritized to those things we can learn the most about and carry it across to research, education and practice." The work now falls to NIH and agencies within DHHS to address the research opportunities identified at the meeting.

A summary of conference proceedings will be submitted to a journal that has agreed to submit it for peer review. Background papers and recommendations will be published in a book by the British Medical Association in early 2002. ■



Panelists Anne Harrington and Ted Kaptchuk attend to the proceedings.

Award-Winning 'Superwoman' Works at NIAMS

By Janet Howard

Mother to five boys ages 4-12. Real estate agent. Office manager. On-the-job mentor. Wife. Employment counselor for female ex-offenders. College student. Foster parent. Conference coordinator. Mediator. Assistant to the NIAMS



NIAMS's Felecia Taylor

extramural program director. Certified CPR instructor. No, this is not a list of the people in your investment club. It is actually one woman, NIAMS's Felecia Taylor. She and nine others (selected from more than 5,000 nominees) were honored recently at the 6th annual Tribute to Working Women Awards, hosted by Channel 7

(WJLA) news anchor Kathleen Matthews at the Westin Fairfax Hotel in Washington, D.C. The awards were given to recognize the many ways women influence the lives of others and make a difference at home, at work and in their communities.

All honorees received a trophy and a \$1,000 cash award. Taylor was secretly nominated by her good friend, NIAMS Administrative Officer Karen Butler. "I was shocked and speechless," said Taylor. "I am so appreciative of Karen thinking enough of me to nominate me for this award. It's overwhelming!" she said with a smile. "When I heard about the award, I thanked God right then for giving me my skills and a compassionate heart to heal the wounded."

Butler remarked, "When I heard about the award, I knew Felecia was a perfect match. She deserves this award. She is amazing. I don't know how she does it all and remains one of the happiest people I know."

Recently, Taylor was the focus of a full-page article in the *Washington Times*, "Women With Powerful Influence," that was generated as a result of the awards. And in a *Times* article earlier this year about a mother-and-son prom, Taylor and one of her children were featured in one of the anecdotes. She was mentioned in the *Gazette* newspaper recently for her community volunteer work. She has also won numerous awards associated with her NIH position.

One of Taylor's 11 sisters (she has no brothers), Chantay Mahogany, founded Storytime Network, Inc., an organization to help train and educate women who have been incarcerated. As a volunteer, Taylor teaches recently released women how to read

job announcements, fill out federal job application forms and find other ways of seeking employment. She counsels them to help ease the transition back into the work force. "Many of the women once worked in the government. I am able to tell them about policies and procedures that may help get them reinstated. Becoming employed after release is a tremendous boost to their self-confidence," Taylor remarked.

Trained to be a certified Department of Justice mediator with NIH, she also has a real estate license and lists and sells homes in the Prince George's County area. In the extramural program office headed by Dr. Steven Hausman, where Taylor works, she has been asked for and visited by so many for her mentoring skills that she now has to have them schedule appointments with her.

Taylor also can be found at Montgomery College taking classes toward a business degree. It is not unusual to see her doing homework at lunchtime. "Dr. Hausman has been very supportive of me continuing my education. I am grateful to him for the opportunity to do this," she said.

"Felecia is indispensable in running the extramural program," said Hausman. "She is self-directed, and works beautifully as a liaison between institute staff and outside communities." Taylor also serves on committees at work and in the public that are too numerous to mention.

Charlie Hart, Taylor's uncle, was her role model. "He taught me to believe in myself and that I could make a difference. He said to walk with my head held high and told me that God is always with me so I'll never be alone," she said.

Taylor and her husband are adopting two of the boys that they foster, are fostering another, and are raising a nephew in addition to their son. "I felt I could make a difference in their lives," she says. "I love to get up in the morning at 4:30 and fix my family a nice, big hot breakfast before they go out to face the day. It makes me feel good knowing that they can start out each morning well-fed."

Other practices in the Taylor household include no television during the week, a strict 8:30 p.m. curfew and nightly prayers and devotionals. "The boys all have to read a book during the week and write me a book report on it. Then, on the weekends, they can watch TV and stay up later. And we go to church on Sundays," she said. All the boys have household duties to perform as well. "I see the potential in all of them. I love them all so much, and they have a genuine love for me," she says.

