

# nih record



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*'Silent' Partners No More*

## Public Trust Initiative Invites Community onto 'Ground Floor' of Research

By Carla Garnett

**I**t's one of the first rules about sound investments: Get in on the ground floor. Now NIH is taking the advice to heart: the agency's Public Trust Initiative recently launched its Partners in Research Program, a unique new opportunity for scientists to team up with community organizations. Announced this past fall and set to award grants in 2008, the 2-year pilot program has been fast-tracked to take effect in the current fiscal year. Applications are due Jan. 12, 2008.

"This program is designed to address the practical questions surrounding the development of true partnerships between researchers and the public," said NINR director Dr. Patricia Grady, who cochairs the initiative with NICHD deputy director Dr. Yvonne Maddox. "The goals of these partnerships are to facilitate discussion of the health care needs and interests of the community, develop and implement research programs that address these needs, and ultimately to communicate the results of this research."

"We want the public involved as early as possible—even before we design the trials, for instance," said Maddox. "If a community has been in on the study design, it will be much easier to recruit in that community for the clinical trial." In addition, she

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*Hearing the Call of Stories*

## Literature Bolsters Medical Education, Says Plotz

By Belle Waring

The source of drama is conflict: Stories that lack it simply don't hook us and fail to move us. A heartfelt statement of conflict—a problem, a need, a critical gap—is how Dr. Paul Plotz, chief of the Arthritis and Rheumatism Branch, NIAMS, opened his recent lecture in the Great Teachers Series.

"It troubles me and many physicians of my age," he told a full house in Lipsett Amphitheater, "that changes in the practice of medicine, many of them wonderful, also serve to deprive students and young physicians of what seemed



Dr. Paul Plotz

*Care About Your Commute?*

## Comment Period Allows NIH'ers to Weigh In on Walter Reed Relocation

A draft environmental impact statement (DEIS) for expansion of the National Naval Medical Center (NNMC) to accommodate relocation to Bethesda of Walter Reed Army Medical Center (WRAMC) is scheduled for release in mid-December. DEIS release starts a 45-day period during which public comments on the adequacy of impact identification and mitigation analysis are accepted for subsequent response in a final EIS expected in February 2008.

NNMC expansion is a consequence of the 1990 Base Realignment and Closure (BRAC) law, which requires that an independent commission periodically review military facility needs and consolidation opportunities. The current round of BRAC recommendations was approved by the President in September 2005 and, in the absence of congressional action, became law in November 2005.

As a result of BRAC 2005, NNMC will be renamed Walter Reed National Military

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## briefs

### FAES Announces Spring Courses

The FAES Graduate School at NIH announces the schedule of courses for the spring semester. The evening classes sponsored by the Foundation for Advanced Education in the Sciences will be given on the NIH campus.

Courses are offered in biochemistry, biology, biotechnology (daytime courses), chemistry, immunology, languages, medicine, microbiology, pharmacology, statistics, technology transfer, alternative medicine and courses of general interest.

It is often possible to transfer credits earned to other institutions for degree work; many courses are approved for category 1 credit toward the AMA Physician's Recognition Award.

Classes will begin Jan. 28; mail registration ends Dec. 28 and walk-in registration will be held from Jan. 9-15, 2008. Tuition is \$115 per credit hour and courses may be taken for credit or audit. Courses that qualify for institute support as training should be cleared with supervisors and administrative officers as soon as possible. Both the vendor's copy of the training form and the FAES registration form must be submitted at the time of registration. Note that FAES cannot access training forms entered in the NIHTS system; a signed hard copy (vendors' copy of SF 182 form) is needed in order to process registrations for classes. Asking your institute to pay your tuition is a preliminary step to registration but does not constitute registration with the FAES Graduate School.

Schedules are available in the graduate school office in Bldg. 60, Suite 230; the Foundation Bookstore in Bldg. 10, Rm. B1L101; and the business office in Bldg. 10, Rm. B1C18. To have a catalog sent, call (301) 496-7976 or visit [www.faes.org](http://www.faes.org).

### FAES Bookstore Offers Holiday Shopping

Come to the Foundation Bookstore in Bldg. 10 to take advantage of its convenient location for holiday shopping. The store carries a large selection of books and can also order any book currently in print. In addition, two raffles will be held: One prize is *Molecular Biology, 6/E* by Lodish and the other is any book (under \$30 value) in stock. Raffle ends Dec. 19. Stop by the store in Bldg. 10, Rm. B1L101 to enter for your chance to win.

