

nih record



ABOVE • NIH director Dr. Elias Zerhouni gives out treats to kids on Halloween. See back page.

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'Sky Horizon' Formally Donated

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Pandemic Flu Conference Preps NIH'ers on Continuity of Operations

The Oct. 19 conference on Pandemic Flu Operational Continuity briefed hundreds in Masur Auditorium on NIH's state of readiness. Led by acting associate director for security and emergency response Dr. Pierre Noel (see *NIH Record*, Oct. 6) and supported by Colleen Barros, NIH deputy director for management, 10 working group leaders gave status reports and then fielded questions from the audience.

Dr. David Henderson, the Clinical Center's deputy director for clinical care, put the effort in context. In flu's 400-year history, he said, the average time between pandemics has been about 24 years. In 1968—38 years ago—"Asian flu" hit. Thus the urgency. "We're due," he said. "So we have to be ready."

All stressed how this is a work in progress. Meanwhile, here's a list of highlights,

SEE PANFLU READINESS, PAGE 6



Dr. Pierre Noel outlines NIH panflu readiness plans.

Barros Appoints Five to Top NIH Posts

NIH Deputy Director for Management Colleen Barros recently named five people to complete her management team at NIH. They are Dr. Alfred C. Johnson, director of the Office of Research Services; Daniel G. Wheeland, director of the Office of Research Facilities Development and Operations; John J. Bartrum, associate director for budget; Christine M. Major, director of the Office of Human Resources; and Suzanne J. Servis, director of the Office of Management Assessment.

Johnson became ORS director on Oct. 29. ORS has overall responsibility for managing and providing technical and administrative services to all components of NIH in support of the research mission, including programs for public safety and security operations, scientific and regulatory support programs and a wide variety of other employee services.

Johnson brings over 20 years of experience as an NIH researcher and administrator to his new position. Prior to joining ORS, he concurrently held several positions: since 2005,

SEE NEW APPOINTEES, PAGE 4

Symposium Closes Nursing Institute's 20th Anniversary

By Lanny Newman

The National Institute of Nursing Research culminated its year-long celebration of 20 years at NIH on Oct. 11 with a scientific symposium titled "Nursing Research: Looking to the Future." The event, held at Natcher auditorium, featured a lineup of luminaries in research and health policy, including the Hon. John E. Porter, former congressman from the 10th district of Illinois, who served on the appropriations committee and as chair of the subcommittee on labor, health and human services and education.

"We are witnessing the convergence of forces that will continue to exert a profound influence on our health care system and will be a potent driver of future research strategies," said NINR director Dr. Patricia Grady in opening remarks. "These forces—the aging of the American population; the growth of diverse racial and cultural populations in the U.S. and the attendant issue of health disparities; the increased reli-

SEE NINR ANNIVERSARY, PAGE 10



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

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

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

Staff Writer
Belle Waring
bw174w@nih.gov

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FAES Chamber Music Series Continues

FAES will present Miriam Fried and Jonathan Biss, violin and piano, mother and son, on Sunday, Nov. 19 for the first time in its Chamber Music Series. On Dec. 10, pianist Peter Serkin will perform. Both concerts will be held at 4 p.m. at Congregation Beth-El, within walking distance of the NIH campus. Tickets are \$12 for students/fellows and \$28 regular. For more information call (301) 496-7976 or visit online at www.faes.org.

Molella Kicks Off Innovation Series

The NIMH Director's Innovation Speakers Series began Oct. 23 with the Smithsonian Institution's Dr. Arthur Molella, director of the Lemelson Center for the Study of Invention and Innovation at the National Museum of American History.

He discussed the personalities and motivations of creative thinkers in the contemporary world. Attendees were treated to a multimedia presentation, which included video clips and



Dr. Arthur Molella

sound bites of inventors at work and describing their passions.

Molella and the Lemelson Center strive to educate and inspire the public on the role of creativity and invention through a variety of activities on the themes of Inventing for the Environment, Inventing

Ourselves, the Inventor and Innovative Society and Invention at Play. Molella sought to answer questions such as "Where do we seek creativity?" and "Who is being creative?" He described characteristics of creative people such as Dan DiLorenzo, whose fields of expertise span neurology, bioengineering, medicine and business; Chuck Hoberman, inventor of foldable structures; Gertrude Elion, Nobel laureate in medicine, 1988; and Ashok Gadgil, who created a low-cost method of using ultraviolet light to disinfect water.

For more information on talks remaining in the series, contact Dr. David Armstrong, (301) 443-3534.

NIDDK Has Free Online Reference Collection

Looking for a hard-to-find resource? Try using the National Institute of Diabetes and Digestive and Kidney Diseases' Reference Collection. This free, online, searchable database helps health care professionals, health educators, patients and the public find educational materials not typically referenced in most databases. The Reference Collection covers the topics of diabetes, digestive diseases, kidney and urologic diseases, endocrine and metabolic diseases and hematologic diseases.

The NIDDK Reference Collection currently houses more than 8,000 summaries that include a resource's title, author(s), publisher, abstract and keywords. Also included is information about how to get full-text copies of non-journal resources such as foreign-language materials, books and book chapters, brochures, pamphlets, fact sheets, CD-ROMs, coloring books, bibliographies, audiovisual materials, posters, computer programs, government documents, product descriptions, newsletters and manuals.

Go to <http://catalog.niddk.nih.gov/resources> to access the collection.

NLM Launches 'ToxMystery' Learning Site

Move over, *CSI*. ToxMystery is NLM's new interactive learning site designed to help kids ages 7-10 find clues about toxic substances that can lurk in the home. With lively animation, surprising sound effects and lots of positive reinforcement, ToxMystery provides a fun, game-like experience while teaching important lessons about potential environmental health hazards.

Children visiting ToxMystery (<http://toxmystery.nlm.nih.gov>) have an able guide in Toxie the cat, who helps find the hazards hidden in each room and offers hints when needed. The objective is to find all the hazards—in the living room, bathroom, garage and other areas. Ever seen a cat...dance? Players will be treated to that spectacle and more when they identify all the hazards in a room. When all the risky spots in the house have been discovered, Toxie delivers an animated celebration and players can print a personalized certificate of completion.

ToxMystery's Parent Resources page provides more detailed information about everyday environmental hazards that can be harmful to one's health. The For Teachers page contains more than 10 downloadable activity pages that can be used in elementary school classrooms.

ToxMystery joins a number of other new NLM resources geared toward the public. It was created by the library's Division of Specialized Information Services, which is responsible for information resources and services in toxicology, environmental health, chemistry, HIV/AIDS and specialized topics in minority health. SIS (at <http://sis.nlm.nih.gov/>) celebrates its 40th anniversary this year.

NIH Launches National Consortium to Transform Clinical Research

By Ann Puderbaugh

The first dozen participants in a new national consortium that will transform how clinical and translational research is conducted were announced recently by NIH director Dr. Elias Zerhouni.

The new consortium, funded through Clinical and Translational Science Awards (CTSAs), begins with 12 academic health centers (AHCs) located throughout the nation. An additional 52 AHCs are receiving planning grants to help them prepare applications to join the consortium. When fully implemented in 2012, about 60 institutions will be linked together to energize the discipline of clinical and translational science.