Her oldest son is responsible for tucking the other boys in at bedtime. "My 11-year-old brings me a cup of warm milk every night to help me sleep," Taylor said. Then he kisses her goodnight. ■



Dr. Ann Hagan was recently appointed deputy associate director for extramural activities at the National Institute of General Medical Sciences. She will assist in setting grant funding policies and procedures and will serve as the institute's liaison to the Center for Scientific Review. Hagan, who has worked at NIH for the last 13 years, has served as chief of NIDDK's Review Branch since 1996 and as chief of the branch's chartered committees section since 1992. She first came to NIH in 1979 as a staff fellow at the National Institute of Mental Health. In 1981, she returned to the academic community and later was an NIH guest researcher in neuro-immunology before joining the National Cancer Institute in 1987 as an executive secretary in the Division of Extramural Activities.



Dr. Willy Burgdorfer of NIAID's Rocky Mountain Laboratories (RML) was recently elected to the Swiss Academy of Medical Sciences. He is an internationally acclaimed zoologist and a microbiologist who has long been acknowledged as a leading global expert in the relationship between animal and human disease agents and their transmission by blood-feeding arthropods, especially ticks. He is perhaps best known for his discovery that Lyme disease was actually a bacterial infection caused by Borrelia burgdorferi, a newly recognized bacterium which was named in honor of his work. Born in Basel, Switzerland, Burgdorfer retired in 1986 after heading rickettsial diseases research at RML and has remained active as scientist emeritus. He also recently received the Lifetime Achievement Award at the annual meeting of the Society for Vector Ecology.

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control in a sensitive child, while a child with a bold personality may require stronger emotional messages from parents in order to learn self-control effectively. "Learning to control behavior reliably is a hard thing to do...The use of thoughts to control behavior is a difficult task, especially when this requires the consideration of possible future consequences."

In the tenuous dance he termed "emotional regulation," a person balances both feelings and an internal assessment about what to do with them, given certain goals. So called "hot" cognition occurs in situations of high arousal, and "cold" cognition accompanies milder emotions; the latter tends to fail spectacularly when feelings run high.

All of this balancing goes on in service of acquiring social competence. Dahl pointed out that one of the last areas of the brain to complete functional development is the prefrontal cortex, which is intricately involved in the self-control characteristics of fluency in cognition and emotion. Two recent trends—one biological, the other cultural—are colliding, perhaps for the first time in human history, he said, with this late-won maturity. The first is that people are reaching puberty at a much earlier age than ever before, and getting physically larger, and the second is that personal freedom is more extensive than ever before. Toss in the predilection for teens to stay up late and awaken very early to meet the schoolbell, combined with the negative effects of sleep deprivation on self-control of emotions and behavior, and suddenly the fact that mortality rates increase 300 percent between middle childhood and adolescence doesn't seem as surprising. Dahl noted that the major causes of mortality in adolescents—suicide, alcohol abuse, accidents, eating disorders, etc.—are "issues related to control of behavior and emotion...There's a reason car rental companies don't rent to people under age 25."

Assessing the teen years was Dr. Jeanne Brooks-Gunn, director of the Center for Children and Families at Teachers College, Columbia University. First she gave the recipe for successful adolescent development—the ideal would be a safe environment with caring adults (not just parents), sustained relationships and consistency in environment. Then she dashed that formula with a series of grim observations: "We have done a terrible job in the provision of safety in this country. About 15 percent of all children in the U.S. experience severe violence in the home. One-third of all kids, by the end of the teen years, will have been injured in an assault; one in 8 of these will require medical attention. This is a staggering number of kids, and it cuts across considerations of rural or city, wealth or poverty. Forty to 45 percent of kids have personally witnessed violent acts. The number of youth experiencing violence is almost inconceivable to me. If we say we want to provide a safe or caring environment for

our kids, we're not doing it for about one-third of them. It's a public health epidemic."

Reporting on results of the Chicago Project, an NIMH-funded study of 6,000 kids from 80 neighborhoods over 8 years, Brooks-Gunn noted that the best deterrents to violence and delinquency were adult expectations of kids' behavior, and whether

"We have done a terrible job in the provision of safety in this country...The number of youth experiencing violence is almost inconceivable to me...It's a public health epidemic."—Dr. Jeanne Brooks-Gunn

adults feel free to intervene if children misbehave. This so-called "collective efficacy" was a more important factor influencing the likelihood of violence or ill behavior than income or ethnicity, she said. "How do we boost collective efficacy in communities, now that its potency is recognized?" she wondered.

She reserved special criticism for middle school, calling it "the biggest educational mistake ever in American education. It's the worst possible setting for kids of that age (grades 5-8). The old K-8 system was much better." Middle school, she charged, "is essentially a disaster. It puts kids in their transition years in with older peers, and they're susceptible to peer influence." Overlarge classes (with not enough connection between youngsters and teachers), an "insane" schedule of class and room changes that leave kids never in the same subject at the same time each day, and other factors—including teachers' tolerance of bullying—conspire to make middle school "the most difficult school transition kids face—it's associated with huge declines in self-esteem and huge increases in depression."