### NIH-Duke Training Program in Clinical Research

Applications are being accepted for the 2008-2009 NIH-Duke Training Program in Clinical Research. Implemented in 1998, the program is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research. Courses are offered at the Clinical Center via videoconference. Academic credit earned by participating in the program may be applied toward satisfying the degree requirement for a master of health sciences in clinical research from Duke University School of Medicine. The degree requires 24 credits of graded course work, plus a research project for which 12 units of credit are given. The program is designed for part-time study, allowing students to integrate the program's academic training with their clinical training.

Applications are available in the Office of Clinical Research Training and Medical Education, Bldg. 10, Rm. B1L403. Additional information about coursework and tuition costs is available via the program web site at <http://tprc.mc.duke.edu>.

Enrollment is limited. Interested individuals should inquire with their NIH institute/center about funding for participation. Email queries may be addressed to [tprc@mc.duke.edu](mailto:tprc@mc.duke.edu). Deadline for applying is Mar. 1, 2008. Successful applicants will be notified by July 1.

### NLM's Royall To Report on Living in Uganda

*Julia Royall, chief of international programs at NLM, is spending a year in Uganda for NLM/NIH and also as a Fulbright scholar. In a midpoint report, she will give a lecture, "NLM Into Africa: Uganda Up Close and Personal," on Tuesday, Dec. 18 from 2:30 to 4 p.m. in Lister Hill Auditorium, Bldg. 38A. She will talk about her on-the-ground quest to find out if an information intervention can make a difference in health: collaborating with librarians to help master's students learn to search NLM databases in preparation for writing theses; working with medical students to get the MedlinePlus African tutorial on malaria out to health centers, district health offices and NGOs working in displaced persons camps; connecting with a village project in the eastern part of Uganda and a new Ugandan-founded university in the west. Royall will also give a glimpse of everyday life—food, friends, funny episodes of daily life and what it is like to be a muzungu (white foreigner). The NIH community is invited. Sign language interpretation will be provided.*





## NIH Nurse Practitioners Hold First Poster Session

The nearly 100 nurse practitioners (NPs) working at NIH across 15 institutes and centers joined together to organize their first poster session in celebration of National Nurse Practitioner Week, Nov. 11-17.

NPs are licensed independent practitioners who work in a variety of settings as primary or specialty care providers, both autonomously and in collaboration with other health-care professionals. Their scope of practice includes diagnosis and management of acute and chronic illnesses, emphasizing health promotion and disease prevention and providing teaching and counseling to individuals, families and groups.

In the early 1980s, the first NIH NPs joined NCI's Pediatric Oncology Branch to care for patients enrolled in pediatric oncology and HIV clinical trials. Within the next decade, NIH hired NPs to manage adult and pediatric patients on a variety of protocols. The number of NPs grew from a small cluster of 7 in 1993 to nearly 100 in 2007.

NIH's NPs also play a critical role in clinical research within the intramural program. They provide comprehensive care to patients enrolled in NIH clinical research protocols; recruit, screen and enroll study participants; perform medical histories and physical exams; evaluate participants for adverse events; and contribute to specimen and data collection requirements of clinical research protocols. NPs practice in such areas as oncology, immunology, neurology, endocrinology, pulmonology, cardiology, nephrology, psychiatry, nuclear medicine, infectious disease, reproductive biology and complementary medicine. NCI has the most NPs with 31, followed by NHLBI with 13, NIAID with 12 and the Clinical Center with 10.

NIAID's Dr. Steven Holland described NPs as "the glue that holds the entire clinical research enterprise together." He added, "What all of us want as patients is someone who knows us, our problems, our fears and our personalities along with the big picture of our disease and our treatment. NPs are ter-



rific at that. What we all want as doctors and principal investigators is to be able to keep the patient's welfare in the forefront while getting the lab work and the clinical research done. NPs make all this happen. They make it possible for science and medicine to synergize in the clinical research environment."