“The development of this consortium represents the first systematic change in our approach to clinical research in 50 years,” said Zerhouni. “Working together, these sites will serve as discovery engines that will improve medical care by applying new scientific advances to real-world practice. We expect to see new approaches reach underserved populations, local community organizations and health care providers to ensure that medical advances are reaching the people who need them.”

Led by the National Center for Research Resources, the CTSA program encouraged applicants to develop institutes, centers or departments for these awards and were challenged to devise innovative and far-reaching approaches to build academic homes for clinical and translational science. In response, the CTSA institutions are planning to:

- Develop better designs for clinical trials to ensure that patients with rare as well as common diseases benefit from new medical therapies;
- Produce enriched environments to educate and develop the next generation of researchers trained in the complexities of translating research discoveries into clinical trials and ultimately into practice;
- Design new and improved clinical research informatics tools;
- Expand outreach efforts to minority and medically underserved communities;
- Assemble interdisciplinary teams that cover the complete spectrum of research—biology, clinical medicine, dentistry, nursing, biomedical engineering, genomics and population sciences;



Caitlyn Regan participates in a sleep study at the Children's Hospital of Philadelphia's sleep lab with Dr. Carole Marcus, co-principal investigator of the Clinical and Translational Science Award and director of Children's Hospital's Sleep Center, and Dr. Robert Heinle, pulmonary fellow.

- Forge new partnerships with private and public health care organizations.

“The impact of the CTSA consortium will be far greater than the number of awards made,” said Dr. Barbara Alving, NCCR acting director. “We’re already seeing transformative changes and new partnerships developing at institutions as they prepare to participate. A major focus of this consortium will be informatics, as it is critical that we develop and implement interoperable clinical research informatics systems to improve data sharing, while ensuring patient confidentiality.”

The CTSA initiative grew out of the NIH commitment to re-engineer the clinical research enterprise, one of the key objectives of the NIH Roadmap for Medical Research. To ensure that the trans-NIH objectives of the CTSA initiative are achieved, an NIH CTSA project team is being organized that will include representatives from 18 institutes/centers and from senior NIH leadership. Members will serve on about a dozen committees that will focus on areas such as clinical research informatics, pediatrics, community engagement and industrial partners.

Funding for the CTSA initiative comes from redirecting existing clinical and translational programs, including Roadmap funds. Total first-year funding for the 12 awards is approximately \$100 million. When fully implemented in 2012, the initiative is expected to provide a total of about \$500 million annually to 60 academic health centers.

The following institutions will receive the first set of awards for nearly a 5-year period: Columbia University Health Sciences; Duke University; Mayo Clinic College of Medicine; Oregon Health & Science University; Rockefeller University; University of California, Davis; University of California, San Francisco; University of Pennsylvania; University of Pittsburgh; University of Rochester; University of Texas Health Science Center at Houston; and Yale University.

For complete project descriptions, visit http://www.ncrr.nih.gov/ncrrprog/roadmap/CTSA_9-2006.asp.

A second Request for Applications for CTSAs has been issued, calling for the next round of submissions to be made by Jan. 17, 2007, with awards expected in fall 2007. 1



NEW APPOINTEES

CONTINUED FROM PAGE 1

Newly named to jobs reporting to NIH Deputy Director for Management Colleen Barros are (from l) Daniel Wheeland, Dr. Alfred Johnson, Christine Major, John Bartrum and Suzanne Servis.

he served as assistant director, Office of Intramural Research (OIR); since 2004, he served as acting director, Office of Loan Repayment and Scholarship, OIR; since 2000, he served as director, NIH Undergraduate Scholarship Program in the Office of Loan Repayment and Scholarship; and since 1996 he served as an investigator in the Laboratory of Molecular Biology, NCI.

Johnson completed his Ph.D. in biomedical sciences at the University of Tennessee in 1985, and completed his undergraduate degree in chemistry at Albany State University in 1979. He performed doctoral research at the biology division of Oak Ridge National Laboratory and began his NIH career in 1985 as a postdoctoral staff fellow in the NCI Laboratory of Molecular Biology.

Johnson succeeds Shirl Eller, who worked for two and a half years as acting ORS director.

Wheeland became ORFDO director Oct. 15. The office leads the entire facility management program for NIH, which extends to all components on campus and within other counties and states. Wheeland will serve as principal advisor on all phases of NIH facility planning, acquisition, construction, operation and management, including environmental protection.

He was a career officer with the Navy and has over 25 years of global facilities experience. He has managed large multi-site facilities operations with an extensive scope in design, construction, acquisitions, recapitalization, utilities and maintenance for over 80 sites including the National Naval Medical Center. Wheeland has prepared and executed plans involving A-76 and consolidations of large organizations. Since 2004 until his recent military retirement, he held the position of chief information officer for both the Naval Facilities Engineering Command and the Navy Installation Command.

Wheeland received his master's in construction management in 1985 from the University of

California at Berkeley and his undergraduate degree in civil engineering in 1981 from the University of Notre Dame. In 2002, he also became a graduate of the Wharton Executive Development Program. He is a registered professional engineer and a member of the acquisition professional community (now known as the Defense Acquisition Corps).

Wheeland succeeds Juanita Holler-Mildenberg, who spent the last year as acting ORFDO director.

Bartrum became associate director for budget on Oct. 15. He is chief budget advisor to the NIH director, to Barros, to institute and center leadership and to OD staff. He oversees the Office of Budget and has primary responsibility for NIH-wide budget policy, planning, analysis, formulation and presentation.

He comes from the Office of Management and Budget, where he served as a senior examiner in the national security division. He was responsible for management, policy and budget development for more than \$40 billion in annual expenditures on health and medical activities within the Department of Defense and Defense Health Program budget.

Bartrum served 4 years of Air Force active duty beginning in 1984, and served various military appointments until 1998, receiving numerous awards for his military service. He joined the Department of Veterans Affairs in 1998, serving as a health policy program analyst, later becoming a senior budget/program analyst under the assistant secretary for management, Office of Budget, Medical Service.

He received his law degree from George Mason University School of Law in 2004 and is a member of the Virginia State Bar. He also received a master of business administration from Southern Illinois University in 1994, a bachelor of business administration from McKendree College in Illinois in 1990, an associate degree in bioenvironmental engineering and an associate degree in survival/rescue operations from the Community College of the Air Force in 1991 and 1988, respectively.

He succeeds Andrew Baldus, who served 14 months as acting associate director for budget.

Chris Major has over 20 years of human resources experience in federal service and has been acting director of OHR since January 2005 and acting director, Office of Strategic Management Planning, since June 2004, leading a combined staff of over 300 employees.

She was involved in improvements in various HR programs and services such as the implementation of the new HHS Performance Management System, the IC Director Compensation Model, Transition Center services and maintaining a "green" President's Management Agenda rating in human capital for NIH. She will continue to lead the Office of Strategic Management Planning.

Prior to joining OD, Major served as personnel officer for NIAMS and as acting personnel officer for NINDS. She received her bachelor of science in personnel management from the University of Maryland. In addition, she has been an active member of the International Public Management Association for Human Resources (IPMA-HR) for 7 years, where she served as president of the Montgomery County chapter and currently as president-elect of the IPMA-HR eastern region executive board.

Servis, the OMA director since last May, heads an office that is at the center of NIH integrity issues, investigations, and internal controls and oversees the reorganization, delegations and manual issuances systems.