The transition is especially harsh on early-maturing girls, she said. "They have the biggest problems with older boys, who push for 'older' behavior than these girls are ready for emotionally or socially. These girls pay a great price."

Brooks-Gunn admitted to a penchant for memorable formulations: there were TLC's of family development (time, limit-setting, connectedness/caring), the ABC's of good schools (appropriate environment, behavior, connection), and a rhyme for community assets (face, place and space); she invited the audience to contribute more. But throughout, she emphasized the theme that American youth need more adult supervision and interaction, "even if it just means hanging out."

The most somber notes of the afternoon were sounded by Dr. Madelyn Gould, an epidemiologist and professor in the departments of psychiatry and public health at Columbia University College of

Physicians and Surgeons. Suicide, she reported, is the third leading cause of death in adolescence (behind accidents and homicide), and causes more death in youth than cancer, leukemia and all other natural causes combined in the U.S. And, since the 1960's, it has increased dramatically.

"Over the last three decades, suicide has become less common in middle age and among the elderly, but more common in the young," she said.

The most vulnerable age range is 15 to 24. Before age 14, the ratio of boys to girls who commit suicide is about equal; later on, 4 or 5 boys complete the act for every one girl, though more girls make the attempt.

Gould said suicidal thoughts and attempts "have reached an epidemic level. About 20 percent of all kids have seriously thought of suicide." She said around 8 percent of U.S. high schoolers will have harmed themselves with intent to kill this year; 3 percent of those will reach an emergency room.

"The majority of parents don't know about suicide attempts," Gould said. "Another friend is the most likely to know." She urged youngsters who know of such leanings in their peers to report it to a responsible adult. "It's not a secret to be kept."

Ninety percent of adolescent suicides suffered from a psychiatric disorder before their deaths, Gould said. "The major risk factor is an untreated psychiatric disorder," the most common of which are mood disorder, alcohol or drug abuse (in boys especially) and conduct disorder.

"Most suicide in male teens is precipitated by being in trouble or by the breakup of a romantic relationship," said Gould, adding that most suicide victims had symptoms for months or years before their deaths.

There are such things as "suicide clusters" or "suicide contagion," she noted; some 40 studies show it, either as a result of media coverage or fictional dramatization. "Suicide contagion is not a myth."

The world of myth, however, was the topic of the day's final speaker, Dr. John Borkowski, chair of the psychology department at the University of Notre Dame. He exploded a slew of them: sure, parenting is hard in an era of earlier puberty, greater liberty, and a demonstrably unsafe environment, but were things any easier for parents who weren't landowners prior to the Civil War, or who suffered slavery, or who struggled through the Great Depression? "Throughout U.S. history, parenting has always been a formidable challenge."

He claimed at the outset to have come of age in mythical times—the "Ozzie and Harriet" era of the late 1940's and early 1950's, when, on the surface, domestic life appeared comparatively tranquil. "But we also had rampant racism, a 25 percent poverty rate and a great deal of hidden spouse abuse and

child abuse," he said. "In even the best of times, there were major problems. But we're all here to prove that parents do matter."

The father of seven children, he noted that "very few [parents] consciously develop mental models of parenting." He reviewed a number of "golden rules" of child-rearing and lauded an NICHD draft document on successful parenting, emphasizing the importance of "emotional coaching" versus being emotionally dismissive. "We're doing a much better job with intellectual and cognitive development than we are in emotional development," he said.

A brief question-and-answer period offered a possible reason for the early onset of sexual maturity; Dahl theorized that an "energy imbalance due to an incredible volume of nutritious food coupled with little physical activity" could explain the phenomenon, but warned, "What triggers the cascade is not known at the mechanistic level." And Gould assured a questioner that it is okay to ask point-blank if a teen is considering suicide: "It's okay and effective if you have even an inkling of trouble," she said. ■



Secretary of the Navy Richard Danzig (r) recently presented the Legion of Merit to Dr. David Harlan, now head of the NIDDK/Navy Transplantation and Autoimmunity Branch, for exceptional professional achievement as a research scientist, clinician, director of the Immune Cell Biology Program, and head of combat casualty care department at the Naval Medical Research Center. Capt. Harlan, who recently joined NIDDK, was cited for "his vision, leadership, and inspired research to develop novel immunoregulatory therapies," a research area he continues to pursue in his current position. The Legion of Merit is awarded to members of the armed forces for exceptionally meritorious service and achievement.

