

nih record



ABOVE • On his fifth visit to NIH, President Bush peers through microscope at NCI lab.

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'Each One, Teach One'

Power of Mentoring, Inspiring Others Is Stressed at MLK Celebration

By Carla Garnett

If it's true that great leaders are not born, but made, then a wise course would be to inspire more "makers." That was the path taken at NIH's 2007 salute to Dr. Martin Luther King, Jr., "Fulfilling the Promise, Living the Dream," as speaker after speaker emphasized the impact you can have on someone you take under your wing.

"I think about the things that have happened to me and I often say I've had more than my share of life's wonderful bounty," said keynote Dr. LaSalle Leffall of Howard University College of Medicine, "but that's due to the

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Martin Luther King commemoration keynote speaker Dr. LaSalle Leffall (c) is welcomed to Masur Auditorium by CC director Dr. John Gallin (l) and NIH director Dr. Elias Zerhouni.

First, Do No Harm

Cassem Charts Ethical Answers To 'Inappropriate Surrogates'

By Belle Waring

Can clinicians contravene a patient's end-of-life choices and yet stay within ethical bounds? If the patient's surrogate defies an advance directive, how should staff respond? An Ethics

Grand Rounds discussion, "Inappropriate Surrogates: What Should Clinicians Do?" tackled the issue recently in Lipsett Amphitheater.

At age 54, a patient called EB had struggled with congenital heart disease her whole life. Now severely ill with congestive failure, renal shutdown and septic shock, she dictated her advance medical directive to her caregivers:

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Dr. Ned Cassem of Harvard

President Bush Visits NIH for Fifth Time

President George W. Bush visited NIH for about 90 minutes on Jan. 17, touring a cancer research laboratory in Bldg. 10 and participating in a discussion on cancer prevention. It was his fifth visit to campus in the past 4 years.

"Let me thank you personally on behalf of NIH for your interest [and] support in what we do," said NIH director Dr. Elias Zerhouni, welcoming Bush to a briefing in the Clinical Center's Medical Board Room. "You are the President who has come to see us the most often. And this is a testimony to your commitment—not only to our research, but also to your plan for AIDS relief, and your compassion about the suffering that people throughout the world are experiencing today."

In his remarks, Bush praised the the agency's work, touting the new vaccine against cervical cancer.

"I love coming to the NIH," he said. "It is an amazing place...because it is full of decent, caring, smart people, all aiming to save lives. And

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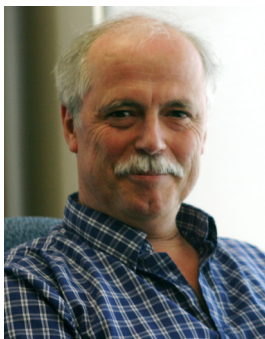
briefs

Yoga Meditation Held Weekly

Sahaja yoga meditation class is held every Thursday at 7 p.m. on the third floor of the CRC, Rm. 1608. Sahaja yoga seeks to awaken inner energy called kundalini. It can be practiced by people of any age and does not involve any physical exercise. The class, offered for free, is sponsored by the recreation therapy section of the rehabilitation medicine department. For more information contact Jasmin Salloum, (301) 402-5630.

NIH Sailing Association Open House

The NIH Sailing Association invites everyone to its open house on Thursday, Mar. 1 from 5 to 8 p.m. at the FAES House on the corner of Old Georgetown Rd. and Cedar Ln. Would you like to learn to sail? Or to be part of a group filled with skilled sailing instructors, enthusiasts and boat owners? NIHSA offers instruction, sailboats for charter, racing, cruises, parties and fun. The open house costs \$5 at the door, which includes pizza and sodas. There is a cash bar for beer and wine. For more information visit www.recgov.org/sail.



Sierra Named NIA Program Director

Dr. Felipe Sierra was recently named director of the Biology of Aging Program (BAP) at the National Institute on Aging. Prior to this appointment, he was program director of BAP's cell structure

and function portfolio. Sierra's career in the basic biology of aging began 19 years ago in Switzerland, where he worked for Nestlé to develop a nutrient-based product for older people, similar to the company's popular baby formula. In academia, he held positions at the Medical College of Pennsylvania in Philadelphia, Lankenau Institute for Medical Research in Wynnewood, Pa., and in Chile at the Universidad de Chile. A biochemist, Sierra is also an accomplished, self-taught painter and once earned his living as an artist.

Stevens Appointed Executive Officer of NINR

Cheryl Stevens has recently joined the National Institute of Nursing Research as executive officer. She will serve as a key administrative advisor to the NINR director, identifying opportunities to improve management systems. "We are fortunate to have Ms. Stevens on board," said NINR director Dr. Patricia Grady. "She brings extensive administrative leadership experience to the position and will be a valuable addition to our executive staff."



Prior to her appointment at NINR, Stevens served as deputy administrative resource center manager in NCI's Office of the Director. There she led a team of administrative officers and technicians. She has also served in a number of other NIH positions including director of administrative operations for the National Center for Research Resources and special assistant for operations management at the National Institute of Dental and Craniofacial Research.

Stevens has a master's of public administration degree from American University's Key Executive Program. She has received numerous awards in recognition of her accomplishments including an NIH Merit Award and the NIH Director's Award.

NLM Hosts Exhibit on African-American Migration

"In Motion: The African-American Migration Experience," an interactive project that celebrates the 35 million African Americans who have been participants in or are heirs to the migrations that have shaped this country and the African Diaspora, is on view in the first floor lobby of Bldg. 38A now through Mar. 1 (weekdays only). Through this project, composed of an exhibition, a web site (www.inmotionaame.org), book and education kit, the public is now granted once-exclusive access to a wealth of resources that illustrates the diversity and complexity of the African-American community. Through images, artifacts, maps, narratives and music, the exhibition presents, chronicles and interprets the migratory movements that have formed and transformed the African-American community and the nation in the last century. The multimedia exhibition was created by the Schomburg Center for Research in Black Culture, a research unit of the New York Public Library. Its NIH sponsor is NLM. For more information and tours, contact the NLM Office of Communications, publicinfo@mail.nlm.nih.gov, (301) 496-6308.

Krensky Named NIH Deputy Director for OPASI

Dr. Alan M. Krensky was recently appointed by NIH director Dr. Elias Zerhouni as the first NIH deputy director for the Office of Portfolio Analysis and Strategic Initiatives. He will assume the post on July 8.



"We are extremely fortunate to have Dr. Krensky join us," said Zerhouni. "He will play a key leadership role as the Office of Portfolio Analysis and Strategic Initiatives provides an 'incubator space' to address critical research efforts in cross-cutting areas of NIH priorities."

