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The Second Best Thing About Payday

nih record

ABOVE • *NIH'ers gave a record amount to CFC 2007; see story on back page.*

features

departments

'Epidemic' or Greater Awareness?

STEP Forum Reveals Current State of Autism Knowledge

By Sarah Schmelling

"Things have changed. They've changed considerably," said Dr. Roy Richard Grinker, professor of anthropology, human sciences and international affairs at George Washington University, at a recent STEP forum on autism. "And when we look at [current autism] prevalence rates, we can't compare them to prevalence rates from 20 years ago. We can't even compare them to prevalence rates from 10 years ago. The methods were different, the concept was different, even today there are different kinds of studies going on."

The rates he referred to are the hotly discussed recent statistics on autism: that 1 in 150 children are now diagnosed with the spectrum disorder, a much higher percentage than were diagnosed 15 or 20 years ago. It's a number that has led to frequent use of the term "epidemic."

But to the forum's speakers, these rates are actually a sign of a greater understanding and awareness of the disorder. Grinker, who is both a medical anthropologist and a father of a daughter with autism, said that what many see as a "crisis" in autism is in

SEE **AUTISM**, PAGE 8

Julia Royall of NLM offers a mid-term report on her Fulbright year in Uganda.

NLM's Royall Reports on Research in Uganda

By Belle Waring

Julia Royall, chief of international programs at NLM, recently touched down on the NIH campus with a multimedia report on her Fulbright research project in Uganda.

"For the past 4 months I've been in a whole other world," she told the audience in Lister Hill Auditorium, where her talk, "NLM into Africa: Uganda Up Close and Personal," drew a packed house.

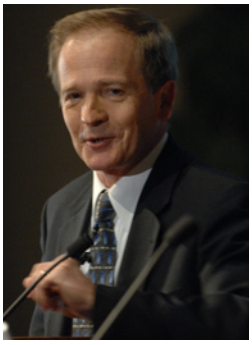
Royall came to NLM in 1997 to create a malar-

SEE **UGANDA**, PAGE 4

Logging on to the Future

NCI Event Examines Consumer Health IT

By Belle Waring



Dr. Bill Crounse of Microsoft

In a move to enhance the translation and spread of research, NCI recently invited three informatics experts from private industry to speak at a half-day conference titled "The Future: Consumer Health Information Technology."

NCI's Lindsey Volckmann, Dr. Robert Croyle and Dr. Bradford Hesse welcomed guests Adam Bosworth, formerly of Google; Dr. Bern Shen of Intel; and Dr. Bill Crounse of Microsoft. NCI's Dr. Steve Taplin served as moderator.

National surveys and studies show that technology is changing the way people manage their health. "There's a massive spread of people seeking health information online," Hesse said. "The increase crosses every age category." Consumers are also logging on to

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briefs

Science Fair Judges Needed

ScienceMONTGOMERY, the volunteer organization sponsoring Montgomery County, Md.'s annual junior-senior science fair, invites NIH staff to sign up to judge on Saturday, Mar. 15 between 8 a.m. and 5 p.m. at the Reckord Armory at the University of Maryland, College Park. For judging categories, other details and to sign up, visit www.ScienceMONTGOMERY.org. The fair presents the top projects of the county's middle and high school students.

NIH Sailing Association Spring Open House

The NIH Sailing Association invites everyone to its open house on Thursday, Feb. 28 from 5 to 8 p.m. at the FAES House at the corner of Old Georgetown Rd. and Cedar Ln. Would you like to learn to sail? Can you imagine being part of a group of skilled sailing instructors, enthusiasts and boat owners? The club offers instruction, sailboats for charter, racing, cruises, parties and fun. Open house is $5 at the door and includes pizza and sodas; cash bar for beer and wine, $2 each. Look for NIHSA posters and flyers around campus. For more information visit www.recgov.org/sail.

STEP Forum on Surviving Traumatic Injury

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic, "Surviving Traumatic Injury: Improving the Odds," on Thursday, Feb. 14 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

You are driving to work and, CRASH! Suddenly, you are in an ambulance on the way to the ER. The EMTs are hard at work and the shock-trauma team awaits you. In the race to save your life, will your treatment be based on the latest evidence and standards of care? Will you be brought back from the brink of death and the possibility of permanent disability? This STEP forum will highlight the state-of-the-art methods used by emergency medical personnel in saving people with life-threatening injuries. It will also cover the latest research in this area and the translation of scientific discoveries into advances in the practice of emergency medicine.

Orioles and Nationals Ticket Sale

The R&W is offering tickets to Baltimore Orioles and Washington Nationals baseball games. Nationals tickets go on sale Tuesday, Mar. 4 in Bldg. 31, Rm. B1W30 (outside the R&W Gift Shop) at 8 a.m. Available are 4 seats in Section 219, Row D. You may buy one set of tickets the first time through the line. After the initial line ends, you may come back through to purchase more tickets. Arrive early if you have a particular game in mind.

Orioles tickets go on sale Thursday, Mar. 6 outside the Bldg. 31 R&W Gift Shop at 8 a.m. Available are two regular season tickets (2 seats behind first base—section 14BBB seats 7-8) and tickets for 13 Sunday games (4 seats behind third base—section 58MM). You must be a 2008 R&W member to purchase tickets; you can join R&W at the time you buy tickets. Membership is $7 for the year.

Symposium on Biospecimen Science, Mar. 13-14

NCI's Office of Biorepositories and Biospecimen Research and NIH's Office of Rare Diseases announce the Biospecimen Research Network symposium titled "Advancing Cancer Research Through Biospecimen Science," Mar. 13-14 in Washington, D.C. The symposium will feature expert presentations and interactive discussions on topics in biospecimen science including: HER2/neu: Lessons Learned; Access to Existing Knowledge in Biospecimen Science; Research Advances in Biospecimen Science; Assessing and Qualifying Biospecimen Quality; Patient Perspectives; and Incorporating Biospecimen Science into Research and Clinical Practice. The symposium is open to the public. For more information, to register and to submit an abstract, visit www.brnsymposium.com.

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens. New students are invited to begin classes on any Monday. Beginner classes start Apr. 2 and July 9. The curriculum combines traditional striking arts, forms, sparring and basic aikido techniques with emphasis on self-defense. No experience is necessary. Classes meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays (6-7 p.m. Fridays and 10:30 a.m. to noon Saturdays, optional) and will continue for about 2 months until participants can be integrated into the regular school training. Registration fee is $50 and includes 10 weeks of beginner's class and a uniform costs $40. Interested persons are welcome to watch regular training sessions. For information call Pam Dover, (301) 827-0476 or visit www.recgov.org/r&w/nihtaekwondo.html.

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Dr. Cynthia Kenyon will present "From Worms to Mammals: Genes that Control the Rate of Aging" at the WALS at 3 p.m. on Feb. 20.

'From Worms to Mammals'

Kenyon Presents Wednesday Afternoon Lecture, Feb. 20

Who would have thought that the lowly worm would be the one to show the world that the aging process, like everything else in biology, is under exquisite regulation? That's what Dr. Cynthia Kenyon and her laboratory at the University of California, San Francisco, demonstrated in 1993 when they doubled the lifespan of the small roundworm *C. elegans* by changing a single gene. Kenyon's discovery set off an intensive study of the molecular biology of aging. Her findings have led to the discovery that an evolutionarily conserved hormone signaling system controls aging in other organisms, including mammals.