She received her undergraduate degree from the State University of New York at Albany and came to federal service from the Research Foundation of the State University of New York, where she worked in grants administration. She initially worked at the National Oceanic and Atmospheric Administration and became its chief grants management officer. Through an intern program during which she worked at OMB, she changed careers to budget analysis, with oversight responsibility for the budget of the National Weather Service.

Servis then joined the Department of Defense, Office of Inspector General, where she reviewed major acquisition and environmental security programs and internal controls associated with those programs. Since joining NIH in late 1999, she has worked in the Office of Management Assessment, first as director of the Division of Program Integrity and then as director of the office. At NIH, she has managed many sensitive and complex reviews of the agency. 🗨

Three NIH'ers Elected to IOM

Three NIH employees are among the 65 new members recently elected to the Institute of Medicine, raising its total active membership to 1,501. They are: Dr. Raynard Kington, NIH deputy director; NEI director Dr. Paul Sieving; and Dr. H. Clifford Lane, director, Office of Clinical Research, NIAID.

"It is a great pleasure to welcome these [65] distinguished and influential individuals to the Institute of Medicine," said IOM president Dr. Harvey Fineberg. "Members are elected through a highly selective process that recognizes people who have made major contributions to the advancement of the medical sciences, health care and public health. Election is considered one of the highest honors in the fields of medicine and health."

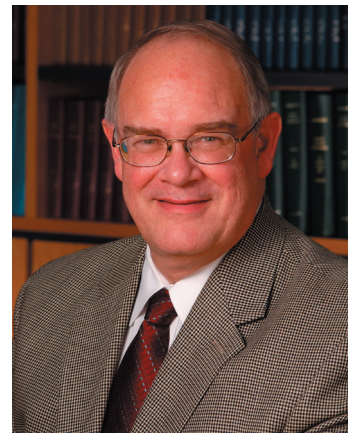
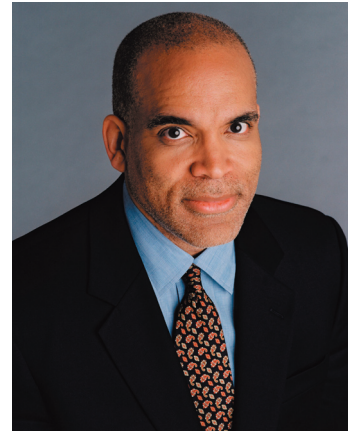
Current active members elect new members from among candidates nominated for their professional achievement and commitment to service.

Kington, an expert on the role of social factors as determinants of health, has been principal deputy director of NIH since February 2003. "Raynard has been invaluable in helping to lead NIH during a time of great scientific opportunity and formidable management challenges," said NIH director Dr. Elias Zerhouni. "It is gratifying to know that the IOM has recognized his important contributions to science and medicine."

Sieving is an ophthalmologist who has made seminal contributions to understanding hereditary retinal neurodegenerations and has explored therapy strategies to rescue rodent models and human blinding degenerative retinopathies known as retinitis pigmentosa (RP). He led the first human clinical therapy trial of a neurotrophic factor for RP, which was reported in 2006.

Lane is a pioneer in the study of the pathogenesis and treatment of HIV infection, including his groundbreaking work using interleukin-2 to reconstitute the immune systems of HIV-infected individuals. He has been a principal investigator on more than 30 studies in the U.S. and abroad and was the first to conduct a clinical trial of an AIDS vaccine in the U.S.

Established in 1970 by the National Academy of Sciences, the IOM has become recognized as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. 🗨



NIH's new IOM members are (from top) Dr. Raynard Kington, NIH deputy director; Dr. Paul Sieving, NEI director; and Dr. H. Clifford Lane, director, Office of Clinical Research, NIAID.

PANFLU READINESS

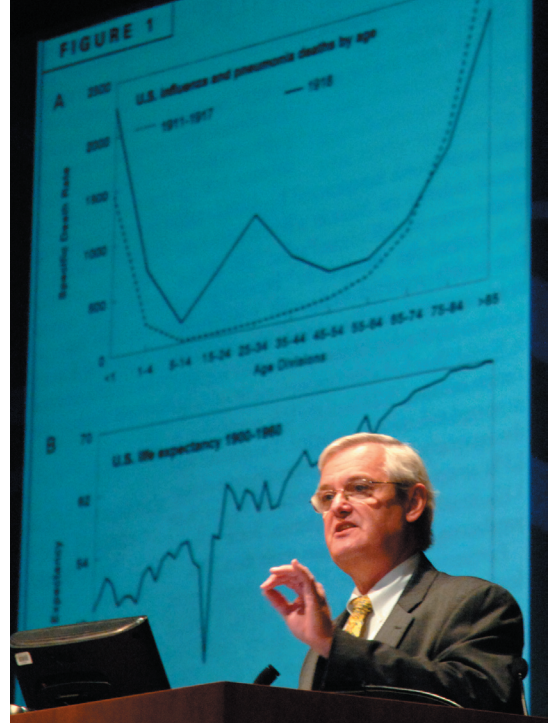
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Right:

Dr. David Henderson says the average time between pandemics has been only 24 years: "We're due, so we have to be ready."

tips and tools:

- Summaries, updates and other useful information appear on NIH's PanFlu web site—the only HHS site yet developed for employees to track PanFlu activities and links—at <http://www.nih.gov/employee/pandemicflu/>.
- Seasonal flu vaccine is free for employees (for schedule see *NIH Record*, Oct. 20).
- Seasonal flu vaccine does not provide protection against H5N1. There is H5N1 vaccine in the national stockpile; this vaccine may not be specific to the strain associated with a pandemic in the U.S. but will provide some cross-protection and decrease mortality and morbidity. It will take 6-12 months to produce a strain-specific vaccine.
- Contractors are encouraged to speak with their respective employers and health care providers about vaccination for seasonal flu.
- 400 NIH nurses and physicians working in non-clinical areas on campus have volunteered to staff the CC in case clinical staff is down. The CC will also partner with Suburban Hospital and the National Naval Medical Center in the event of an emergency.
- Alcohol-based disinfectants, widely available in "drywash" hand cleaners, are very effective in preventing spread of the virus.
- Hand-washing, using soap and warm running



water, destroys bird flu virus. Wash hands for a minimum of 15 to 20 seconds.

- In the event that leave-approving officials are down with flu, the ITAS system can centrally approve timecards.
- Since administrative leave ("excused absence") is not an entitlement, its widespread use, even in a pandemic, would be the last resort, after sick/annual leave and leave without pay have been exhausted.
- To prepare for wide-scale work from home, the next telework tests are scheduled for Dec. 7 and a TBA date in March 2007.
- Acquisitions will participate in telework test days to orient and train employees in remote procurement and contract awards.
- CIT telework courses, including a basic remote

Decoding H5N1's Name

Influenza is caused by a virus, and some viruses are more virulent—better at causing disease—than others. The current strain of bird flu that has caused over 150 deaths, mostly in Asia, is called H5N1. How did it get its name? This has to do with how viruses work.

Viruses can't reproduce outside a host cell; they must use the host to copy themselves. To do that, they need an effective way to hijack the host cell without getting killed.

Not all proteins are created equal and the ones found in viruses can overwhelm the host's defenses. Two of these viral proteins appear as abbreviations—the H and the N—in H5N1. The H lets the viruses break into the cell; the N lets them escape.