OPASI grew out of NIH's Roadmap for Medical Research and has two goals: to identify important areas of emerging scientific opportunities or rising public health challenges and to help accelerate investments in these areas to make sure new ideas have a chance to develop. OPASI provides new opportunity for more trans-NIH dialogue, decision-making and funding for scientific priorities and opportunities that would be difficult to support otherwise.

Krensky graduated from the University of Pennsylvania in 1973 and received his M.D. from the University of Pennsylvania in 1977. At Stanford University School of Medicine, he most recently served as professor of pediatrics, chief of the division of immunology and transplantation biology, associate chair for research in the department of pediatrics and associate dean for children's health.

His research interests are in human cellular and molecular immunology, transplantation immunology and tumor immunology. He is a member of the American Society for Clinical Investigation and the Association of American Physicians and is a coauthor of more than 240 research papers.

Krensky has received numerous awards including the Award for Excellence in Pediatric Research from the American Academy of Pediatrics, the Scholar in Experimental Therapeutics Award from the Burroughs Wellcome Fund and the Novartis Established Investigator Award from the American Society for Transplantation.

He becomes NIH's fifth deputy director, alongside principal deputy Dr. Raynard Kington, Deputy Director for Management Colleen Barros, extramural deputy Dr. Norka Ruiz Bravo and intramural deputy Dr. Michael Gottesman. ❶

NIDA-Funded Teen Survey Shows Decrease in Illicit Drug Use

The National Institute on Drug Abuse recently released the results of the 2006 Monitoring the Future survey of 8th, 10th and 12th graders. The survey indicated that past-month use of illicit drugs among this audience has dropped 23.2 percent since 2001. By contrast, abuse of prescription opioids remains at unacceptably high levels.

"Past-year use of marijuana has fallen by 36 percent among 8th graders, 28 percent among 10th graders and 18 percent among 12th graders since the peak abuse years in the 1990s," said NIDA director Dr. Nora Volkow. "This is great news. However, past-year use of OxyContin has almost doubled among 8th graders since 2002 and Vicodin abuse remains stubbornly high among 12th graders. We know that the job is not yet done."

The survey showed that past-month marijuana use for all three grades combined declined significantly from 2005 to 2006. However, the survey found some areas of significant concern, including that past-year use of Vicodin remained high among all three grades, with nearly one in 10 high school seniors using it in the past year. In addition, the rate of use of OxyContin among the youngest students has increased significantly since it was included in the survey in 2002. There is also concern about non-medical use of over-the-counter drugs. In the first national survey on non-medical use of cold or cough medicine, the data show that 4.2 percent of 8th graders, 5.3 percent of 10th graders and 6.9 percent of 12th graders reported taking cold or cough medicines with dextromethorphan (a cough suppressant) during the past year to get high.

Since 1975, the survey has measured drug, alcohol and cigarette use and related attitudes among adolescent students nationwide. Survey participants report their drug-use behaviors across three time periods: lifetime, past-year and past-month.

Overall, 48,460 students from 410 public and private schools in the three grades participated in this year's survey. The survey is funded by NIDA and has been conducted since its inception by investigators at the University of Michigan.

More information on the survey can be found at <http://monitoringthefuture.org> or on NIDA's web site at <http://www.drugabuse.gov/DrugPages/MTF.html>. ❷



Top: NIDA director Dr. Nora Volkow unveils results of the Monitoring the Future survey.

Bottom: Federal officials address the media.

SURROGATES

CONTINUED FROM PAGE 1



Clinical social worker Joanne Pomponio presents a difficult case at ethics rounds.

PHOTOS: ERNIE BRANSON

Some Terminology When Things Look Terminal

Advance directives are legal documents such as a living will that convey decisions about end-of-life care. Advance directives let patients communicate their wishes to family, friends and health care professionals and so avoid confusion later on. Even after advance directives have been signed, patients can change their minds and revise them at any time.

A health care surrogate is someone appointed to make a patient's medical decisions if the patient is unable to do so. The durable power of attorney for health care is the legal document that names a patient's health care surrogate and is incorporated into the medical record.

"I want all effective treatments for keeping me alive, no matter what my condition."

Clear enough. But then EB told staff to add these lines: "The impact on my quality of life is the most important consideration in making medical decisions. For me, quality of life means being able...to be at home and independent." She did not want to be on a ventilator; about that she was adamant. As her condition worsened, she signed a "Do Not Resuscitate (DNR)" order. No intubation, yet she did want meds administered.

"She left...a confusing advance directive," said Joanne Pomponio, a clinical social worker who presented the case. "In her own mind, it was clear, but..."

The confusion didn't end there. EB had appointed her aunt as durable power of attorney (DPA) and they were very close. Now the aunt was refusing to let go of her beloved niece.

"[The DNR] doesn't matter," the aunt insisted. "You're going to keep treating her." She was hoping for a miracle, she said.

EB's relatively easy-going husband was her alternate DPA, but no match for the aunt who criticized the care, verbally blasted the staff and threatened to sue the hospital for negligence. She interfered so forcefully that she was banned from the patient's room during procedures.

Here was an extremely ill patient who had signed a DNR, which the staff was obliged to respect. As she worsened and became unresponsive her "inappropriate surrogate" said that if staff did not resuscitate, she would sue them and the hospital too. The staff was whipsawed with conflicting demands: Doctor, let me go gently vs. If you let her go, I'll see you in court. They were walking a very fine line and the resulting wrangle would leave questions for bioethics consultants.

End-of-life care is the specialty of Dr. Ned Cassem, Jesuit priest, consultation psychiatrist at Massachusetts General Hospital and professor of psychiatry at Harvard Medical School. He offered these answers to a full house:

- Could the staff advise the patient that her choice for DPA may not be appropriate and encourage her to appoint someone else? Even though she may be "the aunt from hell," Cassem said, staff should not interfere with the patient's choice. EB had a very close relation-

ship with her aunt, who had no children of her own. "You might as well face it," he said. "Never expect a mother to give up easily on a child"—the corollary being, don't expect the aunt to give up easily on her niece, who in her heart is the child God gave her to protect.

- Are there circumstances that would permit removal of a DPA? Yes, as when the aunt was banned from the room during procedures. Cassem recounted another case in which a family member "threatened to kill the doctor and the nurse. This lady sued me before she even met me and, due to her streams of loud obscenities in the critical care unit, we had to get security to remove her multiple times."

- Could staff remove EB from the ventilator based on her written instructions even if the DPA refused? Could a DNR order be put into place without the DPA's agreement? Yes to both. "The first law of ethics," said Cassem, "is do no harm. All doctors and nurses are bound to this first law by their oath." EB wanted treatments that would work toward getting her home. "You just have to ask, Will [a ventilator] help her get home? No, and nothing else will," said Cassem. "We must never use harmful treatments."