Kenyon will present "From Worms to Mammals: Genes that Control the Rate of Aging" at the NIH Director's Wednesday Afternoon Lecture at 3 p.m. on Feb. 20 in Masur Auditorium, Bldg. 10. The director of the Hillblom Center for the Biology of Aging and the American Cancer Society research professor of biochemistry and biophysics, Kenyon has been associated with UCSF since 1986.

By manipulating genes and cells, her laboratory has been able to extend the lifespan and period of youthfulness of healthy, active *C. elegans* by six times. They found that signals from the reproductive system and sensory neurons influence the lifespan of *C. elegans* and these processes may be evolutionarily conserved.

These signals act, at least in part, to control the expression of a wide variety of subordinate genes, including antioxidant, stress response, antimicrobial and novel genes, whose activities act in a cumulative fashion to determine the lifespan of the animal. Some of these subordinate genes can also influence the progression of age-related disease.

In 1976, Kenyon graduated as valedictorian in chemistry and biochemistry from the University of Georgia. She received her Ph.D. from MIT in 1981, where, in Graham Walker's laboratory, she was the first to look for genes on the basis of their activity profiles, discovering that DNA damaging agents activate a battery of DNA repair genes in *E. coli*. Pursuing postdoctoral work with Nobel laureate Sydney Brenner at the Medical Research Council Laboratory of Molecular Biology in Cambridge, U.K., Kenyon studied the development of *C. elegans*.

A member of the National Academy of Sciences, the Institute of Medicine and the American Academy of Arts and Sciences, she has received an honorary doctorate from the University of Paris. She is the recipient of numerous awards including the King Faisal Prize for Medicine, the American Association of Medical Colleges Award for Distinguished Research, the Ilse and Helmut Wachter Award for Exceptional Scientific Achievement, the La Fondation IPSEN Prize and the Inspire Award from the AARP.

Following Kenyon's presentation, there will be a reception for attendees. The National Institute on Aging is hosting the event.

NIH Employee Census Virtually Unchanged

The NIH workforce profile looks just about the same as it did this time last year, according to information from the NIH Data Warehouse, which compiles such figures:

- Women comprise about 59 percent of NIH employees.
- There are 7,773 males filling the agency's full-time equivalencies (FTEs, in human resources language). That's a slight increase over the previous fiscal year's total of 7,646.
- Average age of the NIH population remains 48.1 for men and about 45.7 for women.
- We recorded 2,739 "separations" from NIH over the last year, with 426 of those by way of retirement. Just under 400 had retired from NIH by the same time in the previous year.
- On average, NIH'ers have compiled a little over 13 years of federal service, with a bit more than 10 years of service at NIH.
- We have about 18,500 employees on staff; there were 18,180 of us on board in the previous fiscal year.
- Including postdocs and visiting fellows (foreign scientists), NIH had an estimated 6,500 scientists as of Sept. 29, 2007. The Office of Intramural Research defines scientist as someone with an M.D. or a Ph.D. in a scientific discipline.

UGANDA

CONTINUED FROM PAGE 1

ia research telecommunications network to support scientists in Africa. Her current project, funded by her 2007-2008 Fulbright fellowship and NLM, is investigating whether an "information intervention" can make a difference in health.

***Top**:*
Royall meets with Makerere medical students and collaborators (from l) William Lubega, Nelson Igaba and Nixon Niyonzima.

***Above**:*
Royall describes life "in country."

TOP PHOTO COURTESY JULIA ROYALL AND JACK KYRIELEISON

NIH PHOTOS: MICHAEL SPENCER

"What do you think of when you think of Africa?" she asked in opening remarks. "Famine, tyranny, heroism, AIDS, civil war—or celebrity humanitarians? And what is NLM's role? Where do we fit in?"

Now at the midpoint of her fellowship, Royall has found three ways to fit in. First, there's library outreach—teaching Ugandan librarians to teach graduate students to search NLM databases. Then there's work with medical students to deploy the MedlinePlus malaria tutorial in health centers, district health offices and NGOs (nongovernment organizations). Finally, there's partnering with a village project in eastern Uganda as well as Kabala University in the west—the first university founded and led by Ugandans, not Europeans, she noted.

She also plans to work in the northern region, an area long wracked by civil war and the rebel guerrilla Lord's Resistance Army. "I actually won't be steering clear, but won't be taking risks," she said. "The area where I work now is peaceful."

Meanwhile, she has a life: "in country" with her is son Owen, age 16. They are billeted on the main campus of Makerere University in Kampala, not far from Lake Victoria.

Globally, each year there are an estimated 300 million-500 million malaria cases and more than a million reported deaths, 90 percent of which occur in sub-Saharan Africa. Royall noted that experts on NLM's Africa Advisory Board, not staff at NLM, decided what diseases MedlinePlus for Africa would address: these include AIDS, tuberculosis and malaria.

Furthermore, she continued, the malaria tutorials were produced with "local talent."

"We had to be careful," she said, "about working with these communities to define what the products would look like. The academic approach fell away."

The tutorials were originally produced in collaboration with medical faculty at Makerere University and a team of Ugandan doctors, medical students, artists and translators. The malaria tutorial was then field-tested in villages by the students and translated into three local languages: Luganda, Rukiga and Luo.

The context was tough: frequent power outages; roads more potholed than passable; a 70 percent literacy rate; and belief in local healers to the exclusion of medical science. Uganda, a landlocked country in East Africa, has for decades been riven by postcolonial strife, war, poverty and disease. Yet Royall was at pains to show the hope.

"ICT [information and telecommunications] interventions," she said, "are making a difference at the village level." Makerere University medical students "took the lead in making and distributing booklets, posters and audio CD formats to be used on the radio, an important communication tool in Africa."

She showed a clip featuring fourth-year students working in an area that has only one doctor for 50,000 people. One student, William Lubega, said: "This program first of all should be integrated into our curriculum…Every year as students go out into the communities, they can share this knowledge." Nixon Niyonzima added: "The idea [is] empowering the community themselves to teach the rest of the community to prevent malaria."

All agreed that the power of visual imagery is paramount.

Future research modules will include diarrhea, addiction and nutrition. "Uganda has lots of good food and lots of malnourished kids," Royall said.

Can health messages change behavior? To measure impact, a baseline survey on the malaria project in one of the villages is now in process.

"When I come back [to NLM in June]," Royall said, "I'll report on it."

For more information on the tutorials, visit www.nlm.nih.gov/medlineplus/africa/.

feedback

Have a question about some aspect of working at NIH? You can post anonymous queries at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and we'll try to provide answers.

Feedback: I recently received an NIH parking ticket for $75. While I deserved the parking ticket, the fee is $50 for the parking violation and $25 for a "processing" fee. I can understand the $50 parking fee is to discourage people from parking in a certain spot, but the $25 to process the ticket seems extraordinarily high. Could you please explain why the processing fee is so high? Where does that money go? Who profits from the high fee?