H stands for hemagglutinin (HA), a protein found on the surface of many germs, including viruses. HA is shaped like a spike and attacks the cell being infected. In the case of the influenza virus, HA binds the virus to a cell in the lining of the lung. Once it gains entry, the virus contents pour into the cell. The virus then uses the host's "stuff" to make new viruses.

N stands for neuraminidase (NA), the protein that releases the newly formed viruses from the infected host cell, which breaks open and dies. If enough cells die, the whole organism will suffer.

Now for the numbers: N7—type-7 neuraminidase—is not necessarily more virulent than N6—type-6 neuraminidase. Numbers are assigned by scientists tracking the viruses as they evolve.



Calvin Jackson, chief of the News Branch, Office of Communication and Public Liaison, discusses emergency plans.

access course, are now available. Online modules will be available by year's end.

- NIH's Office of Research Facilities is planning its staffing to accommodate high-priority needs in the event of a pandemic.
- Animal care supplies are being stockpiled for intramural research animal facilities.
- No staff are currently expected to shelter-in-place; this includes animal care staff and CC staff. In the event that normal supply chains are disrupted, cafeteria contractor Eurest has identified vendors outside of the D.C. area so that NIH employees will be fed.
- The NIH Employee Directory (NED) will soon feature a button for "Red Alert Critical (RAC)." Each IC point of contact will be able to designate authorized staff as RAC by clicking "yes" to activate an employee's ID badge, allowing access to campus in the event of an emergency.
- Each IC needs to look at its own personnel and identify who is critical.
- All staff should educate themselves on county and local government plans and develop their own individual and family plans. A pandemic would likely come in two waves, each lasting 6-8 weeks, with 30-40 percent of employees affected.

No one should panic. "It's not like a bomb," said Noel, who should know—he is NIH's advisor on weapons of mass destruction, disaster planning and biodefense while he serves, concurrently, as flight surgeon in the Air Force Special Operations Command. Even if the virus learns to "jump" efficiently from human to human, "We'll have time to prepare," he said. "We'll have weeks, maybe months to finalize."

Even in faraway rural Indonesia, Henderson noted, one of the H5N1 isolates (which ultimately burned itself out) was completely sequenced within 48 hours. The first U.S. clinical trials of bird flu vaccine are currently in progress. 🗺

The Next STEP on Science of Depression

As in past years, NIH employees will have an opportunity this fall for anonymous, confidential depression screening. What's different this year is that NIMH and the Office of Extramural Research have joined forces both to raise awareness of the science behind this disabling but treatable disorder and to provide a service that could lead to improved mental health and better quality of life for interested NIH staff.

The OER effort—organized through its Staff Training in Extramural Programs (STEP)—will offer employees a half-day of lectures presented by world-renowned scientists on Tuesday, Dec. 12 from 8:30 a.m. to 12:30 p.m. at Lister Hill Auditorium, Bldg. 38A..

The STEP presentation—dubbed "Depression: Who Cares?"—will begin with an overview of the disorder then address topics ranging from the biological basis of depression and how symptoms affect teens and other populations differently to standard and alternative research-based treatments. It concludes with a panel discussion. Speakers will include Dr. Darrel Regier of the American Psychiatric Institute for Research and Education; Dr. Maurizio Fava of Harvard Medical School; Dr. Helen Mayberg of Emory University School of Medicine; Dr. Jeanne Miranda of UCLA Health Services Research Center; and Dr. David Shaffer of Columbia University Medical Center.

The next day, Wednesday, Dec. 13, NIMH and the Work/Life Center will offer employees who may be concerned about their own symptoms (or those of a loved one) a chance to visit any of the following sites on a walk-in basis from 10:30 a.m. to 2:30 p.m.:

- NIH Work/Life Center Suite, Bldg. 31, Rm. B2B47
- Neuroscience Center, 6001 Executive Blvd., Rm. 6213A
- Bldg. 10 (to be announced)

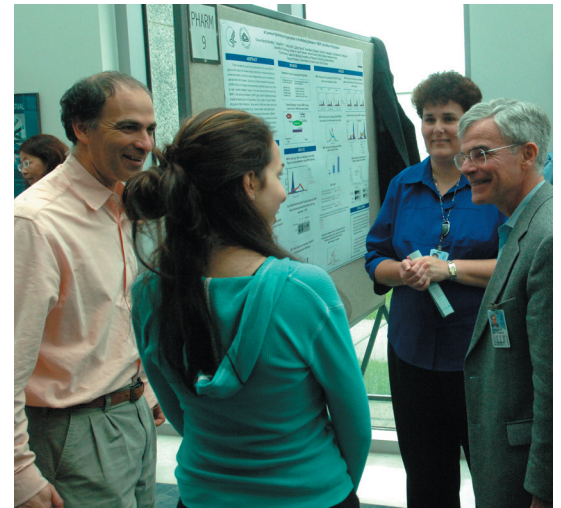
The screening, which generally takes less than an hour, gives participants an opportunity to watch a 20-minute video about the signs and symptoms of mood disorders; complete an anonymous screening questionnaire; meet briefly with a mental health professional for results and treatment resources; or simply gather information.

Staff who cannot attend the Dec. 13 screening may contact the Employee Assistance Program to arrange for anonymous screenings throughout December in Bldg. 31 (phone 301-496-3164).

People whose native language is not English and who will visit the Bldg. 10 site may request an interpreter by contacting Andrea Rander or Maria Elena Guzman (301-496-1807, 301-496-2792) of the NIH Language Interpretation Program by Dec. 5.

To request sign-language interpretation or other reasonable accommodation for the STEP lecture or screening, call the Work/Life Center at (301) 435-1619 (TTY 301-480-0690) also by Dec. 5.

For information about the STEP presentation, contact Dr. Melissa Stick (301-496-8683, stickm@mail.nih.gov); for information about the screening, contact Sophia Glezos Voit (301-443-4533, sglezos@mail.nih.gov). 🗺



NIH Intramural Program Hosts Annual Research Festival

NIH's Intramural Research Program put some of its best work on display Oct. 17-20 at the 2006 NIH Research Festival, "Bench to Bedside." An opening plenary session on progress in translational research kicked off the 4-day celebration. Three poster sessions and several symposia were seasoned with breaks for special exhibits on intramural research resources as well as a festival food and music fair. The event spanned the main campus, from the Natcher Conference Center to Masur Auditorium to a tent erected outside the Clinical Center in parking lot 10H. The week ended with a Job Fair for NIH Postdoctoral, Research and Clinical Fellows featuring keynote speaker NIH director Dr. Elias Zerhouni and a 2-day technical equipment tent show.

Clockwise from left:

NCI senior investigator Dr. John Weinstein (l), head of the Laboratory of Molecular Pharmacology's genomics and bioinformatics group, shares his poster with Dr. J. Milburn Jessup, chief of the Diagnostics Evaluation Branch in NCI's Cancer Diagnostics Program.

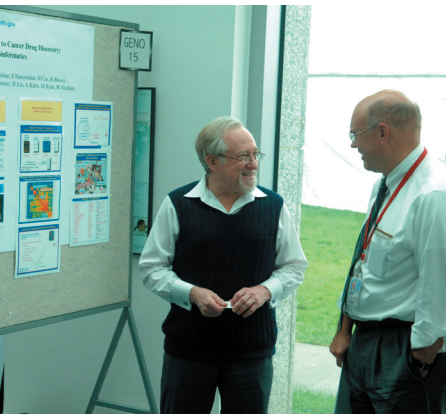
NIA director Dr. Richard Hodes (c) listens in on a poster presentation in the Natcher atrium.