- How should staff handle patient/family decisions and choices that appear to be inconsistent? To help patients and families accept the impending death, Cassem suggested using some key phrases: "Your mother is a great person. At this time we want to celebrate her life, to thank her for all she's done and to make sure her dignity is protected." He reminded staff that resuscitation can be not only futile, but also harmful, and recalled a patient with breast cancer metastasized to the bones. "CPR would have broken her ribs. It would have been murder," he said. "Death is as sacred as birth. We owe it to all we serve to make sure that this sacred life does not end with an act of senseless brutality."

"Even though patient and family may not practice organized religion, spirituality itself is close to universal," Cassem explained. He stressed the appropriateness of some sort of ritual to include all family members together with the patient in the final hours to support and hold him or her and thus provide "a safe passage." 12

NIH Hosts Third Women's Health Research Symposium

NIH recently hosted the 3rd annual Interdisciplinary Women's Health Research Symposium in Lister Hill Auditorium. Junior investigators from Building Interdisciplinary Research Centers in Women's Health (BIRCWH) and senior investigators from the Specialized Centers of Research on Sex and Gender Factors Affecting Women's Health (SCOR) presented progress from their research.

"These programs have evolved into model constructs for future careers in research, interdisciplinary collaborations in research and health care delivery and a concerted approach to the design of basic and clinical research for sex/gender analyses," said Dr. Vivian Pinn, director of the Office of Research on Women's Health.

NICHD deputy director Dr. Yvonne Maddox summarized the success of BIRCWH and congratulated the scholars who "have taken on important research in women's health that encompasses research from bench to bedside, ultimately affecting standards of care." Since BIRCWH was introduced in 2000, with NICHD as primary administrator, 287 scholars have been trained, producing 882 publications and 872 abstracts.

Equally impressive over the past 5 years, SCOR—administered through NIAMS—has been successful translating research from the laboratory to the clinical setting. Welcoming SCOR senior investigators, Dr. Kathleen Uhl, director of FDA's Office of Women's Health, said, "We are committed to moving forward in an advocacy and advisory environment to explore sex and gender differences and how they relate to FDA-regulated products."

Scientists showcased their research at a poster session featuring more than 40 topics, including Gender and Racial/Ethnic Differences in Colorectal Cancer Screening, Gender Disparities in Chronic Kidney Disease Patients with Cardiovascular Risk Factor and the Impact of Rheumatoid Arthritis on Rehabilitation Outcomes.

Symposium keynote speaker Dr. Jonathan Li of the University of Kansas discussed his research that is unraveling the role of estrogen in breast cancer. He stressed the importance of an inter-

disciplinary approach in forming new paradigms for breast cancer studies.

BIRCWH and SCOR scientists also presented summaries of their research at four sessions. During the first session, Sex and Gender Factors Influencing Disease, Dr. Angela Jefferson of Boston Medical Center described her work on inflammatory biomarkers and the association with total brain volume. "Women are more susceptible to inflammation and this may be one risk factor for Alzheimer's or cardiovascular disease," she emphasized.

During session II, Sex and Gender Factors Reflected in Basic Mechanisms, BIRCWH scholar Dr. Deborah J. Clegg of the University of Cincinnati summarized her findings on brain regulation and food intake. Leptin and insulin are two known adiposity (fat-containing) hormones that regulate food intake. Women are particularly sensitive to leptin even at low rates. Clegg found that the addition of estrogen to male rats causes dramatic weight gain. She concluded that estrogen may be a third adiposity hormone that regulates food intake, body weight and leptin sensitivity.

In sessions III and IV, Sex and Gender Factors Affecting Health Behavior, and Ethnicity and Disease were discussed, respectively. Sponsored by ORWH in collaboration with NICHD, NIAMS and NIDA, as well as the Agency for Healthcare Research and Quality and the Food and Drug Administration, the symposium provided a dynamic environment for research exchange.—

Marsha Love 



Top:

Dr. Angela Jefferson, a scholar from Boston Medical Center, described her work on inflammatory biomarkers and the association with total brain volume.

Bottom:

Symposium keynote speaker Dr. Jonathan Li of the University of Kansas discussed his research that is unraveling the role of estrogen in breast cancer.

PHOTOS: MICHAEL SPENCER

'We Can!' Helps Communities, Families Prevent Childhood Obesity

More than three times as many children are overweight now than two decades ago. Why? The data suggest that they're eating too much food that is high in calories and low in nutrition and spending too much time with TV and computers and not enough time on the playground.

The problem isn't just about size. Being overweight puts kids at risk for chronic conditions throughout life such as type 2 diabetes, high blood pressure and other ailments.

Last fall, more than 100 community leaders and others concerned about childhood obesity came to NIH to share strategies and explore opportunities designed to help families make healthy lifestyle choices. They were part of the first We Can! Rally—a 2-day workshop and celebration of a growing movement to improve the health outlook of our nation's youth by preventing obesity. Rear Admiral Penelope Slade Royall, director, HHS Office of Disease Prevention and Health Promotion, and Dr. Yvonne Maddox, deputy director of NICHHD, opened the rally.

"We Can! is truly unique. It brings together what we have learned from years of NIH-funded research into practical resources for communities and parents to fight childhood obesity," said Maddox.

We Can!, or Ways to Enhance Children's Activity and Nutrition, is a one-stop resource for parents and other caregivers to help children ages 8-13 maintain a healthy weight. It is a collaboration among four institutes: NHLBI, NIDDK, NICHHD and NCI.

We Can! focuses on three key behaviors that families can adopt together: improving eating habits, increasing physical activity and reducing recreational "screen time"—time spent watching TV or playing video or computer games.

"It's all about energy in and energy out. To maintain a healthy weight, we need to strike a balance between the amount and types of food we eat and the energy we burn up with activity," said Dr. Elizabeth Nabel, NHLBI director. "When developing We Can! as a national education campaign, we found that community-based programs were eager for proven resources to share

with families. So, four institutes have combined efforts to help communities make a difference."

The resources provided through We Can! are proving popular among parents, caregivers, community leaders, teachers and children. When the program was launched in June 2005 by HHS Secretary Mike Leavitt and NIH director Dr. Elias Zerhouni, 36 community sites had agreed to implement the program for 1 year. In just 18 months, the program has expanded to more than 126 communities in 34 U.S. states, Canada and the Philippines. These community-based organizations include park and recreation departments, health departments and coalitions, hospitals and schools. In addition, national partners such as other federal agencies, professional health societies, parenting and youth groups, media and other corporations are quickly becoming part of the movement.

"Kids learn healthy behaviors from their parents and from role models in their communities. Our research shows that lifestyle habits you develop as a child can influence whether you become obese as an adult," said Zerhouni. "This is why it is so important to intervene early."