At the poster session on Nov. 13, about 10 NPs presented posters of their involvement in clinical research with topics ranging from strategies for recruitment of minority women for clinical trials to the use of opioids for pain management.—**Jenny Haliski** 📧

*Nurse practitioners at NIH include (standing, from l) Wendy Henderson, NINR; Susan Rudy, NIDCD; Irene Dustin, NINDS; Joan Ohayon, NINDS; Leo Saligan, NINR; Sheila Brady, NICHD; Julia Purdy, NCI; Michelle Braun, NIDDK; Sheila Mahoney, NICHD; Pamela Brooks, NIDDK; Margarita Velarde, NCI; Linda Bartlett, NIDDK; Joanne Forbes, NIDDK; and Sara Plehn, NIAMS. Seated are (from l) Vien Vanderhoof, NICHD; Dawn Wallerstedt, NCCAM; Maria Ferraris Araneta, NIMH; Wendy Blocker, NICHD; and Victoria Anderson, NIAID.*

### eOPF System Upgrades

The eOPF (Electronic Official Personnel Folder) system is upgrading to version 3.2, which will make the system easier to use. What does this mean for you? New features include:

- **New Look and Feel.** The eOPF system will have a new look and feel, creating easier navigation through the system.
- **User Functions.** These will be displayed in a drop-down menu and can be accessed by clicking on an icon—an "A" (for action) with a circle around it. The icon is located on the left-hand side of each document in the folder.
- **Document Placeholder.** This highlights the document currently being viewed, and continues to highlight it in the document list even after it has been closed. Users will now be able to identify the document last viewed in the document list.
- **Permanent and Temporary Folder Sides.** In the new version, the eOPF folder sides are labeled "Permanent" (right side of the folder) and "Temporary" (left side of the folder), in contrast to just "right" and "left" in the old version. Permanent documents remain in the employee's eOPF throughout his/her federal career, while temporary documents remain until the employee transfers to another agency or separates from government.
- **New URL.** Be sure to update all of your bookmarks with the new URL <https://eopf.nbc.gov/hhs>. For more information on eOPF and the upgrade, visit <http://hr.od.nih.gov/HRSsystems/eOPF/default.htm>.

## PARTNERS IN RESEARCH

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pointed out, study results will be more beneficial, with better compliance to the study protocol. “It just saves time in the final analysis. We’d like this approach to be part of every trial.”

During a recent presentation to the NIH director’s Council of Public Representatives, Grady noted that the initiative was originally formed in 2004 “to enhance public understanding and increase public confidence in what NIH does as a research entity across the country and around the world...One of the major themes [of Partners] is really to structure NIH’s interactions with the public, to establish interactions that would have a long-term effect and would be meaningful.”

Developed over a 2-year period with input from COPR, the program delivers tangibly on NIH’s promise

to include everyday people—such as taxpayers who invest time, money and, in a real sense, their health in the agency’s work—at the earliest stages of medical research. The new program will fund 40 partnerships in its first year, with grants of up to \$50,000 per scientist-organization team. Applications will be evaluated on significance of the project, approach, quality of investigator(s), research environment and impact.

“We hope this R03 grant will be the stepping stone for an R21, an R01 or even a program project later,” Maddox said. At the end of the first year, NIH will host a workshop to evaluate progress, offer opportunities to network with intramural NIH and share best practices and skill-building exercises and ultimately make any mid-course corrections necessary.

“We envision bringing in some of the best speakers—some of our most senior investigators—to talk about such issues as what true partnerships are, how to talk to the media and important skills of listening and negotiating,” Maddox said.

The pilot will also address a concern frequently voiced by individuals and groups who have participated in medical research before: follow-up. One common complaint is that NIH doesn’t have a formal and consistent way to let research participants know what happened after their part in research is complete. An important principle in developing this program, Grady

explained, was finding ways to communicate results after research has been concluded.

Most times it’s not that scientists don’t want to share what they’ve learned, but that study results often take longer than researchers would like to draw conclusions and make findings public. Maddox agreed that the partners program should “help us maintain some connectivity to the communities we serve.”

“The significant response NIH has received to this RFA from both academic researchers and the public has been overwhelmingly positive,” Grady said. “This unique RFA provides the opportunity for the public to be involved in research that will be relevant to the health of the nation.”

Concluding that the concept is probably long overdue, she said, “Facilitating partnerships between researchers and communities has been a strong resonant theme from members of both the public trust and the COPR committees. NIH leadership has been strongly supportive of the idea.”

For more information on the partnership program, or on NIH’s Public Trust Initiative, visit <http://publictrust.nih.gov>.