Poster sessions were held on both levels of the Natcher Conference Center.

NIH deputy director for intramural research Dr. Michael Gottesman (r) stops by to chat while touring the poster sessions that featured more than 500 presenters discussing over 300 projects in more than 30 research categories.

Freshman poster presenter Kirstyn Brownson (l), who began the second year of a 2-year pre-Intramural Research Training Award position in the Heritable Disorders Branch of NICHD's unit on molecular dysmorphology last August, shares details of her project. "This is my first year presenting at the NIH Research Festival," she enthuses. "Because I was an English literature major in college—Butler University—and then attended a 1-year postbaccalaureate premedical program at Johns Hopkins University, this was my first time presenting a poster at any scientific research event. It was both really exciting and an honor to present my work."

Dr. Sikandar G. Khan (r), staff scientist in the DNA repair section of the Basic Research Laboratory in NCI's Center for Cancer Research, chats with Dr. Athar Masood of NIAAA. Khan has worked at NIH for about 11 years and has presented his group's research work several times at past Research Festivals.



PHOTOS: MICHAEL SPENCER





Top:
Keynote speaker NIH director Dr. Elias Zerhouni addresses the Job Fair crowd.

Above:
Dr. Win Arias (l) of NICHD, who heads the Demystifying Medicine course, and 2006 Research Festival co-chair Dr. George Kunos, NIAAA scientific director, wait to hear Zerhouni's opening address, "Embarking on the Future," at the Job Fair on Oct. 19. Zerhouni shared details of his personal journey as a young scientist interested primarily in physics and mathematics, but lured into medicine by a need for human interaction. Later, after seeing a photo of the first-ever CAT scan in a magazine, he decided to pursue medical imaging.

Below:
Festival participants take refreshment in the tent erected on a Bldg. 10 parking lot.



FIC's Foreign Tracking System Rolls Out

Last year, the National Institutes of Health spent nearly \$700 million on extramural research in foreign countries. Among the major recipients of federal grants, cooperative agreements and contracts were Brazil, Canada, China, South Africa and the United Kingdom.

As all institute and center directors know, when an award contains a foreign component, IC staff must inform the Fogarty International Center. The data submitted to FIC is then sent to the U.S. Department of State, which reviews all research and development programs to ensure consistency with the foreign policy objectives of the government.

The gatekeeper for all this clearance activity is FIC's Division of International Relations, which abstracts and condenses the IC data before submitting them to the Department of State. Last year, Fogarty received 3,338 clearance requests, an increase of nearly 60 percent (2,131) over 2004. According to Kevin Bialy, FIC international relations program specialist and the person who runs the day-to-day operation, the number of requests is just one indication of the increasingly global reach of NIH research.

For many decades, the process followed the tortuous "cable clearance" paper path with messages and printed copies of grants and contracts going back and forth between NIH, Fogarty, State and U.S. embassies overseas. This led to difficulties in tracking NIH's foreign collaborations.

Now, through the work of staff at FIC and the National Heart, Lung, and Blood Institute, a web-based Foreign Tracking System (FTS) will be accessible by the end of the year to both NIH and Department of State staff, including embassies. NIH staff use of the system for clearances became mandatory on Oct. 1, 2004. The Department of State will make FTS use mandatory for all U.S. embassies by Dec. 31, 2006.

For users, FTS will meet two critical needs. First, it will speed clearance of NIH foreign awards through U.S. embassies, helping reduce approval time—in some cases from months to days. Second, as a database, FTS will allow IC staff to track all NIH-funded extramural research conducted in foreign countries.

"For the first time, FTS gives NIH staff easy access to valuable data about our funded foreign research. Simply logging on the system will let them gather answers to such questions as what programs are active in China, how much funding for HIV/AIDS is going to South Africa, and which researchers and research institutions we fund in Brazil," said Dr. Roger Glass, FIC director.

Other benefits of FTS for NIH staff include the ability to track the progress of requests, to produce reports on NIH activity in a given country and to communicate with Department of State staff to identify and quickly resolve problems. Also, FTS lets State staff review and approve requests for clearance after information is released to FIC staff by NIH institutes and centers.

FTS was developed because of the significant increase over the last 5 years in NIH direct foreign grant awards and domestic awards with foreign components. The system was also needed to more effectively track the international collaborations of NIH's 27 institutes and centers.

"The web-based FTS is consistent with NIH's move into the modern era of electronic grants processing," said Bruce Butrum, FIC chief grants management officer and the brains behind the key features of the system.

FTS was first used at U.S. embassies in three pilot countries: the United Kingdom, Canada and Italy. These were selected because of the large number of NIH collaborations and the non-sensitive nature of the research vis-a-vis U.S. foreign policy.

Following a successful trial of 3 months, 27 other countries were added. The 30 countries involved in the first and second phases of the FTS roll-out account for nearly 70 percent of extramural NIH foreign research grant awards. For more information, contact Bialy, (301) 496-6273 or bialyk@mail.nih.gov.

NINR ANNIVERSARY

CONTINUED FROM PAGE 1

Right:
NINR director Dr. Patricia Grady gives opening remarks at an event marking her institute's 20th anniversary. To view the entire symposium, visit <http://videocast.nih.gov/> and go to Past Events.

ance on technology in health care; and the shortage of nurses, both current and projected—will need to be dealt with forcefully by our scientists and our policy-makers if we are to continue to move the health care enterprise forward.”

She also read a letter from HHS Secretary Michael Leavitt, who congratulated NINR on “20 years of advancing the science of nursing and improving health care.”

Leavitt noted that NINR's mission to establish a scientific basis for the care of individuals across the life span “has opened up entirely new areas of research and yielded advances that truly span our universe of health and disease...On this day of celebration, all Americans should be thankful for the efforts that NINR and its dedicated scientists put forth every day to change lives for the better. I wish you much continued success as a treasured member of the HHS family and the NIH research community.”

Each of the speakers examined one or more of the converging forces highlighted by Grady and predicted their impact on the future of research and health care.

Dr. Roger Bulger, acting deputy director, National Center on Minority Health and Health Disparities, began the day with a presentation titled “The Future of Health Care: Implications for Nursing Research.” He expressed a desire to see quality health care made available to all Americans and noted how interdisciplinary teams, as well as technological advances such as the electronic medical record, can help make that vision a reality.

In her presentation, “The Frontiers in Aging Research,” Dr. Elizabeth Clipp, a nursing professor at Duke University and an expert on health trajectories in nursing science, pointed out how large interdisciplinary teams are recognizing the need for nursing expertise. She stressed the importance of nurses getting involved “from the very beginning of multidisciplinary protocols...We want to partner with [the interdisciplinary teams] so that our discipline and our ways of thinking can help shape and structure the protocols from day one rather than coming in at the end and adding a nursing perspective.”

Dr. Nilda Peragallo, dean of the University of Miami School of Nursing, spoke on “Expanding Opportunities in Health Disparities Research.” She noted the need for increased funding to support health disparities research, which can be achieved, she concluded, “by increasing the number of racial and ethnic and other health disparities populations in peer review groups who can provide their unique perspective to help judge which studies should be funded.”