R&W Has Ski Lift Tickets

R&W will be offering discounted lift tickets for the 2000-2001 season at Ski Roundtop, Liberty Mountain and Whitetail Ski Resorts. Discounts range from \$2 to \$10, depending on the time of week, and whether equipment rental is involved. R&W also will be selling a beginners' package for \$50 that includes an all-day lift ticket, complete ski or snowboard equipment rental and a class lesson. This package is for those 8 and older. Tickets are on sale through Mar. 15 only and are nonrefundable. Call 496-4600 or visit the activity desk in Bldg. 31 for tickets. ■

Time To Renew Your R&W Membership

Unless you have already signed up for 2001, your 2000 R&W membership expired as of Dec. 31. Take advantage of a full year of benefits by joining early in 2001. R&W offers discounts, fitness, gift shops, services, travel opportunities, discounted tickets, special events, fundraising for the NIH charities and much more. Visit any gift shop or www.recgov.org (click on NIH and then click on membership). There is also a mail-in coupon on the cover of the January issue of the R&W newsletter.



Sally Lee was recently appointed deputy executive officer of the National Institute of General Medical Sciences. In this position, she will work with the associate director for administration and operations to manage all aspects of the institute's administrative operations, including financial, personnel, information technology, committee management and management analysis. Lee joined NIGMS as an administrative technician in 1988 and became a management analyst in 1991. She participated in the Women's Executive Leadership Program in 1997 and 1998, with assignments in the NIH Office of Administrative Services and Resources and at the National Partnership for Reinventing Government, where she coordinated the Federal Communicators Network.

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In introducing the program, Dr. Patricia Grady, director of the National Institute of Nursing Research, which coordinates NIH's end of life research efforts, said that "although this is a relatively new area of inquiry, the number of institutes and centers already involved in end of life and palliative care research is evidence of the wide swath this research cuts in the biomedical and behavioral fields." She also commended the newly formed interest group, whose members include NINR, the National Institute on Aging, the National Center for Complementary and Alternative Medicine and the National Cancer Institute.

Dr. Thomas Smith, professor and chair of the division of hematology and oncology at the Medical College of Virginia campus of Virginia Commonwealth University, discussed the value and costs of technological interventions. He said that patients are more demanding and want every possible avenue to be taken. New technologies to extend life, however, have been estimated to increase costs by 27 percent. "But if care at the end of life is standardized in an institution, costs can be reduced by about 10-15 percent without sacrificing quality," he said. Smith predicted that cost pressures will get worse because of increased drug prices, while quality will continue to take a back seat unless action is taken. "Lots of research is needed, and fortunately, it's doable," he emphasized. "Our own research has shown that end of life care costs can be significantly reduced by coordination, standardization and use of expert caregivers."

Offering a definition of palliative care, Dr. Ann Berger, chief of the new pain and palliative care service at the Clinical Center, explained that "this type of care emphasizes active and compassionate therapies focused on physical, psychological, social and spiritual needs of the patient, family and caregiver." To be effective, a collaborative and interdisciplinary approach is essential. She quoted Dr. Joanne Lynn of Americans for Better Care of the Dying, saying, "It is really about living with a disease that is going to kill you—about good living on the way to death." In other words, palliative care should begin at the time of diagnosis and be used throughout the disease trajectory—not just at the end of life.

As a nurse, physician and breast cancer survivor, Berger has had considerable experience with advance directives, where patients indicate to relatives, caregivers and healthcare professionals how they wish to be treated during the final phase of life. She herself would not be without one. But she said things are different when one is truly dying than when one is well—when advance directives are

typically written. Research is needed to help people make decisions in advance that will guide their care, yet be flexible enough to adjust to changing preferences.

Dr. Christine Grady, of the department of clinical bioethics at the Clinical Center, referred to an Institute of Medicine definition of a "good death" as one that is free from avoidable distress and suffering for patients, families and caregivers. A good death is also in general accord with their wishes and reasonably consistent with clinical, cultural and ethical standards. "We must find answers about how well we understand, predict and reduce suffering and prepare people for the end of their lives and for death," she said. "And we must know how well

"No one wants to die alone. They want to be free of physical symptoms to the extent possible. And they don't want to burden their family."

we follow patients' and families' wishes." Mentioning data from the Netherlands, Grady said that even though euthanasia and assisted suicide are accepted, only about 3 or 4 percent of people who die choose these methods. She also discussed findings from a study by the Clinical Center's Dr. Ezekiel Emanuel, chief of bioethics, which indicates that contrary to popular belief, pain is not the major motivating factor for assisted death. Rather, it is depression and worry about being a burden. "We need to know which people are at risk for such psychological distress and suffering," Grady said.