One tool to help parents and caregivers is *We Can! Families Finding the Balance: A Parent Handbook*, a new resource developed by NHLBI. Available in English and Spanish, the handbook offers practical tips to help families adopt healthier habits—and ways to make those behaviors stick. The handbook complements a 6-lesson curriculum for parents and caregivers offered in We Can! communities. Through pre- and post-test assessments of the curriculum, participants have reported that they improved eating habits of family members, increased the amount of physical activity and more strongly perceived the role they play in encouraging more physical activity by family members.

We Can! communities also host local events to

Right:

At the recent We Can! Rally at Natcher Conference Center, NHLBI deputy director Dr. Susan Shurin, (seated, second from l) presented an Award of Excellence to 14 We Can! community sites to commemorate their hard work and dedication during the first year of the program.



involve new participants and more broadly promote health messages. For example, a site in Oregon organized a TV Turnoff week combined with community events focusing on We Can! messages and scheduled a Healthy Halloween event with healthy snacks and entertainment. A Georgia site involved children in making a We Can! fruit and vegetable float for a parade. Since the program launch, We Can! community sites have promoted the importance of a healthy weight in families and children at more than 60 events with over 125,000 attendees.

“Since its inception, We Can! has reached many parents and families with its messages about healthy eating and regular physical activity. We plan to continue on this path and expand the program to many more communities,” said Dr. Griffin Rodgers, acting NIDDK director. “We want to make sure that the health of our children and families remains a top priority.”

Other We Can! materials include a toolkit for community organizations and three tested curricula for children—CATCH Kids Club After School Program (the Child and Adolescent Trial for Cardiovascular Health, geared toward grades K-5); SMART (Student Media Awareness to Reduce Television, targeted for grades 3-4) and Media-Smart Youth (geared towards ages 11-13) developed by NICHD. Additional materials to encourage healthy eating or physical activity are also available from each of the collaborating institutes. Promotional items include a poster, wristbands for children and adults and a video featuring Zerhouni and other NIH leaders as well as We Can! site facilitators.

Information and materials can be accessed by calling toll-free 866-35-WE CAN (866-359-3226) or through the web site <http://wecan.nhlbi.nih.gov>.



Winners of the 2006 NIH World AIDS Day Awards are (from l) Dr. Lynne Mofenson of NICHD, Dr. Edward Berger of NIAID, and Drs. Robert Yarchoan and Hiroaki Mitsuya of NCI.

First NIH World AIDS Day Honors Awarded

The Office of AIDS Research and NIAID recently initiated a new employee recognition award, the NIH World AIDS Day Award. Each year these awards, which include a \$5,000 prize, will recognize NIH scientists and managers who have made exceptional contributions to AIDS research efforts at NIH—either for original science or for support for research. The four 2006 awardees are:

Dr. Edward Berger of NIAID—for his outstanding achievements, groundbreaking discoveries and innovative and original scientific contributions that have advanced AIDS research. He published a landmark paper using a novel method to discover the first HIV coreceptor (fusin, renamed CXCR4), which directly led his and other groups to identify CCR5 as the other major coreceptor. These studies provided new perspectives for understanding how HIV evolves within the body during initial virus transmission, asymptomatic infection and disease progression. The findings continue to be translated into the development of new antiretroviral drugs to treat HIV-infected people, as well as new strategies for designing vaccines and microbicides to prevent infection.

Dr. Robert Yarchoan and Dr. Hiroaki Mitsuya of NCI—for their individual and combined achievements, groundbreaking discoveries and innovative and original scientific contributions that have significantly advanced HIV treatment research. They conducted landmark clinical studies, demonstrating that AZT could result in partial restoration of the immune response and temporary clinical benefit, established the first treatment for HIV infection and launched the era of effective therapy for HIV/AIDS. Their work significantly advanced the field, directly affecting the development of new and better strategies to prevent and treat HIV disease.

Dr. Lynne Mofenson of NICHD—in recognition of her outstanding contributions supporting HIV/AIDS research and programs. Her dedication and leadership of unprecedented extramural efforts significantly contributed to the development of safe and effective treatments for the prevention of mother-to-child transmission of HIV and the treatment of maternal and pediatric AIDS.

Each of the awardees made a presentation to the institute and center directors on Jan. 11 at a session devoted to NIH contributions to AIDS research.

MLK CELEBRATION

CONTINUED FROM PAGE 1

Right:

NCI director Dr. John Niederhuber (l), who has known Leffall (c) for more than 35 years in their professional capacities, introduced the guest speaker at the King program. NIH deputy director Dr. Raynard Kington (r) also gave remarks during the occasion.

Below:

Gathered for a photo following the program are planners and participants (from l) NIH Office of Equal Opportunity and Diversity Management Director Lawrence Self, Kay Johnson Graham of OEO, emcee Dr. Marian Johnson Thompson of NIEHS, NIH director Dr. Elias Zerhouni, Leffall, Niederhuber, CC director Dr. John Gallin and Kington.

PHOTOS: MICHAEL SPENCER

great help I've had along the way. I've had a tremendous amount of help. Whatever I can do for others is really miniscule compared to what others have done for me. I value the role mentors have played in my life."

Considering his long list of achievements (first black president of the American Cancer Society, the Society of Surgical Oncology as well as the American College of Surgeons) over a 60-year career in medicine, Leffall seemed a natural choice to wax poetically about the merits of being a mentor. He approached the topic from the other side, however.

He recalled being a young student whose stellar aptitude for science and medicine was reflected in his grades, but not in his MCAT scores. Medical schools were turning down his applications until the president of his college, Florida A&M's Dr. William Gray, made a phone call to Howard University. Soon after, he brought Leffall and another top-ranked student by train to the school's Washington campus to meet with a medical school official.

Within days, the official, Dr. Joseph Johnson had decided to take a chance on Leffall and his buddy. They were accepted into Howard's medical school. In 1952, Leffall earned his M.D., ranking first in his class.

"If Dr. Gray had not taken an interest in us, there's a very good possibility that I wouldn't be standing here as a physician," said Leffall, who has since trained about 5,000 medical students and 260 surgical residents in his 46 years on Howard's faculty.

Leffall once asked Johnson why he took a chance on him, when there were others with outstanding MCAT scores as well as transcripts.



Johnson explained that he had "seen something" in Leffall that told him he would succeed.

"Affirmative opportunity" is the way Leffall said he now defines the gift from Gray and Johnson. "Excellence of performance will transcend artificial barriers created by man," he said, using a quote by another of his mentors, blood bank pioneer Dr. Charles Drew. "In our lives we must be willing to do that thing which is extra."