In his talk, “Innovations in Home Telehealth,” Dr. Stanley Finkelstein, professor of laboratory medicine at the University of Minnesota Medical School, showed how technological advances are connecting homebound individuals who require monitoring for a medical condition to their health care providers through the use of telemetry. He noted that most current products are too expensive, adding that “while many insurers want the manufacturers to provide evidence of saving before they agree to cover such care, many of the home tech companies are small, undercapitalized organizations that probably have the experience to do the trials but don't have the financing to do it.” That's why support being provided by NINR and other institutes is critical “to collect the data to show that it is a cost-effective and clinically effective technology,” he said.

Dr. Linda Aiken, professor of nursing and sociology at the University of Pennsylvania, discussed why investments in nursing save lives. Her seminal research on why nursing shortages occur, how they affect health outcomes and what can be done to improve nursing contributions within the health care system has led health care administrators and policymakers to redefine what are acceptable minimal levels of qualified nursing personnel to ensure high-quality care. Aiken called for nurses “to reframe nursing outcomes research in a patient-safety context so that others [outside of nursing] would be able to understand and implement the findings of this research.”

The final presenter was Porter, who championed NIH during his 21 years on Capitol Hill and is currently a partner with the law firm of Hogan & Hartson and chair of the Research!America Paul G. Rogers Society for Global Health Research. Porter underscored the need for continued robust support for research, stating that “the economic destiny of America's high-tech, high-paying jobs in a growing economy depends upon investment in all science and technology research including research in the life sciences and medicine...All of us must work as public citizens of this great country to make a difference for the things we believe in. For me, for you, NIH and NINR, medical research in the advance of human health and longevity top our list.”

NIAMS at 20

The Extramural Community

By Dr. Stephen Katz, NIAMS director

With the help of our institute's extraordinary Extramural Program staff, thousands of the best scientific minds in the country are devoting their efforts to research on bone, muscle, skin and joints. They include new and seasoned investigators, women and minorities and scientists at many levels of professional achievement. They work in universities, hospitals, clinics and private industry; they have large and small grants and contracts; and they pursue basic, translational and clinical questions.

But they contribute so much more to NIAMS than the discoveries that drive our science forward. They also:

- Advise us on our planning and activities;
- Serve on our Advisory Council, on scientific committees and on grant-review panels;
- Review our publications;
- Mentor young scientists, feeding the pipeline of new investigators;
- Explain our science to the media, legislators and constituent organizations.

Over the years, we have been privileged to work with a community of scientists and administrators with boundless energy, creativity and dedication. Their contributions have been critical to our success and to the changed lives of millions of patients and their families.

"For 14 years, I have had the privilege of leading the effort to constitute the LUMINA cohort (for Lupus in Minorities: Nature vs. Nurture). This long-term project, involving Hispanics, African Americans and Caucasians with the disorder, would not have been possible without support from NIAMS, for which I am grateful."

—Dr. Graciela S. Alarcón, Jane Knight Lowe chair of medicine, University of Alabama at Birmingham



Two Degrees of Separation: Energy Conservation at NIH

Does your home electric bill shock you? What if you had to pay the NIH campus electric bill? Being billed \$3 million to \$5 million each month, NIH is the largest single consumer of energy in Montgomery County. With utility costs projected to increase at a steady rate, we must conserve energy. This means that each of us will need to change our habits. As a response to rising energy consumption and costs, NIH is implementing select building changes on campus.

Maintenance staff will be setting temperatures in buildings at 74° F in the summer and 70° F in the winter. At night, thermostats will be set to 60° F in winter and 78° F in the summer. These changes amount to a difference of 2° in both summer and winter. The changes will be made over the next month for the following buildings: 2, 10-ACRF, 10-CRC, 15K, 33, 35, 37, 40, 50, 51, 64 and 65. These buildings have automated control systems. Additional buildings will undergo the same change as funding for more automated control systems is made available.

Since people are comfortable between 70°-74° F, most people will not even notice the change. In some cases, you may simply need to select clothing that is comfortable, including a sweater during the winter and lighter clothing in the summer. The temperature changes will not affect sensitive-use areas such as patient or animal care facilities, which will continue to operate at their standard temperatures.

Signs will be posted in each building a week before the temperature change date. As the changes are phased in, building engineers will monitor affected areas to ensure all areas meet the new settings. Temperatures outside the standard may be reported to maintenance staff at (301) 435-8000 and to your facility manager. Standardizing the building temperatures should reduce temperature fluctuations, but note that personal heating and cooling equipment such as electric space heaters are not permitted because they pose a safety hazard and obstruct the energy conservation efforts.

Although 2° F is a small change, the cumulative impact will be substantial. The Department of Energy estimates that for every degree a thermostat is set back, energy consumption is reduced by an average of 3 percent. This is true in your own home as well. Changing building temperatures by 2° F should reduce NIH's energy costs up to \$1.95 million per year. Additional savings will be seen as other buildings join the program.

The temperature-change program arose as part of NIH's Environmental Management System. NEMS is integrating environmental considerations into day-to-day decisions made across campus and challenging employees to identify and implement new procedures for conducting activities in ways that reduce environmental impact. For more information on NEMS, contact Terry Leland at (301) 496-7775 or lelandt@mail.nih.gov. For information on energy saving programs at NIH, contact Kenny Floyd at (301) 496-7775 or floydw@ors.od.nih.gov. 📍

New Dental and Vision Program Introduced

The Office of Personnel Management has introduced a new Federal Employee Dental and Vision Program (FEDVIP) to federal employees, retirees and their dependents. FEDVIP will be available to eligible federal and postal employees, retirees and their eligible family members on an enrollee-pay-all basis. To take advantage of the program, there is an open season that continues through Dec. 11. Coverage will be effective on Dec. 31. For information on the dental and vision plans, the FEDVIP General Information Line, premiums, frequently asked questions and how to enroll, go to <http://www.benefeds.com/>.



NCI director Dr. John Niederhuber (r) welcomes new NCAB members. They are (front row, from l) Dr. Karen Dow Meneses, Robert A. Ingram, Dr. Carolyn D. Runowicz. In the second row are (from l) Dr. Lloyd K. Everson, Dr. Bruce A. Chabner and Dr. Donald S. Coffey. Below are Dr. Anthony Atala (top) and Dr. Judah Folkman.



New NCAB Members, Chair Named

The White House recently announced the appointment of seven new members to the National Cancer Advisory Board and the designation of a new NCAB chairperson. They are:

Chairperson Dr. Carolyn D. Runowicz is director, Carole and Ray Neag Comprehensive Cancer Center, Northeast Utilities chair in experimental oncology and professor of obstetrics and gynecology, division of gynecologic oncology, University of Connecticut Health Center. She is a nationally prominent expert in gynecologic cancers and women's health and is involved in many national health organizations and professional societies.

Dr. Anthony Atala is W.H. Boyce professor and director of the Wake Forest Institute for Regenerative Medicine and chair of the department of urology, Wake Forest University School of Medicine. His research in regenerative medicine and tissue engineering focuses on growing numerous new human tissues and organs to repair or replace those damaged by age, cancer, trauma or abnormal development.