Response from Alvin Hinton, chief, Division of Police, ORS: The United States District Court system established the fee. Federal law enforcement agencies had no say in the establishment or amount of the fee. I believe this is a budgetary tool for the court system.

Feedback: I recently read in the *OEODM News and Notes* that NIH employs 637 veterans. How did OEODM come up with that number? Were only those individuals who claim veterans preference counted or did OEODM count every person who had some military service? If OEODM counted every person, how did they do that—did they review each employee's application/resumé?

Reply from Hilda Dixon, deputy director, OEODM: The information on the number of veterans employed at NIH is based only on information from the NIH Data Warehouse human resources database. This database includes information on employees who are identified as having a veteran's status under pre-Vietnam era, Vietnam era and post-Vietnam era. The number is not inclusive of all employees at NIH who may be veterans. OEODM does not directly survey or collect veteran's status information on NIH staff.

Fogarty Names Johnson as New Deputy Director

The Fogarty International Center has named HIV/AIDS expert Dr. Michael P. Johnson as its new deputy director. He comes to FIC from the Office of Global Health Affairs at HHS, where he was liaison to the President's Emergency Plan for AIDS Relief (PEPFAR). In that position his responsibilities included policy, technical and budgetary aspects of HHS involvement in PEPFAR, which currently exceeds $1 billion.

"I'm excited to have someone of Dr. Johnson's caliber join Fogarty in this key role," said FIC director Dr. Roger Glass. "He'll be instrumental in helping me maintain and build new collaborations with our many partners across NIH, in addition to supporting me in my role as associate director for international research."

Prior to joining PEPFAR, Johnson was chief of party for the Center for Disease Control's Caribbean regional office, co-located with the Caribbean Epidemiology Centre in Port of Spain, Trinidad. During his 2-year assignment there, he played a leading role in the establishment of CDC offices for PEPFAR in Haiti and Guyana and established partnerships with a number of Caribbean regional organizations.

Johnson has worked on domestic HIV/AIDS as chief medical officer and director of the Division of Training and Technical Assistance for the Ryan White CARE Act in the HIV/AIDS Bureau of the Health Resources and Services Administration. This work included oversight of the national AIDS Education and Training Centers, initiation of the first clinical quality improvement initiative in a national, publicly funded clinical care program and development of a variety of technical assistance interventions. He also provided agency representation and leadership in a White House initiative: the Congressional Black Caucus Initiative on AIDS.

As a faculty member in the department of international health at Johns Hopkins School of Hygiene and Public Health, his work focused on Haiti as in-country director for studies on short-course tuberculosis and chemoprophylaxis among HIV-infected persons. While at Hopkins, he received a Fogarty training grant. He applied many aspects of his work in Haiti to domestic programs in the resource-limited, minority neighborhoods of Baltimore.

Johnson is a graduate of Clark University (A.B. 1979), Tufts University School of Medicine (M.D. 1983) and Johns Hopkins School of Hygiene and Public Health (M.P.H. 1991). He is also board-certified in internal medicine and infectious disease.

CONSUMER HEALTH IT

CONTINUED FROM PAGE 1

***Above**:*
Participants in the recent IT conference included (from l) Dr. Steve Taplin, NCI; Dr. Bern Shen, Intel; Dr. Bill Crounse, Microsoft; Adam Bosworth, formerly of Google; and Dr. Bradford Hesse, Dr. Robert Croyle and Lindsey Volckmann, all of NCI.

PHOTOS: MICHAEL SPENCER

purchase medications; meanwhile, a growing number say they would prefer going online to schedule appointments, email their physicians and view and annotate their own medical records.

Within HHS there's a push to create a health care system similar to a business system, with interoperable (useable on several software platforms) medical records.

IT, with its enormous power to connect, stands to play a key role in affecting behavior, improving access and enhancing motivation. Given the major role played by factors such as smoking, physical inactivity and nonadherence to screening, Hesse noted that "behavioral issues [in influencing outcomes] are huge."

Yet the situation is complicated. For example, consumers may wish to email their physicians, but whether or not insurers will reimburse physicians for their "electronic hours" is problematic. In addition, without a physical assessment in a clinical setting, emailing medical advice may increase risk of liability.

And while private industry may bristle with creative thinkers, its mission is neither setting federal policy nor writing regulations to enforce it. How can the private side best work with government to deliver research-based solutions? The panelists offered perspectives to the audience in Masur Auditorium. Some highlights:

Bosworth, former head of Google Health, had three overarching suggestions: standardize medical vocabularies and records to make them interoperable; ensure that individuals have rights to electronic health data about themselves in pharmacies, labs and insurance companies; and design and test protocols so all this becomes feasible. With an eye towards the goal of universal coverage, he stressed that IT can lower costs so that health care may be extended to all.

Intel's Shen, a former emergency room physician, gave an overview of the current situation and noted that one of the most striking changes is "the so-called shift left [on the health care spectrum] from acute care to home care, where patients can arguably enjoy a higher quality of life at a lower cost of care—if given the right tools and support…Health care insurance for a family of four in the U.S.," he said, "now costs the same as the annual whole salary of a minimum wage worker.

"Power matters," Shen said. "Technology can upset power structures and the normal ways of doing business." He cited several concrete ways IT can help: information transfer; reducing social isolation in the ill, aged and infirm; improving medication adherence; and home monitoring.

Microsoft's Crounse, formerly a family physician and hospital chief medical information officer, also reviewed health care challenges. "America has the worst information technology in health care among the industrialized nations. The U.S. government investments are very small; we are drastically behind, 15 years behind. Germany, the U.K., Australia and Canada provide better care for less money." He introduced the audience to Microsoft's "Health Vault," a consumer health platform to search for health information and to access, store and share one's own health information with doctors, family members and others.

A vigorous Q&A followed, with questions rang-

Panelist Bosworth, formerly with Google, stressed that IT can lower costs so that health care may be extended to all.

ing from literacy levels and the role of government in the free market to why the U.S. lags behind in health care information delivery.

Sixty percent of the dollars in the [health care] system come from government, Crounse noted, but there are too many "crazy rules...Medicare should pay doctors to do emails and virtual visits." Bosworth stressed that although "patients do have rights today to their medical records under HIPAA [Health Insurance Portability and Accountability Act], the right isn't useful because it simply guarantees you a fax of paper records in the doctor's office. What I'm arguing for is rights to an electronic transfer of the electronic data that exists about you." Shen called for adding "health literacy and health policy literacy to education," although, he noted, "I know it's hard for you here to do that in your public role."

Is IT here to influence health care policy or to serve it?

Moderator Taplin landed on a hopeful note: "Technology will do what we want," he said. "The question is: What do we want to deliver? We need...an interactive process to optimize care for all Americans."

To help plan next steps and deliverables, NCI has created a forum on the event web site: www.informaticsinaction.com. The conference is archived there and at http://videocast.nih.gov/.

Former NCRR Director Vaitukaitis Honored

Dr. Judith Vaitukaitis, former director of the National Center for Research Resources, recently won the E.H. Ahrens Award from the Association for Patient Oriented Research. The award recognizes her lifetime of accomplishments in reproductive endocrinology and her support of patient-oriented research during her years at NCRR.