In addition to honoring King, the program—sponsored by the NIH Office of Equal Opportunity and Diversity Management—paid special tribute to Vivien Thomas, a lab technician who became a pioneer of surgical techniques and instrumentation. NCI director Dr. John Niederhuber recounted the story of a bright young African-American man whose formal education had ended at high school. Thomas longed to attend college, but was thwarted by poverty in the Great Depression era. He managed to get a job as a lab assistant at Vanderbilt University with renowned surgeon Dr. Alfred Blalock.

"Vivien didn't just learn, he actually absorbed," said Niederhuber. "Within a few months he was performing animal surgery like the veterans. He was working on groundbreaking research in hemorrhage and traumatic shock. More impor-



tantly, he and Blalock forged a partnership that lasted 34 years.”

In 1944 at Johns Hopkins University, Blalock became the first to perform surgery to correct a deadly heart problem that occurred in children. Thomas had developed the surgical technique and perfected it on animals. Seated on a stool at the young patient’s bedside, Thomas—at the surgeon’s request—coached Blalock step-by-step through the historic operation. In the subsequent medical literature introducing the procedure to surgeons nationwide, Thomas was never mentioned—a common oversight of African-American achievements attributed to racism of the times. Nevertheless, he continued to develop procedures and techniques, and to teach them to dozens of surgeons for the rest of his career.

“His contributions are today recognized and appreciated, and will, I hope, inspire some of today’s students that a career in medicine or biomedical research, an opportunity to serve others, is a calling they should follow,” Niederhuber concluded. “As someone who has spent his career in academic medicine, I cherish the memories of each person who has given me the gift of their time, of their attention, of each person who has taken it upon himself or herself to be a mentor.”

Reflecting too on his own upbringing and career, NIH deputy director Dr. Raynard Kington said, “I have no doubt that I grew up in a better place because of Dr. King’s words, and his actions, and those of countless others who participated with him in changing this country’s shameful legacy of racism. There are many of you here today whose lives and work are also testaments to the extent to which Dr. King’s dreams are now being lived. Yet many of the problems present in his lifetime remain with us.”

Kington said closing persistent gaps in health continues to be one of NIH’s biggest challenges and a top priority. “Implicit in the celebration,” he said, “is a charge that we continue Dr. King’s work so that one day the reality of the world around us truly reflects the world that was his dream. We see all of our activities—but especially those in the areas of health disparities—as part of the agency’s response to Dr. King’s charge. Today we commit ourselves again to that charge.”

Ruffin Receives King Legacy Award For National Service

Dr. John Ruffin, director of the National Center on Minority Health and Health Disparities, was honored with the King Legacy Award for National Service on Jan. 14. The award is presented for service at both the national and international levels and recognizes the distinguished leadership and contributions of individuals who have positively affected the global community.

Ruffin joins the ranks of past recipients including Gen. Colin Powell, former U.N. Secretary Kofi Annan, Sen. Bob Dole and a host of international ambassadors including this year’s recipient of the King Legacy Award for International Service, Alexandros P. Mallias, ambassador of Greece.

In his acceptance remarks, at the 16th annual International Salute to The Life and Legacy of Dr. Martin Luther King, Jr., Ruffin urged the audience to think about what King would say about global health disparities were he alive today. He encouraged the group to dream of a pathway to optimal health for all people in all nations. In the words of King, he reminded the audience that: “Our lives begin to end the day we become silent about things that matter.”



After speaking, Leffall greets well-wishers who included long-time friend and colleague Dr. Vivian Pinn, NIH associate director for research on women’s health.

NINDS Honors Penn with Symposium

By Shannon E. Garnett



tutes cooperate to plan, coordinate and direct research and research training programs to attract, retain and develop future minority neuroscience health and research professionals.

Before joining NINDS, Penn was a neurology professor at Columbia University's College of Physicians and Surgeons and practiced at Columbia-Presbyterian Medical Center. She is one of the nation's leading neurologists and a well-known scientist specializing in immunology and neuromuscular disease research. She is especially known for her clinical expertise and accomplishments in research on myasthenia gravis.

A native of New York City, Penn received her undergraduate degree from Swarthmore College in 1956 and her medical degree in 1960 from Columbia University's College of Physicians and Surgeons. She then trained in neurology at the Neurological Institute, Columbia-Presbyterian Medical Center. As an NINDS special fellow for postgraduate training, Penn studied the biochemistry of muscle proteins implicated in muscle diseases, which later evolved into work on the acetylcholine receptor, the target protein in myasthenia gravis.

After serving a term on the National Advisory Neurological Disorders and Stroke Council, Penn was recruited by Dr. Zach Hall (then NINDS director) in 1995 to become his deputy. As a model clinical scientist she was able to work well with the institute's intramural scientists and staff. And, as a former grantee, she was a good "fit" to work with the institute's extramural program as well.

During her tenure as deputy director, Penn has twice been called on to serve as acting director—from December 1997 to July 1998 and from January 2001 to September 2003.

After the symposium friends and colleagues came together to celebrate Penn at a dinner.

Right:

Speakers at the symposium honoring Dr. Audrey Penn (c) included (from l) Drs. John Newsom-Davis, Angela Vincent, Andrew Engel and Bianca Conti-Fine.

Below:

NCCAM acting director Dr. Ruth Kirschstein (l) and NICHD deputy director Dr. Yvonne Maddox (r) congratulate Penn.

PHOTOS: DR. DAOFEN CHEN



Held in Lipsett Amphitheater, the symposium featured presentations from a stellar group of scientists in the field of neuroimmunology including Drs. John Newsom-Davis (University of Oxford), Andrew Engel (Mayo Clinic College of Medicine), Angela Vincent (University of Oxford) and Bianca M. Conti-Fine (University of Minnesota). Topics included "The Autoimmune Myasthenia: Treatments Old and New," "Congenital Myasthenic Syndromes," "Autoimmune Channelopathies: from Neuromuscular Junction to Hippocampus" and "Autoimmunity in Myasthenia."

In opening remarks, NINDS director Dr. Story Landis reminded audience members that the purpose of the symposium was to honor Penn for her work and not to mark her retirement. "It's not because she's retiring, because she's not retiring," said Landis. "She's just going to have a slightly different set of responsibilities."

At the end of 2006, Penn left her post as deputy director, a position she held for 10 years, to work with the institute's Office of Minority Health and Research. She is senior advisor to the director, NINDS. One of her major projects is to work with NIH's Specialized Neuroscience Research Programs (SNRP)—an initiative Penn has long championed and has played a major role in developing. Under SNRP, six NIH insti-



NIDCR Deputy Director Kleinman Retires

Dr. Dushanka Kleinman, deputy director of NIDCR, retired from government service on Jan. 1 to assume the position of associate dean for

research and academic affairs, College of Health and Human Performance, University of Maryland; the college is transitioning to a School of Public Health. Kleinman will also have an appointment as professor in the epidemiology and biostatistics department.