Regarding advance directives, Grady indicated that although four-fifths of Americans think they are a good idea, only one-fifth actually have them—and only half of those discuss the contents with their physicians. In addition, physicians do not always follow directives. Research on ways to improve the communication and decision-making process is clearly important.

Although ethnic and cultural differences exist at the end of life, according to Dr. Richard Payne, chief of the pain and palliative care service at Memorial Sloan Kettering Cancer Center, there are also similarities across populations. "Everybody wants the same thing when it comes to end-of-life care," he explained. "No one wants to die alone. They want to be free of physical symptoms to the extent possible. And they don't want to burden their family."

Payne described barriers to end-of-life care faced by African Americans. One barrier is suspicion, illustrated by an African-American pastor who said, "A generation ago my father could not set foot in this hospital. How am I to really believe this hospital has my best interests in mind now?" When the pastor asked how many other African-American

physicians were at the hospital, Payne had to respond, "Very few."

In 1999, less than 10 percent of the 700,000 patients receiving hospice care in the U.S. were African American—this despite their higher death rates from cancer and AIDS, and their entering the healthcare system at a later stage of the disease. Medicare costs are higher than for whites—\$32,000 per African-American patient compared with \$25,000 per white patient. Perhaps this is because more African Americans die in the hospital. "If anything, African Americans should be over-represented in palliative care and end-of-life programs," Payne said.

He highlighted the need for research on basic epidemiological issues such as defining regional and national use of hospice and palliative care services in different minority groups, and in socioeconomic classes within these groups. More must be known about minority patients and health care providers' preferences at the end of life. Demonstration projects are needed on effective models of care. And understanding why African Americans' costs to the healthcare system are greater is another critical area of inquiry.

During the question and answer session, Payne raised the issue of natural death versus resuscitation. He pointed out, for example, that people need to better understand the positive and negative effects of feeding tubes and respirators. Berger stressed education and symptom management early on in an illness.

The audience and panel discussions ranged from respect for the dignity of patients; under-treatment of pain; problems with advance directives; the conduct and possible intrusion of research in end of life settings; and lack of knowledge about treatment of fatigue—to enrolling patients in hospice care, particularly those with heart failure; the difficulty of predicting the end of life; assisted suicide; alternative therapies, education of pastors and patient denial of the approach of the end of life. At the event's conclusion, it was obvious that end-of-life issues are numerous and complex. Research on many fronts, directed at people of all ages and ethnicities, is needed to improve the quality of life at life's end. ■

Chamber Music Concert Set, Jan. 28

The Rock Creek Chamber Players will perform their first concert of the new millennium on Sunday, Jan. 28 at 3 p.m. in the 14th floor assembly hall, Bldg. 10. This free public program will include J.S. Bach's *Italian Concerto* for solo keyboard, Henry Cowell's *Seven Paragraphs* for string trio, Saint-Saëns's "The Elephant" from *Carnival of the Animals*, a trio for piano and strings by the contemporary composer Ivana Loudová, and Spohr's nonet for winds and strings. For information, call (202) 337-8710. ■

Management Intern Program Recruits Leaders

The NIH Management Intern Program is celebrating its 43rd anniversary. So if you're looking to change careers, this is a program with a proven track record. Many of the interns have gone on to obtain successful, high level, managerial positions with NIH and other federal agencies.

The program uses entry-level career development training designed for outstanding men and women who have a clear interest in and commitment to a career in public service. Via rotational assignments, interns are introduced to potential administrative career tracks, i.e., grants and contracts management, general administration, human resources management, budget, legislation, information technology, human resource management, public affairs, legislative analysis and program/management analysis.

The program recently experienced a major change—it is now a 2-year program. The class of 2000 will be the first to enjoy the benefits of the longer program, in which newly appointed interns will be required to complete core requirements. Interns selected for the class of 2001 will be required to complete two

3-month assignments in the following administrative areas: grants or contracts; human resource management; information technology management; budget; administrative management.

This year's program will open on Feb. 12 and close on Mar. 12. The application process will be online at <http://internships.info.nih.gov>, but no applications are accepted until Feb. 12.

Applicants must be currently employed by the Department of Health and Human Services at the GS-5 level or above or wage-grade equivalent, and have either a career or career-conditional appointment or currently be on any other type of appointment that offers noncompetitive conversion during the application period. Applications will also be accepted from Outstanding Scholars, criteria for which is provided at <http://www.usajobs.opm.gov/b11.htm>.

Detailed program information will be provided at the information sessions at locations listed below. Applicants are encouraged to attend one of the sessions before completing their application.