Vaitukaitis first came to NIH in 1970 as a postdoctoral fellow after her medical residency at University Hospital in Boston. She worked with the Reproductive Research Branch, first at NCI and then at NICHD, and became one of the first female senior investigators at NICHD.

Any woman who has taken a home pregnancy test has Vaitukaitis' methodology of identifying and measuring human chorionic gonadotropin (hCG) to thank. In the 1970s, it was known that the human body secretes hCG only during pregnancy or with certain kinds of cancers. Her work teased out the pregnancy distinction, made the home test possible and resulted in her induction into the NIH Hall of Honor.

In 1974, Vaitukaitis returned to Boston to spend a decade as professor of medicine at Boston University School of Medicine and as head of the section on endocrinology and metabolism at Boston City Hospital. She returned to NIH in 1986 to hold positions as director of the NCRR General Clinical Research Center (GCRC) program and then as deputy director.

Vaitukaitis increased the visibility of the clinical research enterprise during her tenure as director from 1993 to 2005. Under her leadership, NCRR established the Institutional Development Award Program, which broadened the geographic distribution of NIH funding for biomedical and behavioral research. In addition, NCRR tripled funding for construction of research facilities; helped create three national gene vector laboratories; expanded the range of services and technologies provided by the GCRCs; expanded support of innovative and high-risk, high-yield technologies; and enhanced the Shared Instrumentation Grant Program.—**Jenny Haliski**

fact an achievement. More children are being diagnosed with autism today, he explained, because more people understand what it is and are getting kids the treatment they need at a younger age. That, he said, is a positive change.

The discussion was part of a larger Science for All presentation that provided an overview of what is known about autism. Dr. Ami Klin, director of the Yale Child Study Center's Autism Program at Yale University School of Medicine, and Dr. Rebecca Landa of the Kennedy Krieger Institute explained how autism is diagnosed, assessed and treated and detailed research conducted in their clinical programs. Grinker focused on his personal experience with autism, as an anthropologist and as a parent.

STEP forum moderator Dr. Susan Swedo of NIMH (second from l) is joined by speakers (from l) Dr. Roy Richard Grinker, Dr. Rebecca Landa and Dr. Ami Klin.

PHOTO: MICHAEL SPENCER

Klin said that as early as 1943, Leo Kanner, often called the "father of child psychiatry," described children with a seeming inability to relate to others. Today, Klin explained, impairments in social interaction are still seen as core diagnostic features of autism, along with "the universal difficulties in reciprocal communication."

While in typical development, children are predisposed to engage with people, this predisposition is absent or impaired in children with autism. They have a "derailment of a very key aspect of life very early on," Klin said. A goal of current research is to be able to identify where this divergence in the pathway—between developing expertise about the social world and about the physical world—occurs, as early as possible.

To better understand just how altered social engagement might affect development, Klin and his colleagues use eye-tracking technology that allows them to see exactly where a person with autism looks. He showed a scene from the film *Who's Afraid of Virginia Woolf*. A typical viewer, he demonstrated, focuses on the frightened eyes of the central actor in the scene, while a person with autism will focus on the mouth of the person speaking. The same is true of toddlers as young as 15 months with autism: when faced with a caregiver, they will focus on the mouth, not the eyes. From these findings, researchers have learned that the less children look at eyes—the centers of emotion—the stronger their disability. It also gives researchers hope, Klin said, "because maybe we can detect autism before it even emerges."

A major challenge to researchers is the "spectrum" factor of the disorder: there is a great range in the way autism affects people. This means they need to use what Klin called "a large bag of tricks" to accurately assess and work with children with autism. Landa outlined a variety of intervention options—from behavioral and educational to pharmacologic treatment—then showed several video examples of interventions used in her program.

However, another challenge is the perception of autism around the world; this is where Grinker went into detail. As an anthropologist, he has traveled to many countries, studying how different societies classify, identify and treat autism and looking at the connections between culture and illness. He found that autism has become "more and more a part of everyday language and discourse."

But change, he explained, often comes slowly. When his daughter, Isabel, was diagnosed with autism in 1994, he and his wife talked to a psychoanalyst who barraged his wife with questions about her pregnancy and childrearing. "This person was clearly placing blame on my wife in a very roundabout way," Grinker said.

The "refrigerator mother" idea, he explained, is still alive and well. In France, "the paradigm very much at play right now is that if the child is autistic, you treat the mother because it's not the child's problem." In South Korea, where Grinker and colleagues are conducting an epidemiological study, he was originally told he wouldn't find autism. Instead, they referred to something called "reactive attachment disorder," which also blames a child's working mother.

In many places "there is externalization of blame going on," including the vaccine issue in the U.S. "Scientific studies have shown that neither vaccines nor anything contained in vaccines have been related to autism or autism prevalence," Grinker said. Yet a large number of advocates, emboldened by information they find online, remain convinced this problem exists.

Which brings us back to fears of an epidemic. By using a well-known graph from the state of California showing improved delivery of autism-related services, Grinker showed how the data have been improperly represented to suggest an increase in the incidence of autism. The chart, he said, "looks frightening because… when we see a line that goes from bottom to top we get scared." However, he said this is in fact a "fantastic" image for showing how misleading a graph can be. The graph looks like an increase in rates over time, but it is really just a snapshot of the ages of children who are being given services in California's regional centers under the classification of autism. If you take the data and make a different chart, looking instead at the ages at which people are receiving treatment, it's a much more positive statement. It shows early intervention is working and that "we're getting kids into the system [at a] younger [age]."

Autism, in the past, was categorized differently, he explained; it seems to him we're just now starting "to get it right." He's also seen a growing awareness in our society through his daughter.

For example, because of her love of animals, Isabel recently expressed interest in volunteering at the National Zoo. Grinker has written a book on his experiences with his daughter called *Unstrange Minds: Remapping the World of Autism*, but was still reluctant to call the zoo and ask about Isabel volunteering there. It turned out the zoo already employed kids with autism and had no problem with it. "That wouldn't have happened 10 years ago," Grinker noted.

He closed his talk by reading from his book, sharing an experience he had with Isabel when she became fascinated with the painter Claude Monet's garden in Giverny, France, leading to a family trip there and French lessons when she returned home.

Grinker knows there are "many frightened parents out there," but he's seen the change in autism awareness for Isabel as well as for kids throughout the world. "When she entered the school system, she was seen as strange," he said. "But today, the children she knows…they know what autism is. You take a child and introduce them to another child and just say they're different, they're not going to be good to them. But if you tell them this child has autism—which so many students know about because they've heard about it or because 'America's Next Top Model' had an autistic contestant—they're going to embrace that child.

"The truth is, the more people understand autism, the more people are willing to embrace children with autism," Grinker said.

He said his daughter has taught him "the unexpected, even the beautiful, can emerge from something initially seen as undesirable." He's seen that autism can contain something wonderful "inside a person that's not to be recovered or extracted, but something of its own brilliance and with its own truth."

NIAAA Expands Asia-Pacific Collaboration

NIAAA director Dr. T.-K. Li (l) and Dr. Jong-Koo Lee, director general of the Korea Center for Disease Control and Prevention, hold copies of the letter of intent signed by both to increase cooperation in biomedical research between the two countries.