Dr. Bruce A. Chabner is chief, hematology/oncology, clinical director, Massachusetts General Hospital Cancer Center, professor of medicine at Harvard Medical School and previous director of NCI's former Division of Cancer Treatment from 1982-1995. He has a special interest in the treatment of lymphoma, with a focus on experimental new drugs, particularly natural products and signal-transduction inhibitors.

Dr. Donald S. Coffey is Catherine Iola and J. Smith Michael distinguished professor of urology, Johns Hopkins University School of Medicine. His research includes the role of the nuclear matrix in oncogenesis and the mechanism

of action of androgens in inducing prostate growth and gene function during duplication of DNA and the development of cancer.

Dr. Lloyd K. Everson is vice chairman and member of the board of directors, US Oncology Inc. He works with oncologists across the country to advance the quality of care available to cancer patients.

Dr. Judah Folkman is Julia Dyckman Andrus professor of pediatric surgery at Harvard Medical School and director, Vascular Biology Program, Boston Children's Hospital. His research has been instrumental in the discovery that tumor growth is dependent on angiogenesis, which has led to the treatment of invasive, malignant cancers and has resulted in numerous clinical trials with treatments also applied to benign diseases such as psoriasis and macular degeneration.

Robert A. Ingram is vice chairman of pharmaceuticals, GlaxoSmithKline and former chairman and chief executive officer of Glaxo Wellcome. He has served on the boards of numerous community and civic organizations such as the board of advisors for the Forum for Corporate Conscience, which advocates socially, economically and environmentally responsible, values-based business leadership.

Dr. Karen Dow Meneses is professor, Beat M. & Jill L. Kahli endowed chair in oncology nursing, University of Central Florida. Her main research interests are in breast cancer, quality of life and cancer survivorship, screening and early detection of cancer and in skin cancer prevention for adolescents for which she has received numerous honors. 12

100 milestones



Dr. Daniel G. Wright has been named senior scientific advisor and program director for hematology research at NIDDK.

Wright Named NIDDK Hematology Research Program Director

Dr. Daniel G. Wright has been named senior scientific advisor and program director for hematology research in NIDDK's extramural grants program. He succeeds David Badman, who built the hematology program to prominence over three decades, and will work closely with Dr. Terry Bishop, director of the institute's hematology genomics and research training programs. Wright had been chief of hematology/oncology at Boston University Medical Center.

Wright's move to NIH is a professional homecoming. He had been a clinical associate at NIAID and junior staff investigator at NCI in the 1970s, after receiving his M.D. and completing post-graduate training at Yale. He left NIH in 1980 for a post at Walter Reed Army Institute of Research, where he was chief of hematology for 12 years.

Wright says he looks forward to continuing the tradition of basic science as the core of NIDDK's Hematology Program. He also looks forward to fostering translational research that will apply insights from basic science to clinical medicine. "What has made this program so important and valuable is its rich history of seminal basic research, particularly into hematopoietic stem cell biology, erythropoiesis and iron metabolism," he said. "I hope this basic research focus continues to flourish. I also hope that novel research can be fostered that translates the results of this basic work into improved clinical care."

Fundamentally, hematology is a multidisciplinary science, said Wright. Links between blood disorders, anemia in particular, and kidney and digestive diseases were recognized back when NIH—and the hematology research program at what is now NIDDK—was founded. Links between blood disorders and cancer, infections and cardiovascular diseases subsequently led to the growth of other hematology programs at NCI, NIAID and NHLBI, respectively.

Wright hopes to be a catalyst for increased collaboration among the diverse basic and clinical hematology research programs both within and outside of NIH. Holding both extramural and intramural positions (he is also an associate investigator in NIDDK's Molecular Medicine Branch) may help him achieve this goal. "Overlapping interests in science are positive," he noted. "Approaching similar questions from different points of view promotes advances in understanding health and disease."

Wright has authored more than 140 basic and clinical research publications. He is a member of the American Society of Clinical Investigation and a member of the American Society of Hematology and American Society for Cell Biology. 🌐

NIDDK's Li Killed in Accident

Dr. Bo Li, a postdoctoral fellow in the molecular signaling section, Laboratory of Bioorganic Chemistry, NIDDK, died on Oct. 20 in a car accident near Pittsburgh, while traveling to a scientific meeting in Detroit.

He was born in the Shan-Dong province of China in 1966 and earned a doctorate in cell biology from the University of Bern, Switzerland in 2002. Since 2003, he conducted postdoctoral research at the molecular signaling section.

During his stay at NIH, Li received the NIDDK Scientific Director's Fellowship Award. He was also the author of many scientific papers on various aspects of cellular signaling, particularly the molecular mechanisms governing the function of G protein-coupled receptors.

Li will be remembered not only as a very dedicated and outstanding scientist but also as a wonderful colleague and loving husband and father. His primary drive was to provide a better future for his family. He is survived by his wife Lei Zhuang and his 10-year-old son Simon.

The Foundation for Advanced Education in the Sciences has established a memorial fund to support Li's family. To donate, send a check payable to FAES (Attention: Bo Li Memorial Fund) to FAES, Bldg. 60, Suite 230, 1 Cloister Court, NIH, Bethesda, MD 20814-1460. For more information contact Dr. Yinghong Cui (Bldg. 8, Rm. B1-A05, 301-496-5736, email cuiy@mail.nih.gov).—Jurgen Wess



NIDDK's Dr. Bo Li, a postdoctoral fellow in the molecular signaling section, Laboratory of Bioorganic Chemistry, died on Oct. 20 in a car accident near Pittsburgh.

CIT Computer Classes

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

Perl Introduction for ISSOs	11/20
Analysis of Microarray Data, MSCL Analyst's Toolbox & JMP	11/20-21
Clustering: Make Dendrograms and Heat Maps	11/28
Intro to Principal Component Analysis & Distance Geometry	11/28
ePO 3.x for System Administrators	11/28
Excel Topics - Formulas	11/29
Macintosh OS X Tips and Tricks	11/29
MATLAB Fundamentals and Programming Techniques	11/29
SPSS: Regression	11/29-30
Breeze 5	11/30
Creating Presentations with PowerPoint 2003	11/30
MATLAB for Systems Biology	11/30
BRB-ArrayTools Data Analysis Workshop	12/1

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

C.A.T.S.-I – New User Class	11/27
C.A.T.S.-I – Refresher Class	11/27
NIH Domestic Travel (NBS Travel System)	11/28-30
NIH Foreign Travel (NBS Travel System)	11/28-29
Fellowship Payment System	11/30
Travel Refresher Course	12/4
ITAS for Supervisors/Leave Approving Officials	12/4
NIH Domestic Travel (NBS Travel System)	12/4-6
NBS Transition: Simplified Acquisition Review	12/5
Scientific and Technical Writing	12/5-6
Writing & Managing Executive Correspondence at NIH	12/6-7
Professional Service Orders	12/7
Review, Update on EEO Policies and Processing Laws	12/7
Knowledge Management and Strategic Human Capital	12/7
Purchase Card Training	12/8
Introduction to NIH Property Management	12/11-12

FAES Foreign Language Program Marks 47th Year

How can you learn survival Japanese for a trip to Tokyo or revive your knowledge of French before beginning a 3-month rotation in tropical medicine at the Albert Schweitzer Clinic in Lamboréné, Gabon? One way is to enroll in a language class sponsored by the Foundation for Advanced Education in the Sciences.