NIH recently welcomed new management interns. They are (from l) Tracy Thompson, Elizabeth Elliott, Sabrina Ferguson and Stewart Hill. Katina Jocktane is not pictured.

Management Intern Information Session Schedule

Date	Location	Time
Feb. 6	Bldg. 1, Conf. Rm. 151	11:30 a.m.-1:30 p.m.
Feb. 7	RKL II, Rm. 9104/9100 (6701 Rockledge Drive)	11:30 a.m.-1:30 p.m.
Feb. 8	NSC, Conf. Rm. D (6001 Executive Blvd.)	11:30 a.m.-1:30 p.m.
Feb. 13	EPN, Conf. Rm. C (6130 Executive Blvd.)	11:30 a.m.-1:30 p.m.
Feb. 14	Natcher, Rm. F1/F2	11:30 a.m.-1:30 p.m.
Feb. 15	Medical Board Rm. (Bldg. 10, Rm. 2C116)	11:30 a.m.-1:30 p.m.

More information about the program may be obtained by calling 496-2403.

Stuttering, Speech Articulation Study

The National Institute of Neurological Disorders and Stroke seeks families with stuttering or speech articulation disorders for an experimental study to help find the cause of these speech disorders. NIH provides payment for those who take part. For more information, call 1-800-411-1222.

New Scientific Director Seeks to Advance Scientists' Careers

By Robert Bock

"Children are one-third of our population, but 100 percent of our future," said NICHD's new scientific director, Dr. Owen Rennert about his recent appointment as head of the institute's Intramural Research Division. Essential to our future, he added, is an understanding of the reproductive and developmental processes that guide human beings from a single fertilized egg through to adult life.

"Uniquely, the institute is positioned to decipher the intricate sequence of normal development—and to find remedies for when things go wrong," he said.

A developmental biochemist by training, Rennert most recently served the institute as acting director of the Center for Research for Mothers and Children. Before coming to NICHD, he was chair of the department of pediatrics at Georgetown University School of Medicine. He obtained his undergraduate degree from the University of Chicago, where he also earned his M.D. and completed a postdoctoral fellowship in biochemistry and a residency in pediatrics.

Rennert plans to continue his research interests while at NICHD and will move his Georgetown University laboratory to the NIH campus in the near future. One of his major research interests is mutations that give rise to disorders in sexual differentiation. One such mutation, in the luteinizing hormone receptor, results in a form of hereditary male precocious puberty. The mutation may also lead to insights on tumor formation, as those who have it are also more likely to develop cancer of the testes.

His other main research interest is pregnancy-associated glycoproteins, which are produced by the uterus in response to the attachment of the placenta. Although their function is not well understood, these glycoproteins are thought to play a role in modulation of the immune system during pregnancy.

"Research provides me with scientific legitimacy and credibility," he said. "To know what science is about and to be able to judge it, I have to practice it."

Rennert said he became interested in the management of science so that he could promote the careers of other scientists. He provides researchers with the resources they need, encourages them to value their individuality, helps them to narrow their focus, and pushes them to succeed.



Dr. Owen Rennert

"Essentially, you need to find good people, and give them the latitude to develop themselves," he said.

Rennert said the greatest influence on his career was his father, Dr. David Rennert, a physician who emigrated from Nazi Germany and later held teaching and clinical positions in this country.

"He's the wisest man I ever knew," Rennert said. "He demanded that you do your best, because he did his best—all of the time."

For Rennert, the distinction between basic and clinical science is largely artificial. Advances in the treatment of genetic disease, he said, resulted from the fundamental advances in human genetics. He looks to this marriage of basic and clinical science to help eliminate the health disparities of minority populations. Although health disparities are often social and economic in origin, many also result from biological differences between people that may place some at greater risk for disease than others.

Science, he said, is in a unique position to identify these differences and develop treatments that counter the risks some of these differences convey. ■

STEP Session on Diet, Supplements

The STEP (staff training in extramural programs) committee will present a Science in the Public Health event titled "Health and Hype: The Scoop on Diet and Supplements" on Thursday, Feb. 8 from 1 to 4 p.m. in the Natcher main auditorium.

We are bombarded every day with information about new diets that promise fantastic results. Should you choose low-carb or high-carb? High-protein or low-protein? All fruit? Liquids only? Should you fast? Promises of a "magic bullet" in the form of supplements such as herbs, botanicals, vitamins and "miracle drugs" surround us. Do any of these diets or supplements work? Do the results last? Are they the key to good health?