As part of ongoing collaborative efforts by NIAAA with Asia/Pacific rim countries, institute staff helped organize and participated in recent back-to-back meetings in Japan and South Korea, signing a letter of intent with South Korean scientists to cooperate in research. The joint activities highlighted the mutual interests of scientists in all three countries in investigating the health effects of alcohol.

NIAAA director Dr. T.-K. Li gave the opening lecture at the International Symposium on Alcoholic Liver and Pancreatic Diseases and Cirrhosis, part of the annual Asian Pacific Digestive Diseases Week that took place recently in Kobe, Japan. The director of NIAAA's Division of Metabolism and Health Effects, Dr. Samir Zakhari, was a co-organizer of the symposium and chaired a session on oxidant stress and inflammation; NIAAA intramural scientist Dr. Bin Gao gave a talk on innate immunity and alcoholic liver fibrosis. At the meeting, Li received an award from the Japanese Society of Gastroenterology citing his extensive and long-term contributions to addressing the adverse health consequences of alcohol.

In Seoul, South Korea, the Korean National Institute of Health and the Korea Center for Disease Control and Prevention (KCDCP) sponsored a workshop on alcohol disease and policy. NIAAA scientific staff gave several presentations. The workshop culminated in the signing by Li and Jong-Koo Lee, director general of the KCDCP, of a letter of intent to increase cooperation in the fields of biomedical and behavioral research.

NIAAA has signed letters of intent in recent years with scientific centers in both Japan and China to collaborate in a variety of scientific areas related to alcohol use. One reason these collaborations are important to all countries involved is that the profile of genetically determined alcohol-metabolizing liver enzymes in Asian and European populations is different. Liver enzymes are known to play a role in the risk of developing alcoholism and in the health effects seen as a result of consuming alcohol. The range of shared scientific activities outlined in the letters of intent—conferences, exchanges and training of scientists and shared technology and research projects—will address this and other areas of mutual interest.

milestones

McDonald Named NCI Branch Chief

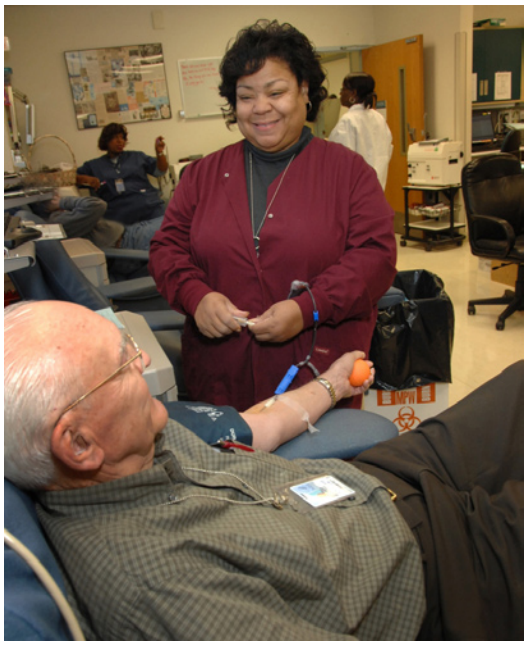
Dr. Paige McDonald has been named chief of the Basic and Biobehavioral Research Branch of the Behavioral Research Program in the Division of Cancer Control and Population Sciences (DCCPS), NCI.

"Dr. McDonald's unique ability to bridge cancer biology with stress biology and other psychosocial processes will enable her to play a major leadership role in this domain," said Dr. Robert Croyle, DCCPS director.

McDonald had been acting branch chief since 2006 and a program director since 2001 in the branch, where she has cultivated the growth of a research portfolio focused on elucidating biological mechanisms of psychosocial effects on health and disease.

Prior to joining NCI, she was a research psychologist at Howard University Cancer Center (HUCC) and a faculty member in the department of medicine at Howard University College of Medicine. Her research interests included stress and immunity within a cancer-risk context, the influence of behavioral factors on breast cancer risk and survival and the perceptions and knowledge of breast cancer and early detection behaviors among women residing in public housing.

McDonald received her undergraduate degree in psychology and her doctorate in clinical psychology from the University of Miami. Her doctoral training included an emphasis on behavioral medicine and psychophysiology within the context of cardiovascular disease. She completed her clinical psychology internship, with specialization in health psychology, at the Brown University Clinical Psychology Internship Consortium and postdoctoral fellowships at the Memorial Sloan-Kettering Cancer Center and HUCC. In 2005, she received a master of public health degree from Bloomberg School of Public Health at Johns Hopkins University.



Glorice Mason draws blood from hemochromatosis patient and donor Richard Ahlberg.

Blood Bank's Mason Retires After 34 Years

By Jenny Haliski

Glorice Mason, medical technologist and team leader of the blood donor room, retired on Jan. 3 after 34 years of service to the donors and staff of the Clinical Center's department of transfusion medicine.

She came to the CC as a summer aide in 1970 and then worked part-time through the Stay-in-School program while she completed her bachelor's degree in social welfare and rehabilitation at the University of the District of Columbia in 1975. Mason started college majoring in nursing and although she did not complete that course of study, her academic background allowed her to be promoted to medical technician and medical technologist.

When DTM began its protocol for patients with hemochromatosis—a condition where iron builds up in the blood and must be reduced through donation—in 2001, Mason became designated technologist for the protocol team. She enjoyed getting to know the patients—now more than 300—who come in to donate every few weeks.

"I love my donors and patients," she said. "They're the best part of my job. The hemochromatosis patients especially are like family to me because I see them so often." NCI's Dr. Dan Fowler, one of Mason's hemochromatosis patients, said he "will miss her warm personality that gives staff confidence and puts anxious patients and volunteers at ease. She was very professional but also made it fun to donate."

Mason is proud to hold two records: the best attendance record in the blood bank—for the 4 years between 2001 and 2005 she took no sick days—and only missing three Super Bowls in 22 years. She is also proud of being named phlebotomist of the month, as voted by the blood bank's donors, that she won 8 of the 12 months in fiscal year 1988-1989.

In retirement, Mason will spend time in New Jersey with her niece Tiffany, who is about to give birth to a daughter, as well as her other two nieces Ameika and Cristal. An avid Washington Redskins fan, Mason also plans to travel with friends to more of the team's away games, in addition to enjoying home games.

Dr. Harvey Klein, chief of DTM, noted that Mason taught him—as well as many clinical fellows, nurses and technologists—blood component preparation techniques, including freezing blood. "Generations of staff members who have taken positions around the country after training at the CC ask about Glorice or stop in to see her when they return to Bethesda. She is one of the last members of the old 'blood bank era,' and she will be sorely missed," Klein said.

NEI's Kaiser-Kupfer Mourned

By Arthur Stone

Dr. Muriel Isolde Kaiser-Kupfer, a researcher in genetic eye diseases and chief of the Ophthalmic Genetics and Visual Function Branch, NEI, until her retirement in 2004, died Jan. 9 after a lengthy illness.

"Kim, as she was known to many of her friends and colleagues, was an accomplished scientist," said NEI director Dr. Paul Sieving. "She had remarkable success in reducing visual loss associated with the metabolic disorders gyrate atrophy and nephropathic cystinosis. Her stellar career emphasized her devotion to the care of patients with these rare diseases. She will be remembered for her focus on patients and her commitment to linking laboratory findings to clinical treatments that improved people's eyesight."