*“We want the public involved as early as possible—even before we design the trials... If a community has been in on the study design, it will be much easier to recruit in that community for the clinical trial.”*



### NIGMS Council Welcomes Four

*Three new members and one ex officio representative joined the National Advisory General Medical Sciences Council recently. Shown with NIGMS director Dr. Jeremy Berg (c) are Dr. Clifford W. Houston (l), associate vice president for educational outreach and Herman Barnett distinguished endowed professor in microbiology and immunology at the University of Texas Medical Branch, and Dr. W. James Nelson (r), professor of biological sciences at Stanford University, where he also serves as Rudy J. and Daphne Donohue Munzer professor in the School of Medicine. Not pictured are Dr. Steven L. McKnight, professor and chairman of the department of biochemistry at the University of Texas Southwestern Medical Center at Dallas, and the ex officio representative from the Department of Veterans Affairs, Dr. Timothy O’Leary, who directs VA’s Biomedical Laboratory Research and Development Service.*



## FIC Names Eiss Senior Advisor

The Fogarty International Center has named Robert B. Eiss as senior advisor to its director, Dr. Roger Glass. Eiss previously has served as the center's senior advisor for strategic initiatives and acting director of the Division of International Relations, and earlier as an international program officer.

He led the effort to create the center's first long-range plan, reorienting FIC programs toward the persistent burdens of communicable disease and emerging chronic disease trends in low- and middle-income countries. He also was lead writer for the National Science and Technology Council's reports on U.S. government science and technology relations with Russia, as well as European economic integration and science and technology cooperation.

In addition to his positions at NIH, Eiss has been chief executive officer of a non-governmental organization supported by the Rockefeller Foundation to promote innovative management of intellectual property to speed the development of medical products for developing countries. He also has served as associate director for planning and budget at the White House Office of National Drug Control Policy, where he was responsible for the development of policy and budget recommendations in support of the national drug control strategy.

Eiss holds a bachelor's degree from the University of Maryland, a master's degree from Oxford University and has been a volunteer at the Children's Inn.



## Two at NIH Win Presidential Rank Award

Two NIH scientists have been honored with the 2007 Presidential Rank Award, which is given to a select group of career civil service executives whose integrity, strength, leadership and sustained performance have earned them one of the highest honors in government. NEI's Dr. Loré Anne McNicol and NIA's Dr. Richard Suzman won the Meritorious Rank Award, given for sustained accomplishment.

McNicol is director of NEI's Division of Extramural Research (DER). She oversees the planning, implementation, coordination and evaluation of a \$570 million research and training grant portfolio that supports more than 1,600 vision research projects. Since becoming DER director in 1999, McNicol has overseen the investment of significant amounts of new funding in high-impact research programs that have attracted investigators new to vision research. This resulted in creation of new NEI grant opportunities such as a pilot program for innovative research. As a result, grant applications have increased 25 percent.

McNicol also helped develop a major electronic grants administration tool now in wide use at NIH, served on the Bioengineering Research Consortium and coauthored a book on reparative medicine.

Suzman is director of NIA's Behavioral and Social Research Program. "Dr. Suzman has been recognized with this award for his creativity, initiative and high standards of excellence in shaping and directing a behavioral and social science research program in the service of better understanding health and aging," said NIA director Dr. Richard Hodes.

Suzman's accomplishments include fostering new disciplines in the economics and demography of aging and interdisciplinary fields such as biodemography and neuroeconomics. In addition, he is known for recognizing and portraying the rapid growth of the age 85-plus population and has led international efforts to understand the causes, course and impacts of population aging.

Suzman, who joined NIA in 1985, also has been instrumental in building the federal statistical system regarding aging. Most notably, he conceived and has guided development of the Health and Retirement Study, an ongoing survey of more than 22,000 older Americans that began in 1992 and is now a model for aging research and data-sharing worldwide.

Earlier this year, he received the Robert J. Lapham Award from the Population Association of America. This biennial award recognizes individuals who have made distinguished contributions to population research, application of demographic knowledge to improve the human condition and service to the population-research profession.



**Top:**  
Dr. Loré Anne McNicol

**Bottom:**  
Dr. Richard Suzman



## COMMUTE

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Medical Center. About \$800 million of medical facility and parking lot construction and renovation is scheduled to begin in mid-2008. NNMC expansion must be complete before WRAMC permanently closes in September 2011. Currently pending legislation accelerates this schedule to September 2010. In any event, between 2,500 and 4,000 workers are expected to be added to the existing NNMC and tenant staff of 7,500. In addition, NNMC outpatient visits are expected to double to about 4,000 per weekday.