If you are confused by all of this information and all of these claims, don't despair. The session is open to all NIH employees on a first-come, first-served basis. No advance registration is required. Inform the STEP office at 435-2769 about any need for sign language interpretation or reasonable accommodation by Feb. 2. More information about STEP events can be found on its web page at <http://odoerdb2.od.nih.gov/oer/training/step/step.htm>. ■

R&W Has 'Snow White' Tickets

Disney on Ice's *Snow White* is coming to the MCI Center on Saturday, Feb. 17 at 11 a.m. Ticket price is \$20. Children under 2 are admitted free. Call 496-4600 or visit the activity desk in Bldg. 31 for tickets. ■

FIC's Funk Retires After More Than 20 Years

By Irene Edwards

Foreign scientists who come to work or train in an NIH laboratory under the NIH Visiting Program all are familiar with the small white frame house on the hill near Stone House. There, FIC's International Services Branch (ISB) deftly navigates through the intricacies of immigration and visa questions, interprets the rules and regulations governing J1, B1, H1B and O1 visa status, and clarifies the mysteries of the form IAP-66. Visa applications, extensions, waivers, lost forms, deadlines and an astounding variety of crises are handled skillfully by a staff that is expert in the technicalities and complexities of immigration rules and regulations.

Sylvia Funk led the ISB from 1995 until her retirement in December. She began her NIH career in 1979 as a clerk-typist at NCI. In 1981, she was accepted into the STRIDE Program and began



Sylvia Funk

working in FIC's International Coordination and Liaison Branch. While getting on-the-job training at FIC, she completed her undergraduate education at American University, majoring in history with a concentration in immigration studies. In 1985, with a newly earned B.A. in hand, she joined the Office of Research Services in OD where she conducted studies on a variety of NIH-wide management issues. Her first love, however, was international affairs, particularly immigration issues, and she returned to FIC in 1989 as a management analyst in the then International Services and Communication Branch, later to become ISB. It was here that she started to work with NIH Visiting Program participants and increased her knowledge of immigration law, particularly the regulations governing the status of foreign scientists who come to the United States to train and work in their fields. In May 1995, Funk assumed the dual roles of ISB branch chief and NIH immigration officer.

At a farewell reception celebrating her service and heralding her retirement, Dr. Gerald Keusch, FIC director, praised Funk for her contributions to international scientific cooperation, calling her "a pillar of the FIC." Dr. Philip Chen, senior advisor to the deputy director for intramural research, thanked her on behalf of the NIH intramural community that she served so well and for her instincts that were always "on target." He also acknowledged her dedication, hard work and knowledge of the field. Funk, in turn, spoke of her gratitude for having been given the chance to work with the foreign scientists

who are such an important part of NIH, an experience she called "a culmination of everything I wanted to be and do." She also appreciated the opportunity to "help bring so many talented foreign scientists to this great institution."

An immigrant herself, Funk always brought to her work a sensitivity that came from her own experience. She was born in Rio de Janeiro, Brazil, and immigrated to the United States on her own at the age of 19. One of her first jobs in the U.S. was at the Henry Street Settlement in New York City, where she worked on a Public Health Service project to foster better care for a group of aged New Yorkers, mostly immigrants from Central and Eastern Europe, who lived in the area served by the settlement. She still recalls with emotion the ceremony at which she herself became a U.S. citizen.

And now Funk is emigrating again, this time from the Washington area to Ann Arbor, Mich., where she and her husband, Sherman, plan to join their children and grandchildren in the vibrant community that is home to the University of Michigan. All Funk's colleagues at FIC and in the NIH intramural community wish her bon voyage and all the best for a rich and fulfilling retirement. ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Trudi M. Schüpbach on Jan. 24, who will discuss "Signaling Through the EGF Receptor and the Establishment of the Dorso-Ventral Pattern in *Drosophila* Oogenesis." She is professor of molecular biology and HHMI investigator at Princeton University.

On Jan. 31, Dr. Gary G. Borisy, professor, departments of molecular biology and zoology, University of Wisconsin, will speak on "Actin Machinery: Pushing the Envelope."

On Feb. 7, Dr. Susan Scrimshaw, dean, school of public health, and professor of community health sciences and anthropology, University of Illinois at Chicago, will lecture on "Beyond Health Disparities: Behavior and Cultural Diversity in Health."