Originally from New York, Kaiser-Kupfer spent part of her childhood in Florida, where at age 14 she was a champion diver. She graduated from Wellesley College in 1957 and earned her M.D. from Johns Hopkins University School of Medicine in 1961. She was one of only four women in the class. She then completed a pediatric internship, residency and fellowship and served as assistant director and instructor at Johns Hopkins University Hospital until 1968.

From 1968 to 1970, she completed a residency in ophthalmology and served as a consultant in the congenital defects clinic at the University of Washington School of Medicine in Seattle. She was one of the few women physicians of her era who were board-certified in both pediatrics and ophthalmology.

Kaiser-Kupfer joined NEI in 1972 and from 1974 through 2004 served in a number of leadership roles: founding member of the NIH Medical Genetics Training Program, medical officer in NEI's Ophthalmology and Pediatrics Clinical Branch, section chief and branch chief of Ophthalmic Genetics and Visual Function, NEI representative to the NIH interinstitute genetics group and deputy clinical director.

In addition to researching gyrate atrophy and cystinosis, Kaiser-Kupfer pioneered new ways to diagnose and treat other hereditary diseases such as neurofibromatosis II, congenital cataracts and anomalies of the anterior segment. She was the author or co-author of more than 100 scientific papers and she mentored and inspired many medical students, residents and fellows. In addition, she volunteered with the Maryland School for the Blind and gave hope to many young people there who were then seen and treated at NEI. Because she spoke Spanish, she saw many Hispanic patients with congenital and hereditary diseases.

For much of her 30-year career, Kaiser-Kupfer focused on gyrate atrophy, which causes retinal degeneration and resulting visual disability by the age of 50 or 60. She and her colleague, Dr. David Valle of Johns Hopkins University School of Medicine, conducted an 18-year study of the disease in patients from many parts of the world and discovered that it was caused by an enzyme deficiency. They then proved that a diet restricted in arginine, an amino acid, slows progression of the disease.

Another disease to which Kaiser-Kupfer devoted much of her research and clinical work was nephropathic cystinosis, a rare disease that eventually causes kidney failure at about 10 years of age. In this disorder, crystals of cystine begin to build up in the cornea by age 1. Cystine is a component of protein found in hair, skin and other tissues. As the number of crystals increases in the cornea, patients experience severe pain and have difficulty keeping their eyes open. Occasionally the crystals break through the corneal surface, causing the cornea to become hazy and resulting in vision loss.

Seeking treatment for children with this disorder, Kaiser-Kupfer worked with long-term collaborator and cystinosis expert Dr. William Gahl of NHGRI. The two tested use of topical cysteamine, a byproduct of the amino acid cysteine, on animal corneas. They then conducted a human clinical trial that demonstrated the disappearance of the crystals and resulting relief of pain and improvement of vision. In 1987, Kaiser-Kupfer published a study in the *New England Journal of Medicine* that described the successful removal of crystals from the cornea by use of cysteamine.

"Kim developed eye drops to deliver cysteamine directly to the cornea," explained Gahl. "After a few months of treatment, the crystals actually dissolved and for hundreds of patients the pain was gone. It was a miracle. Kim herself was a miracle. In her professional interactions, she displayed the grace and form of the competitive diver that she was. She provided care at every visit, but discoveries for all time. She was an excellent pediatrician, a great ophthalmologist, a fine person and a wonderful friend."

In 1990, Kaiser-Kupfer received the Lifetime Achievement Award from the Cystinosis Foundation for her role in developing the cystinosis treatment.

She is survived by her husband, Dr. Carl Kupfer, founding NEI director, their children Charles and Sarah and four grandchildren.

Longtime NCI Medical Photographer Isenburg Dies at 84

Ralph L. Isenburg, a medical photographer in NCI's Laboratory of Pathology until his retirement in 2005, was buried with full military honors at Arlington National Cemetery.

Ralph L. Isenburg, a medical photographer in NCI's Laboratory of Pathology until his retirement in 2005, died of cancer on Dec. 5, 2007, at age 84. He was buried with full military honors at Arlington National Cemetery.

Isenburg was born in Manchester, N.H., on Nov. 23, 1923. When the United States entered World War II shortly after he began college, he left school to enter the Army Infantry Corps. He took part in three invasions: North Africa, Sicily and Italy. He was severely wounded in Italy and was awarded two Purple Hearts and a Bronze Star for his service.

A few years after returning to civilian life, Isenburg entered a 3-year program in medical photography at Rochester General Hospital School of Medical Photography. His coursework included training in photography and microscopy, as well as study in medical specialties including anatomy and histology. After completing this degree, he worked for a few years at Johns Hopkins University followed by several years in the medical photography section of the Armed Forces Institute of Pathology.

He left AFIP in 1969 to join the NCI Laboratory of Pathology, where he worked as chief medical and scientific photographer until his retirement. He also served as the lab's general photographer, often taking candid shots of life in the lab as well as more formal photographs for publications and presentations.

At the 50th anniversary of the Department of Health and Human Services in 2003, Isenburg was honored as the "longest serving" active employee at NIH. By the time of his retirement in October 2005, he had 61 years of government service. He had taken more than 50,000 photographs during his employment at NCI alone.

When Isenburg first came to NIH, part of his job included running a sophisticated dark room, including black-and-white as well as color development. He saw tremendous technological change in his field during his tenure. Over the last 10 years of his service, he gradually began to digitize his photographic lab. By the time he retired, he was enthusiastic about digital photography and had become adept with Adobe Photoshop and page-layout programs. His enthusiasm about staying at the forefront of his field was characteristic of his years in medical photography.

Isenburg is survived by Eleanore, his wife of 54 years, six sons, four grandchildren and three great-grandchildren. His outgoing personality and helpful disposition made him a well-known figure around NIH. He was an avid bowler, played drums with many dance bands for over 60 years and had a wide and diverse circle of friends. He will be missed by all who knew him.—**Mary Stracke**

Retired Biochemist Black Mourned

Dr. Simon Black, 90, a biochemist for over 40 years at NIH, died of heart failure at Springhouse Manor Care on Jan. 5. He had retired in 1993, having been chief of the section on biochemistry of amino acids in the Laboratory of Biochemical Pharmacology, NIAMD (now NIDDK) for 25 years. He kept an active interest in his chosen fields as a scientist emeritus and was well-known and admired throughout the campus.

Black was born in Deerfield, Wisc., near Madison, on Aug. 9, 1917. He spent his early years on a farm in Deerfield. He loved telling stories about milk strikes, hired hands and runaway horses. He had intended to study agriculture when he entered the University of Wisconsin with financial help from a New Deal program. But he ended up working in the forefront of vitamin research and earned a Ph.D. in biochemistry in 1940 from UW.

He conducted weapons research for the Army during World War II, in Chicago. He began his studies on enzymes at the University of Chicago department of medicine, working with Dr. E.S.G. Barron, from 1946 to 1951. During this period, Black isolated yeast aldehyde dehydrogenase and found its requirement for potassium ions. This work led to a fellowship with Fritz Lipmann at Massachusetts General Hospital in Boston. With Lipmann and Dr. Mary Ellen Jones, he published important papers on the reaction mechanism of the ATP-acetyl-coenzyme A reaction, demonstrating the release of pyrophosphate upon ATP hydrolysis.