“It has been a privilege and a pleasure to work with Dr. Kleinman,” said NIDCR director Dr. Lawrence Tabak. “As a researcher, administrator and of course as deputy director, she has contributed to our institute in countless ways. She’s a dedicated and talented individual who has also been a gracious representative of NIDCR to the wider research community. We’ll miss her at our institute, but we know she’ll go on to accomplish great things for the University of Maryland.”

Kleinman has served in government for 28 years, 26 of them at NIDCR. She joined what was then NIDR in 1980, and during her early career conducted research on oral mucosal tissue diseases and conditions, directed planning and evaluation activities and managed the epidemiology and oral disease prevention program. She was named deputy director in 1991 and since that time has also assumed the role of institute acting director twice during transitions between directors.

A rear admiral and assistant surgeon general in the Commissioned Corps, she spearheaded the first-ever *Surgeon General’s Report on Oral Health*, which was published in 2000. In 2001, she was named chief dental officer, PHS, the first woman to hold that position since its establishment in 1923. In that capacity, she coordinated PHS dental programs across government and with the private sector, oversaw the development of A National Call for Action to Promote Oral Health and facilitated the first conference on Dentistry’s Role in Responding to Bioterrorism and Other Catastrophic Events.

Most recently, she was on a detail to the Office of the Director, NIH. During her time there, she was assistant director for the NIH Roadmap for

Medical Research and led multiple teams and groups to launch the first series of trans-NIH initiatives designed to transform the nation’s research capabilities and speed the movement of research discoveries from the bench to public health benefit.

Kleinman earned a B.S. in zoology from the University of Wisconsin and a D.D.S. from the College of Dentistry at the University of Illinois at Chicago. She interned at the University of Chicago Hospital and Clinic’s Zoller Dental Clinic prior to studying at the Goldman School of Dental Medicine at Boston University, where she received an M.Sc.D. in dental public health.

She is active in many professional organizations and has served as president of the American Association of Women Dentists, the American Association of Public Health Dentistry and the American Board of Dental Public Health (ABDPH). Kleinman is also a diplomate of the ABDPH.

She has received many honors and awards, including the PHS Distinguished Service Medal and the PHS Surgeon General’s Exemplary Service Medal. She is also the recipient of the University of Illinois Distinguished Alumni Award, the American Public Health Association’s John W. Knutson Distinguished Service Award in Dental Public Health and the Association of Military Surgeons of the United States Carl A. Schlack Award.



Kalt Appointed NIAID Division of Extramural Activities Director

Dr. Marvin Kalt has been appointed director of the NIAID Division of Extramural Activities. He will also serve as the institute’s representative to the NIH extramural program management committee and as an NIAID senior advisor on extramural policy.

He comes to NIAID from the Global Health Program of the Bill and Melinda Gates Foundation, where he was responsible for developing the grant-making practices, policies and award mechanisms of the program. Kalt spent 25 years in leadership positions in NIH extramural programs, including service as a senior advisor to the NIH director and as director of NCI’s Division of Extramural Activities. He has received many awards over the course of his government career, including a Presidential Senior Executive Service Meritorious Executive Award and two NIH Director’s awards.

Kalt began his NIH career as a scientific review administrator with the National Institute on Aging. He received his Ph.D. in cell and developmental biology from Case Western Reserve University and completed a postdoctoral fellowship at Yale University. He held both NIH and NSF grants while serving as a faculty member in the basic sciences at the University of Connecticut Health Center in Farmington.

Founding NIGMS Staffer Miller Dies

By Kirstie Saltsman

Dr. Charles A. Miller, who had a distinguished 32-year career at NIGMS, died at his home in Rockville on Dec. 19, following a year-long battle with cancer. At his retirement in 1994, he was director of the institute's Cellular and Molecular Basis of Disease Program.



Miller came to the NIH Division of General Medical Sciences in 1961 and joined NIGMS when it was created in 1962. He played an important role in building the institute, particularly in the areas of cell biology, biophysics and biochemistry research, training and efforts to increase the number of minority biomedical scientists.

In the 1960s and early 1970s, Miller became increasingly engaged in research training issues and in 1974 became director of the NIGMS training programs, a post he held for close to a decade. In this capacity, he oversaw a shift in predoctoral training from narrow, department-based programs to multidisciplinary approaches. Many view this as a turning point in the history of research training.

"He saw the direction research was heading and changed the way people were being trained," said Dr. W. Sue Shafer, a friend and colleague who worked for Miller when she first came to NIGMS and later became deputy director of the institute.

While teaching biology at Wabash College in Crawfordsville, Ind., in the 1950s, Miller noticed a dearth of minority science students. Upon coming to NIGMS, he championed the creation of the Minority Access to Research Careers (MARC) program, which supports research training at institutions with substantial minority enrollments. By recognizing early on the value of diversity in the biomedical research enterprise, "he was truly ahead of his time," said Shafer.

Miller was beloved by many of his NIGMS colleagues. "He had a genuine excitement for science and he conveyed that awe to his staff and grantees," said Shafer. Dr. John Norvell, who now directs the NIGMS training programs, added, "Charlie was a great boss and colleague who always listened carefully and gave thoughtful and helpful advice."

Scientists outside NIH described similar lasting impressions of Miller. "There are few people you meet in your life who leave an indelible mark," said Dr. Saul Roseman, professor of biology at Johns Hopkins University and long-time NIGMS grantee. "Charlie was one of those very rare people. Here was a man who dedicated his life to helping other scientists, who was devoid of ego, who always said what he thought, whose personal qualities were simply admirable and who had such a wonderful sense of humor."

When asked why so many were touched by Miller, NIGMS branch chief Dr. Warren Jones offered, "Charlie really liked people and enjoyed engaging them. He believed that most people could contribute if given the chance."

Others recalled Miller's dedication to research scientists. "He was willing to make waves if necessary to respond to the needs of those on the front lines," said Dr. Bert Shapiro, an NIGMS branch chief who worked closely with Miller for a number of years. "He really cared about grantees," added Patty Pluchino, Miller's long-time secretary. "He was an extraordinary man."

Miller was known for his office chalkboard, which he covered with ideas that struck his fancy and noteworthy comments made by fellow staff members.

He was a gifted ballroom dancer and colleagues remember being captivated by his grace and elegance when he danced with his wife. He was also a voracious reader and took a lively interest in current affairs and politics.

Miller loved good food and enjoyed dining out. He often amused his companions by ordering his "signature cocktail," a martini "standing on one leg" [served in a stemmed glass] with a twist. In remembrance of this tradition, the cocktail was placed above the urn carrying Miller's ashes at a memorial service held Dec. 29 in Bethesda.