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

Computer Classes

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

Fundamentals of Unix	1/29-31
Creating Presentations with PowerPoint 2000	1/30
Advanced Features of HTML	1/31
Data Warehouse <i>Query</i> : Human Resources	2/1
Data Warehouse <i>Query</i> : Budget & Finance	2/6
Microsoft Visio 2000 Overview	2/7
NIH Enterprise Directory (NED)	2/7
Data Warehouse <i>Query</i> : Staff Training & Development	2/8



Dr. Robert S. Balaban, scientific director of the NHLBI Laboratory Research Program and chief of the institute's Laboratory of Cardiac Energetics, has recently been elected incoming president of the Society for Cardiovascular Magnetic Resonance. The SCMR is a rapidly growing international society of some 600 members that focuses on the application of magnetic resonance imaging and spectroscopy to the cardiovascular system. Balaban has been active in this field over the last decade, developing an NHLBI research and clinical program in cardiovascular magnetic resonance. He is currently leading the joint NIH/Suburban Hospital MRI program in the emergency room with Dr. Steven Warach of NINDS and Dr. Andrew Arai of NHLBI. He also is chair of the steering committee for the In Vivo NMR Center on campus.

CIT's Spring Training—A Mouse Click Away

The CIT Training Program is putting the finishing touches on a spring schedule that offers many new opportunities. The program has discontinued publishing the CIT paper catalog and is now promoting its interactive web-based system that not only lists all classes and schedules, but also enables the user to sign up for classes. Savings in printing costs have already enabled purchase of new classroom projectors.

Particularly exciting is the addition of an introductory class on the SPSS statistical package. For scientists, Dr. Susan Chacko will be giving a new introductory seminar on molecular graphics. Also Drs. Benes Trus and Matthew McAuliffe are offering a 6-session introduction to image processing. This series, which is given each spring, introduces scientists and researchers to some of the most common image processing tools currently available and used at NIH.

CIT has expanded its networking classes to include courses on "Firewalls" and "TCP/IP", presented by Joseph Januszewski. For those who want to learn about using video in conferencing and presentations, "Video Services at NIH" should be of interest. Of course, many previous courses such as "Introduction to Networks," "Hubs, Switches, and Routers," and the "Network Sniffer Workshop" will be reprised.

Microsoft has once again offered faculty to present its popular "Getting to Know Office 2000" and "Microsoft Visio 2000 Overview." CIT is also making arrangements to offer several new presentations including "Office 2001 for the Macintosh," and XML, Project 2000, and data analysis using SQL Server 2000.

Finally, CIT is offering a number of new courses for those who make financial decisions about information technology. "The ABC's of ABC/M (Activity-Based Costing and Management)" will examine these business principles, identifying benefits and challenges within NIH. Robert Lagas will be teaching "Investment Review" as well as "Cost-Benefit Analysis" to help class attendees learn to make good IT investment decisions. Finally, if you've always wanted to know more about your computing bills, "CIT Billing" should answer your questions and bring clarity to the process.

CIT relies to a great extent on volunteer teachers, who now comprise more than 75 percent of the faculty. There are even retirees who return to NIH to teach classes out of their commitment to scholarship and the community.

Because the pace of change in computing is always lively and because volunteer teachers cannot easily be replaced if they leave NIH, the CIT Training Program faces the challenge each term of keeping offerings relevant and complete. If you have an area

of expertise in a topic that is currently not being offered or have a different angle on a current topic, consider serving as an instructor. CIT offers its teachers extensive support including obtaining publications, polishing course descriptions, duplicating notes, setting up projection systems and providing hands-on practice facilities.

The spring term is scheduled to begin the last week of January. As always, classes are available free of charge to NIH'ers and other users of NIH computing.

To obtain full course information or register for classes, visit <http://training.cit.nih.gov>. To discuss course registrations or classes you may wish to teach, call 594-6248. ■

Donate a Phone Campaign

Don't throw out that old cell phone (even if it doesn't work). CIVIL is joining forces with NIH's R&W, the Work and Family Life Center, the Employee Assistance Program and NIAID to help victims of domestic violence receive donated wireless phones. Starting Jan. 29 and through Apr. 28, boxes will be set up at each R&W store for donations of any wireless hand-carried cellular or PCS phone that you no longer need. This collection is for the Donate a Phone campaign under the CALL to PROTECT program cosponsored by the Wireless Foundation, Motorola and the National Coalition Against Domestic Violence (NCADV).

The phones are distributed to potential victims and are preprogrammed to dial 911 and one non-emergency number such as a domestic violence shelter or counselor. If you would like to donate a phone, place it in one of the drop boxes, along with the battery and charger (if available) or you can mail it directly to: CALL to PROTECT, c/o Motorola, 1580 E. Ellsworth Rd., Ann Arbor, MI 48108.

Newer, functional phones will be distributed to victims; older phones, or phones in need of repair may be sold with proceeds used to support NCADV or other domestic violence programs.

If you need one of these phones, call a local shelter or your area police to find out if there is a participating organization in your community. For more information about the campaign, visit www.donateaphone.com.