Black began his NIH career in September 1952, after a year at Mass General. In short order, he elucidated the enzymes involved in the biosynthesis of threonine and the reduction of methionine sulfoxide (which turned out to include a key component of the nucleotide reductase system) and the role of FAD and thiol groups in glutathione reductase, among others. In later years he devoted his energies to big questions: how protein synthesis is regulated and how the genetic code could have arisen from direct nucleic acid-peptide interaction.

In the 1970s, he traveled to Europe, South Amer-

ica and Asia as a member of the committee on space research (COSPAR), an international organization of scientists in space-related disciplines. In 2000, Vantage Press published his book, *A Theory on the Origin of Life Plus a Brief History of Biochemistry*.

In 1944, he married Dorothy Gottlieb, a secretary for the Manhattan Project, which created the first atomic bomb. In 63 years of marriage, the couple had three sons: Bert, Roy and Frank; and one grandson, Ian.

Black, a devoted fan of the Baltimore Orioles and the Washington Redskins, is remembered by friends, colleagues and former postdocs for his dedication to his work and his coworkers, as an outstanding mentor and an insightful reviewer, all with a touch of humor. He is survived by his wife, sons, grandson and three daughters-in-law.

Blome Named NIGMS Evaluation Chief

Dr. Juliana Blome brings her extensive experience in evaluation to NIGMS, which recently named her chief of its Office of Program Analysis and Evaluation.

"I'm delighted that Juliana will be applying her broad expertise, vision and energy to the critical functions of program planning, evaluation and analysis at NIGMS," said institute director Dr. Jeremy Berg. "These areas are taking on even greater importance as we move from developing a new strategic plan to implementing it, and also as we assess the results of several large-scale initiatives we began during the NIH budget-doubling period."

Blome, who has a background in social science research, will also manage two grant programs: institutional training at the interface of the biomedical and behavioral sciences and research on the efficacy of interventions to promote research careers.

Prior to joining NIGMS, Blome was acting chief of the Evaluation Branch of the Office of Portfolio Analysis and Strategic Initiatives, OD. She oversaw administration of the NIH evaluation set-aside program and provided technical guidance and support for evaluation activities across all ICs as well as for initiatives funded under the NIH Roadmap for Medical Research.

Earlier in her career, Blome worked in Columbia University's department of epidemiology, where she studied risky health behaviors in adolescents and HIV/AIDS among Latino males. She also conducted research on youth violence prevention, post-traumatic stress disorder in children exposed to violence and child abuse and neglect. While at Columbia, Blome received an M.P.H. in sociomedical sciences, an M.S. in social work and a Ph.D. in sociology.

Her other experience includes managing junior legislative staff and following health care and Social Security issues for Sen. Frank Lautenberg of New Jersey.

Among Blome's honors is a 2005 NIH Director's Award for her contributions to the evaluation of the NIH Roadmap for Medical Research.

Farishian Appointed Director of NIDDK Office

Dr. Richard Farishian was recently appointed director of the NIDDK Office of Scientific Program and Policy Analysis (OSPPA). He will serve as a member of the institute's senior leadership team and will advise the NIDDK director on policy, planning and legislative issues. Farishian had served as deputy director of OSPPA since 1988.

"We are extremely fortunate to have the benefit of Dr. Farishian's talent and experience," said NIDDK director Dr. Griffin Rodgers. "I look forward to working with him to provide leadership and guidance in promoting the NIDDK mission."

OSPPA is the institute's focal point for preparing a variety of program and analytic reports, including those associated with the annual appropriations process and GPRA; coordination of trans-institute planning; and production of NIDDK's annual compendium of science advances.

Farishian's first position at NIH was with the National Heart, Lung, and Blood Institute. Prior to joining NIH, he worked for Pfizer Pharmaceuticals in New York and Bethesda Research Laboratories in Gaithersburg.

Farishian received his B.A. from Oakland University, his Ph.D. from the University of Pennsylvania and an M.B.A. from New York University.

NIAID Postdoctoral Fellow Sun Dies in Accident

Dr. Tao Sun, a postdoctoral fellow in NIAID's Laboratory of Immunogenetics (LIG), died on Dec. 3, 2007, in a pedestrian-Metrobus accident at the intersection of Twinbrook Parkway and Parklawn Drive in Rockville. He was 38 years old.

Sun came to the United States from the People's Republic of China to study biophysics. He received his Ph.D. from the University of Connecticut in 2005. His desire to study infectious disease through structural biology led him to NIH in September 2006. During his time at NIH, Sun served as a postdoctoral fellow in the group of Dr. David Garboczi, head of the structural biology section, LIG. "Tao will be remembered for his cheerful personality, for his hard-working and energetic approach to his experiments and his dedication to his family and church," said Garboczi.

The Foundation for Advanced Education in the Sciences has established an emergency fund to assist Sun's wife and 4-year-old daughter. Donations in the form of checks payable to FAES can be sent to the following address: FAES, Bldg. 60, Suite 230, 1 Cloister Drive, Bethesda, MD, 20814. Write "Dr. Sun emergency fund" on the memo line of the check.

digest

Height Insights

An international team supported in part by NHGRI, NIA, NIDDK and NHLBI has found evidence that common genetic variants linked to osteoarthritis may also play a minor role in human height. The findings, released online in *Nature Genetics*, came from studies involving more than 35,000 people and a survey across the entire human genome. The new variants account for just a small fraction of the genetic basis of height: genetic factors are thought to be responsible for at least 80 percent of the variation in height among people; the new variants—along with another recently identified height-associated genetic variant—account for less than 1 percent of human height variation. However, researchers said it's still exciting to be able to achieve findings like these. Understanding the factors involved in human height could provide new insights into osteoarthritis and other musculoskeletal diseases. Osteoarthritis is by far the most common type of arthritis, affecting nearly 21 million Americans.

An international team supported in part by NIH has found evidence that common genetic variants linked to osteoarthritis may also play a minor role in human height.

Genetic Associations with Coronary Artery Disease

In a study also published in *Nature Genetics* and supported by several institutes, an international group of scientists reported the discovery of more than 25 genetic variants in 18 genes connected to cholesterol and lipid levels. This is significant because while we know that both environmental and genetic factors influence a person's lipid levels (blood fat)—which are important risk factors for coronary artery disease (CAD)—more has been understood about the environmental contribution than the genetic role. The recently discovered variants—found through studies of more than 20,000 individuals and spanning the entire genome—could potentially open the door to strategies for the treatment and prevention of CAD.

Inheriting Autism Risk

Another variation on a gene: scientists funded by NIMH have found a gene variant that may raise the risk of children developing autism, especially when the variant is inherited from mothers rather than fathers. Published online in the *American Journal of Human Genetics*, the study results focused on a gene, CNTNAP2, that makes a protein that enables brain cells to communicate with each other through chemical signals and appears to play a role in brain cell development. Previous studies had implicated the gene in autism, but in this study researchers were able to link a specific variation in its structure to the disease. Inheriting the gene variant does not mean that a child will inevitably develop autism, just that the child may be more vulnerable to developing the disease than children without the variation. Autism is a highly heritable disease, so identifying genes involved with it is crucial to being able to map its pathology, researchers said. The disorder currently has no cure.