Miller was born in Hamilton, Ohio, and received his B.A. from Wabash College and his Ph.D. in biology and biochemistry from Indiana University. He served in World War II in the United States Air Force and was awarded the Distinguished Flying Cross for his 35 missions over Germany. Upon his return to the United States, he became active in advocating for the establishment of the National World War II Memorial, which opened on the National Mall in 2004.

His awards included the Department of Health, Education, and Welfare Superior Service Honor Award (1975) and the HHS Senior Executive Service Merit Award (1985). In 2002, he was one of the first recipients of the

Geraldine Woods Award made by the annual Biomedical Research Conference for Minority Students. This award recognizes those who have had a significant impact on increasing the number of underrepresented minorities in biomedical science.

Miller was the devoted husband of the late Polly Miller. He is survived by four sons, four grandsons and four sisters. One of his sons, Timothy, works at NIH for a technical security firm. The family suggests that memorial contributions be made to the Montgomery Hospice in Rockville or to the American Cancer Society.

NCI-Frederick Mourns Michejda

Dr. Christopher J. Michejda, an internationally recognized research scientist and head of the molecular aspects of drug design section in NCI's Structural Biophysics Laboratory, died suddenly



Jan. 9 at age 69 while participating in the institute's annual scientific retreat at the Marriott Conference Center in North Bethesda.

After receiving his Ph.D. in physical-organic chemistry from the University of Rochester, Michejda went on to a postdoctoral fellowship at Harvard University. He was then a professor of chemistry at the University of Nebraska in Lincoln. He spent a sabbatical at ETH in Zurich, working with Prof. Vladimir Prelog (1975 Nobel laureate in chemistry). During that time, Michejda developed his interest in chemical aspects of biology. This important turning point in his career was what would become his legacy.

"Dr. Michejda's original interest in chemical carcinogenesis evolved into a desire to address the fundamental problems in the development of drugs against cancer and viral diseases," said NCI director Dr. John Niederhuber. "The dedication of our colleague to the field—and to NCI—cannot be overstated. His contributions and his devotion to rational drug design, including his lab's development of anticancer drugs that have shown promising activity against colon and pancreas xenografts in mice, will be valued for years to come."

After leaving Switzerland, Michejda began his career in the federal government as program director of chemical dynamics at the National Science Foundation. In 1978, he came to NCI-

Frederick, establishing a laboratory under the ABL-Basic Research Program. His initial studies there focused on the chemical carcinogenesis of nitrosamines; this work eventually led him to his work on problems involved in developing drugs against cancer and AIDS.

Under Michejda's direction, his research group became known for its ability to develop new therapies by combining data from biological studies of disease stages with structural data on potential drug targets within these stages. He pioneered the development of receptor-targeted small-molecule toxins that selectively eliminate tumor cells without harming healthy tissue. This approach, now adopted by many research labs, has made possible the design of new drugs with better selectivity and low toxicity. Most recently—with Dr. Nadya Tarasova—he discovered a novel approach of shutting down the function of cell surface proteins with high selectivity and precision.

Michejda's pioneering work with bisimidazoacridones resulted in a new class of compounds potentially cytotoxic to tumor cells, especially leukemias, liver and pancreatic cancers. His collaborative work with Dr. Susan Keay from the University of Maryland resulted in discovery of a so-called anti-proliferative factor (APF) in bladder epithelium of patients who suffer from interstitial cystitis, which unraveled the cause of the disorder. By identifying the elements necessary for APF to inhibit normal epithelial growth, the Michejda group paved the way for APF to evolve as a potent inhibitor of bladder and renal cancer.

"Chris Michejda was both a very dear friend and an able scientist," notes Dr. R. Andrew Byrd, chief of NCI's Structural Biophysics Laboratory. "His dedication to research and to NCI was unbounded. He fostered an interdisciplinary approach, as evidenced by all of his collaborations and his enthusiasm to plan and implement joint conferences. He will be missed."

Michejda published more than 160 articles and held 15 patents for new therapeutic compounds or concepts. He also served as an associate editor of *Cancer Research* and on several editorial boards.

Survivors include his wife, Prof. Maria Michejda, who is a stem cell biologist; a daughter, Monika Goodrich of Marco Island, Fla.; brother Albert Michejda of Winter Park, Fla.; and two grandchildren. ❁

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>.

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| nVision Supply and Replenishment Training | 2/13, 15 |
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| EndNote (PC) Basics | 2/14 |
| QUOSA Basic | 2/14 |
| QUOSA Advanced | 2/14 |
| PHP Scripting Introduction | 2/16 |
| Budget Tracking | 2/20 |
| NIH Data Warehouse Analyze: Budget & Finance | 2/20, 27 |
| NIH Data Warehouse Query: Human Resources | 2/22 |
| Sequencher - Introduction to a Friendly DNA Sequence Analysis Software | 2/26, 27 |
| Sequencher - DNA Sequence Analysis Software Focus - Identification & Reporting of SNPs | 2/26 |
| Analyzing Microarray Data Using the mAdb System | 2/21-22 |
| Partek: Visual and Statistical Analysis with Partek Genomics Suite | 2/21-22 |

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>.

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| Giving and Receiving Performance Feedback | 2/13 |
| Price Reasonableness in Simplified Acquisitions | 2/22 |
| Human Capital Group Supervisory Skills Training | 2/26-28 |
| NIH Domestic Travel (NBS Travel System) | 2/26-28, 3/7-9 |
| NIH Foreign Travel (NBS Travel System) | 3/1-2 |
| Fellowship Payment System | 3/1 |
| Purchase Card Training | 3/2, 5 |
| Basic Time and Attendance Using ITAS | 3/5-6 |
| Delegated Acquisition Training Program | 3/6-9 |
| Consolidated Purchasing Through Contracts | 3/6 |
| Federal Supply Schedules | 3/6 |
| Buying From Businesses on the Open Market | 3/7 |

NBS is Deploying—Are You Ready?

The NIH Business System (NBS) is launching “Supply and Replenishment and Associated Financials” on Feb. 20. “Acquisitions, Contracts, Property, and their Associated Financials” will be released in May. If you are an NBS user for any of these business areas, you need training in the new system; your desktop needs readying, too.

To find out if you are designated as an NBS user and if your desktop is ready, contact your advocate by following these directions: log on to <http://my.nih.gov>; select “My Communities” at the top of the page, choose “Training and Communications” from the drop-down menu, click on your IC or OD component under Advocate.

Your advocate can tell you which roles you will have in the system and identify your hardware/software readiness contact. That person can help you understand the following checklist items: Do you have a network log-in? Do you have a Microsoft Outlook Exchange email address? Does your desktop have all the necessary hardware and software configurations? Are the printers you plan to use for NBS business registered?