FAES has provided a rigorous continuing education program not only in medicine and the sciences, but also in foreign languages since 1959. According to Dr. Alan Schechter, chief of NIDDK's Molecular Medicine Branch and acting director of the Office of NIH History, in the 1960s the school offered German and Russian for scientists who wanted to keep up in their fields and read some of the older scientific literature. In subsequent years Chinese and Japanese were added to the curriculum when scientists involved in international collaborations wanted to acquire a fluency in these languages. Classes in English as a second language began to figure prominently in the catalogue as the numbers of foreign NIH postdoctoral fellows grew.

"The language curriculum continues to evolve," said Dr. Constance Tom Noguchi, FAES dean. "The school currently offers 40 courses that teach basic to advanced communication and reading skills in 7 languages—Spanish, French, Russian, Chinese, Japanese, Italian and English as a second language. We have been fortunate to recruit language instructors from within our ranks and from the local universities. They have enriched our courses and created special classes in response to the needs of our scientists. Earlier this year an introductory French class was scheduled for postdoctoral fellows who are collaborating with scientists in Mali. When foreign postdoctoral fellows wanted training in presentation preparation and delivery, FAES added an English class in public speaking."

FAES classes meet once a week in the spring for 16 weeks and 14 weeks in the fall. The spring session will begin on Jan. 22, 2007, and end on May 11. Advance mail registration is possible beginning in mid-November through Dec. 29. In-person registration will be held in Bldg. 60, Suite 230, Jan. 3-9 from 10 a.m. to 4 p.m. and from 5-7 p.m. on Jan. 8. FAES will charge a late registration fee of \$10 from Jan. 10-Feb. 16. To obtain a catalogue and spring schedule, visit FAES offices located in Bldg. 10, Rm. 1L101; Bldg. 10, Rm. B1C18 or Bldg. 60, Suite 230; or go to the FAES web site at www.faes.org. For more information, contact the FAES Graduate School at (301) 496-7976 or book store (301) 496-5272.—Lucia Biederman



volunteers

Weight and Insulin Resistance Study

Healthy Chinese, Korean and Japanese men and women volunteers between 18 and 50 years old are wanted for a study on eating and metabolism. Participation requires: two visits (one assessment visit and one follow-up visit—combined 4 hours total) including assessment of body composition, blood collection, ingestion of Ensure-plus and questionnaires; and keeping a 3-day eating diary and physical activity record. Participants will be compensated for their time. For more information call Su Kim at the Uniformed Services University of the Health Sciences, (301) 295-1371.

Healthy Children Needed

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

Avian Influenza Study

Doctors at NIH are conducting a research study (06-I-0235) to test the avian influenza vaccine and to develop an antibody-based treatment for avian flu. To participate, volunteers must be healthy, 18 to 59 years old, must be HIV-negative and not have hepatitis B or C and must meet the criteria to donate blood. As part of the study, volunteers will receive up to four doses (one or two injections) of an investigational vaccine against avian influenza, into the muscle, one month apart. Volunteers must be willing to donate plasma by plasmapheresis (a standard type of blood donation performed in the blood bank). Volunteers will be compensated. Call today to learn more: 1-800-411-1222.

Child with Behavioral Problems?

Researchers at NIMH are seeking child and adolescent volunteers with behavioral problems to participate in research studies. Your child may be eligible if he or she is between the ages of 10 and 17, is medically healthy, has had problems at home or in school (disruptiveness, anger or aggression) and doesn't feel guilty when doing something wrong. Parents are asked to call (301) 594-8705 for more information. Participation may include behavioral observation, brain imaging and psychological interviews. No treatment will be offered. Financial compensation and transportation assistance will be provided.

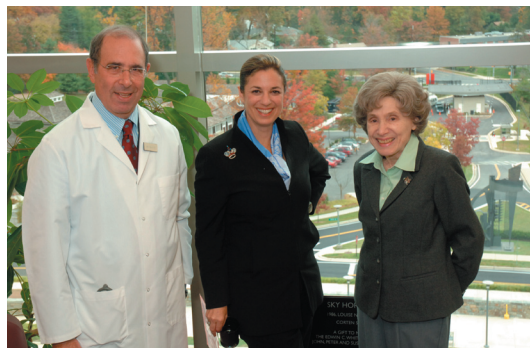
Study of Influence of Genes on Brain Function

Researchers at the Clinical Brain Disorders Branch, NIMH, are seeking healthy volunteers to take part in a study that examines the role that genes play in brain function. This large genetic study has a shortage of Caucasian volunteers. Healthy Caucasian volunteers, ages 30-50, are needed to match with unaffected Caucasian siblings who have a brother or sister who has been diagnosed with schizophrenia. Protocol procedures will involve either 1 or 2 days of a volunteer's time and will include a blood draw, an interview, neuroimaging and neurocognitive testing. English must be a participant's native language. No overnight stays are required. Compensation is provided. For details call (301) 435-8970 (TTY 1-866-411-1010) or email ThorpeK@mail.nih.gov.



'Sky Horizon' Formally Donated to NIH

Susan Whitehead (c), daughter of the late Edwin C. Whitehead, was at the Clinical Center on Oct. 27 for a ceremony marking her family's gift of the Sky Horizon sculpture to NIH. She is flanked by John Burklow (l), NIH associate director for communications, and CC director Dr. John Gallin. The steel work by artist Louise Nevelson was dedicated in 1988 and displayed here since then courtesy of the Whitehead family. It originally was located at the Clinical Center's front entrance on Center Drive. It went into storage for safekeeping during construction of the Hatfield Clinical Research Center and was eventually relocated to its present site at the end of West Drive. The piece was selected in the mid-1980's when Dr. James B. Wyngaarden, then NIH director, established a committee to advise him on selection of a sculpture that would "stand as a reminder of the accomplishments of NIH to the health of mankind and a salute to those who made those accomplishments possible" to mark NIH's 1987 centennial celebration. It was purchased by Edwin Whitehead, founder of the Whitehead Institute for Biomedical Research and the Technicon Corp. In his later years, he was a founder and chairman of the board of Research!America. "My father was enormously proud [the sculpture] was here [at NIH]," said Whitehead. "It's a privilege for me and my family to make this gift." Below, Gallin and Whitehead are joined by Dr. Ruth Kirschstein, special advisor to the NIH director.



Treats Do the Trick During Halloween Visits

PHOTOS: MICHAEL SPENCER & BILL BRANSON

Youngsters from the NIH Child Care Center serenaded Bldg. 1 denizens on Oct. 31. At right, NIH director Dr. Elias Zerhouni distributes stickers to the visitors. There were no tricks and plenty of treats on Halloween for children at the Clinical Center. Recreation therapists took children trick-or-treating at pre-arranged stops throughout the hospital. The recreation therapy section of the rehabilitation medicine department began the tradition more than 20 years ago to make life inside the hospital as normal as possible for children. The event was open to any young patient, relative or visitor who was in the hospital on Halloween.

Below, John Lipski as Spiderman and Ana Lucia Toj Garcia collected their treats while escorted by recreation therapists Holly Parker (rear, second from l) and Kristin Johnsen (rear, third from l). Diana Ciotola of NIAID (l) and Nora Naumann of NIAID (r) dropped by and surprised the group with candy. At lower right, recreation therapist Johnsen escorts Jeremy Smith for a trick-or-treat stop in the pediatric clinic.