The Evolution and Resilience of MRSA

According to an NIAID-led study, community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infections are primarily caused by a single strain of an evolving bacterium that has spread throughout the U.S. during the last 5 years. The findings rule out the previously held possibility that multiple strains of USA300, the most troublesome type of CA-MRSA in the U.S., emerged randomly with similar characteristics. This study also offers a hypothesis for the origin of previous *S. aureus* outbreaks, such as those caused by penicillin-resistant strains in the 1950s and 1960s. A second study, also led by NIAID scientists, reveals new information about how MRSA bacteria in general elude the human immune system. Both studies, published in the *Proceedings of the National Academy of Sciences* and the *Journal of Immunology*, respectively, should add insight to the expanding knowledge base for MRSA, an emerging public health concern that typically causes readily treatable soft-tissue infections, but can also lead to life-threatening conditions that are difficult to treat.—**compiled by Sarah Schmelling**

volunteers

The phone numbers for more information about the studies below are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

Dry Mouth

Do you have dry mouth after treatment for head and neck cancer? Participate in an NIH clinical research study.

Coronary Artery Disease

Have you had a heart attack, angioplasty or bypass surgery? Participate in an NIH clinical research study. Compensation is provided.

Kidney Disease Biomarkers

Do you have diabetes and early kidney disease? Consider participating in an NIH research study to try and improve treatment.

Diabetes Type 2 in Adolescents

Type 2 diabetes study for adolescents and young adults. Compensation will be provided.

Healthy African-Americans

Healthy African-Americans or Africans 18 years and older are needed for blood count study at NIH. Compensation is available.

Allergy Clinic

NIH Pediatric Clinic, Allergy and Asthma care (ages 3 months to 18 years). Allergy and asthma study.

Healthy Children Needed for Study of Brain Development

Male and female children ages 3-12 are needed for an NIMH study of typical brain development. Participants must be in good overall physical and mental health. Study participation includes several hours of cognitive testing and a structural MRI scan. Monetary compensation is provided. If interested, contact Samantha White at whitesam@mail.nih.gov or (301) 435-4509.

Study of Genes, Aging and Cognition

Healthy volunteers, over the age of 55, are needed for a study of the genetics of aging and cognition. Participation requires a blood draw and non-invasive clinical, neurological and cognitive testing procedures. No overnight stays. No medication trials. Compensation is provided. Call Bobby Das at (301) 435-4593 or email DasB@intra.nimh.nih.gov. Refer to protocol 00-M-0085.

Vascular Disease Study Recruits

Healthy African-American and Caucasian women are needed for a study investigating the effect of the American diet on vascular disease risk. The study will look at the effect of fat in the blood before and after a meal. Volunteers must be nondiabetic, premenopausal women between ages 18 and 49. Study requires 3 outpatient visits followed by a week of daily visits to NIH for breakfast, weight measurement and meal pick-up. Compensation is provided. For information call (301) 402-7119. Refer to protocol 07-DK-0163.

Mike Davis and his wife Candy plan a Hawaiian vacation/ cruise to celebrate their retirements.

NEI's Davis Bids Farewell to Long Federal Career

After more than 30 years of federal service, 23 at NEI, Mike Davis is retiring. He has served the institute in many capacities since being hired as a program analyst in 1984. He became chief of the Policy, Legislation, Planning and Evaluation Branch in 1988. Later he was appointed associate director for science policy and legislation and was responsible for NEI's strategic planning, science policy and legislative activities for the last 14 years.

After earning a bachelor of science degree in zoology in 1969, Davis attended infantry officer training at Ft. Benning, Ga. He was selected to attend German language training at the Department of Defense Language Institute in Washington, D.C., from 1970-1971. Davis spent the next 2 years in Germany then returned to the U.S. and graduate school. He earned a master of science degree in biology from Northern Arizona University in 1977.

After graduation, Davis began work on a University of Texas contract with the then National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases to study diabetes in the Pima Indians. He headed the radioimmunoassay laboratory and was involved in clinical studies of lipid metabolism and cell culture studies of glucose metabolism in the Pima population. Davis also performed administrative duties related to the contract portion of the study. In 1981, he was transferred to federal employment as a microbiologist and later became an administrative officer for the Phoenix clinical research section at what is now NIDDK. He continued to serve in the Army reserve and was commander of two units of the U.S. Army Chemical Corps prior to his retirement in 1997.

Davis's community activities have included service to his church and over 25 years of work with the Boy Scouts of America. All three of his sons are Eagle Scouts and his only daughter married an Eagle Scout. In addition to several civilian and military service and performance awards, Davis received the HHS Secretary's Award for Distinguished Service, the NIH Director's Award and an NEI Director's Award.

A family man first, Davis relishes spending more time with his family. He plans to travel, keep learning, fly more (he is an avid pilot) and "volunteer my time to something worthwhile—in short, enjoy the next phase of my life as much as I have enjoyed the previous phases," he said.

Davis and his wife Candy, who worked for 17 years at NIH and retired from federal service last August, plan a Hawaiian vacation/cruise. They will celebrate their retirements, graduation of the last of the kids from college, having three of four kids married and the last engaged to be married and four grandchildren.

seen

Over $2.2 Million Given

NIH'ers Set New Record of CFC Support

NIH employees have surpassed themselves once again with record-breaking generosity toward the Combined Federal Campaign. In total, more than $2.2 million has been contributed to local, national and international charities.

This year's Hollywood theme was "Have a Heart, Be a Star." NIH opened the campaign with a kickoff featuring celebrities such as former U.S. congressman and actor Fred Grandy, known for his role as Gopher in the TV show *The Love Boat* and WMAL radio host Andy Parks. The campaign continued with special events hosted by the National Heart, Lung, and Blood Institute, this year's lead IC. Events like Hollywood Squares at the Rockledge Complex and Executive Boulevard Becomes Hollywood Boulevard added energy to the campaign.

The biggest hit of CFC 2007 was Dancing with the NIH Stars, which had the IC directors showing off their Western line-dancing talents. The likenesses of Elvis, Johnny Depp, Judy Garland and other stars greeted staff at buildings across campus and helped spread news of the campaign.

NIH director Dr. Elias Zerhouni was challenged by NHLBI director Dr. Elizabeth Nabel to wear a red blazer in order to raise awareness of the campaign and encourage support. Not only did NIH easily beat its goal of $1.8 million, but it also set a new record. To acknowledge that generosity, and also to support National Heart Health Month, Zerhouni is wearing a red blazer during the first 2 weeks in February.

Top:
NHLBI director Dr. Elizabeth Nabel's institute led the record-breaking CFC; she is flanked here by colleagues Timothy Wheeles (l) and Donald Christoferson.

Above:
By far the biggest hit of 2007's CFC season was the Dancing with the NIH Stars competition that pitted IC directors against each other. At left, ORS director and eventual victor Dr. Alfred Johnson takes the mic (and his first place trophy) from Nabel; at right, several IC directors step-kick for the judges in front of Bldg. 1.

PHOTOS: MICHAEL SPENCER, ERNIE BRANSON