Your executive officer and your advocate will certify that you are trained and your desktop is ready before you “go live” in the system.

NEI's Brooks Wins Pediatric Ophthalmology Award

Dr. Brian P. Brooks will receive the Young Investigator Award from the American Association for Pediatric Ophthalmology and Strabismus at its annual meeting Apr. 11-15 in Seattle. The NEI staff clinician is also the first recipient of the NEI Clinician-Scientist Development Award and is director of the National Ophthalmic Genotyping Network (eyeGENE). Brooks is “interested in the genetics of uveal coloboma, a developmental eye anomaly that can lead to blindness in children. Currently, very little is understood about the molecular mechanisms of this disease. We hope to find genes for this condition through a combination of clinical and molecular genetic investigations on patients and through laboratory studies involving mouse models, molecular biology and cell/developmental biology.”





Ovarian Function Study

Healthy women ages 18 through 25 are needed for ovarian function study. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 00-CH-0189.

Sleep and Obesity Study

Sleep and weight study for obese adults ages 22 to 50 who sleep fewer than 6 hours at night. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 06-DK-0036.

Child Allergy Study

NIH Pediatric Clinic offers allergy and asthma care (ages 6 months to 18 years). Allergy and asthma study is recruiting. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-I-0084.

Typhoid Vaccine Study Recruits

Typhoid fever vaccine study (06-CH-0070) seeks healthy volunteers ages 18-45. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Compensation is provided.

ADHD Genetics Study Needs Volunteers

Take part in an NIH study seeking to identify the genes that contribute to attention deficit hyperactivity disorder. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 00-HG-0085.

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) 402-6850 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.

50th Year of Developing Leaders

Management Intern Program Recruits

Outstanding men and women interested in pursuing a career in public service are encouraged to apply for the 2007 NIH Management Intern (MI) Program. Entering its 50th year, the program—a highly competitive 2-year rotational training opportunity—has been successful in identifying and training future NIH leaders to manage in the public sector. It offers an opportunity to explore different administrative career fields, gain invaluable insight and train for leadership roles. Recruitment will open on Feb. 13 and close on Mar. 13. Positions are offered at the GS-5/9 levels; the program has a career ladder with potential to the GS-12 level, depending on the candidate's grade at time of selection.

MIIs complete assignments that introduce them to potential administrative career tracks in grants and contracts management, information technology, human resources management, central service management, science policy, program and management analysis, public liaison, legislative analysis, budget and finance, communications and public information and education.

They come from diverse career backgrounds and have held previous positions in administrative offices, intramural research laboratories and patient care, among others. Laboratory personnel such as biologists, microbiologists, chemists and lab technicians who want to switch from the lab to administrative management may want to consider the program. Lab skills such as project management and evaluation; idea and literature research; teamwork; data collection, analysis and presentation; negotiation, problem solving and communication are abilities needed by NIH administrators and managers.

Eligible candidates must be either: a current employee of the Department of Health and Human Services; at the GS-5 level or above or wage-grade equivalent; on a career or career-conditional appointment or on any other type of appointment that offers noncompetitive conversion during the application period.

The application process and the schedule of information sessions can be found online at <http://internships.info.nih.gov>. Applications cannot be submitted until Feb. 13. For more information contact Sharon Ballard, (301) 496-0264.

Information Sessions

(held from 11:30 a.m. to 1:30 p.m. unless otherwise noted)

| Date | Location |
|--------------------------|--|
| Feb. 12 | Bldg. 10, Medical Board Rm. 2C116 |
| Feb. 22 | Bldg. 31, Conf. Rm. 6C10 |
| Feb. 26 | Neuroscience Center, Conf. Rm. B1/B2 |
| Mar. 2 (12:30-2 p.m.) | NIEHS (Research Triangle Park, NC), Rall Bldg., Rodbell C |
| Mar. 8 | Bldg. 45, Conf. Rm. F1/F2 |

BUSH VISIT

CONTINUED FROM PAGE 1

I truly believe the NIH is one of America's greatest assets. And it needs to be nourished.

"And I'm real pleased to be working with Elias and the good folks who work here to make sure that there's ample resources to fund these incredible projects that are taking place," Bush continued.

"First, I'm pleased that we're funding cancer research. We're up about 25 percent or 26 percent since 2001; it's a commitment that I made when I first came to Washington, it's a commitment we're keeping. And the reason why it makes sense to spend taxpayers' money on cancer research is that we can make some good progress, and have. Interestingly enough, this is the second consecutive year there was a drop in the number of cancer deaths in the United States. And the drop this year was the steepest ever recorded."

Bush received information on the Cancer Genome Atlas Project, a 3-year, \$100 million collaboration between NCI and NHGRI to create a trove of molecular data describing the genomic changes that occur in all types of cancer. He toured a research lab that focuses on patients with hereditary kidney cancer. Scientists there are trying to identify the specific genetic mutations that cause the disease. Among his tutors was Dr. Marston Linehan, chief of NCI's Urologic Oncology Branch.

Bush also noted NIH involvement in creation of the human papillomavirus vaccine, which blocks the virus that causes more than 70 percent of cervical cancer cases. Cervical cancer is the second most common cause of cancer death in women worldwide.

The President also called on Congress to pass genetic nondiscrimination legislation. "I really want to make it clear to the Congress that I hope they pass legislation that makes genetic discrimination illegal," he said. "In other words, if a person is willing to share his or her genetic information, it is important that that information not be exploited in improper ways...we want medical research to go forward without an individual fearing of personal discrimination."

As a roundtable discussion on advances in the fight against cancer began, Bush said, "I wish that people could walk the halls here at the NIH and meet the scientists and employees of this fantastic organization. It is amazing."

Present at the gathering were HHS Secretary Mike Leavitt, Zerhouni, NCI director Dr. John Niederhuber, NHGRI director Dr. Francis Collins, Clinical Center director Dr. John Gallin, Dr. Grace Butler, colorectal cancer survivor and president of Hope Through Grace, and Becky Fisher, breast cancer survivor and librarian for the Center for the Study of Intelligence. 📍



Top:
NCI's Dr. Marston Linehan (l) gives cancer research update to (from l) President Bush, HHS Secretary Mike Leavitt and NIH director Dr. Elias Zerhouni.

Middle:
At left, NCI director Dr. John Niederhuber takes part in the roundtable discussion as cancer survivor Dr. Grace Butler (r) listens. At right, Bush and Zerhouni enjoy an exchange.

Bottom:
Bush and Zerhouni listen to breast cancer survivor Becky Fisher.

PHOTOS: BILL BRANSON