Given existing peak-hour congestion on the Beltway and local roads that surround NIH, the governor's BRAC subcommittee and Montgomery County's BRAC implementation committee have identified increased traffic congestion as a major impact. The DEIS is expected to do the same.

Since BRAC law itself provides no impact-mitigation funds, transportation improvement projects such as dedicated Beltway and Metro access from the base, local intersection and road upgrades, satellite parking lots, shuttles, expanded transit and incentives, flextime, telework and other measures will likely take years to materialize.

Providing comments on the upcoming DEIS is an opportunity for NIH staff to put on their thinking caps and make creative suggestions about what additional information, analysis or mitigation could better identify, understand or manage the BRAC environmental impacts that will soon affect their daily commutes.

Interested NIH staff should monitor the NNMC BRAC web site at [www.bethesda.med.navy.mil/Professional/Public\\_Affairs/BRAC/](http://www.bethesda.med.navy.mil/Professional/Public_Affairs/BRAC/), especially as Dec. 15 approaches. This site is supposed to provide access to the DEIS and explain procedures for participating in the public comment period.—Dennis Coleman



*ORF's Greg Leifer (c) accepts conservation honors from Secretary of Energy Samuel Bodman (r) and Assistant Secretary Alexander Karsner.*

### **ORF's Leifer Recognized by Energy Department for Conservation Efforts**

Greg Leifer, energy engineer in the Office of Research Facilities, was recognized recently by the Department on Energy for his significant contributions to energy and water conservation at NIH.

Leifer was presented with the Exceptional Services award by DOE at the 2007 Federal Energy and Water Management awards ceremony on Nov. 1 in Washington, D.C.

Since 2001, Leifer's conservation strategies have led to significant annual savings to NIH. His comprehensive and coordinated energy conservation program included the study and subsequent construction of nearly 15 energy and water conservation projects, with several more in progress. His work has led to an estimated savings of more than 24,000,000 kWh, 4,000 kW and 216,000,000 BTUs of energy and 100,000,000 gallons of water, resulting in an annual cost savings of nearly \$5,000,000.

Examples of cost-saving measures he has instituted during his tenure include the installation of high-efficiency lighting and control systems, variable frequency drives, electric motors, heating, ventilation, and air conditioning upgrades, as well as water, steam and condensate-saving technologies. He has also coordinated installation of a utility metering system (steam, chilled and potable water) and an electrical metering and monitoring system for the main campus. These systems will allow NIH to review energy and water consumption at the building level in real time and historically, well ahead of any federal mandates.





The Clinical Simulation Service team includes (from l) Dr. Amy Guillet Agrawal, Nancy Muldoon and Jill Sanko.

## Simulation Provides Safe Space for CC Training

By Jenny Haliski

“Help, help! She’s been agitated all day and now I don’t think she’s breathing!”

Although a Clinical Center staffer is speaking these words, she is playing the role of a nurse in a “live action” scenario in the critical care medicine department’s clinical simulation classroom on the fourth floor of the CRC. The female patient is a computer-operated mannequin. She’s a resource available to CC and other NIH staff looking to polish their technical skills for unfamiliar or uncomfortable clinical procedures, practice critical thinking in an emergency and build team cohesion.

Simulation is being used at many hospitals and medical schools as a teaching device for students, residents and staff.

CCMD launched the service with purchase of a Laerdal SimMan and audiovisual package in 2003 to teach critical care medicine fellows—and eventually postgraduate nurses and respiratory therapists—how to respond in less frequently encountered emergency events. The high-fidelity, full-body mannequin, which is more advanced than the basic models used for CPR training, can simulate a number of events such as blocked airway, cardiac arrest or internal bleeding after surgery. The mannequins can also be used to practice a variety of other procedures including chest tube insertion, tracheostomies and pericardiocentesis. The mannequin can be shocked and intubated and can produce a variety of life-like heart and breathing sounds.

Training to lead simulation classes requires intensive orientation. Dr. Amy Guillet Agrawal and Jill Sanko, a nurse practitioner with NHLBI, both attended a week-long workshop at Harvard and began regular training sessions at the CC in January 2005.

The Clinical Simulation Service welcomes anyone with a training need to contact them at (301) 496-9320. 📞

## Vulvodynia Awareness Campaign Begins

Christin Veasley said it took visits to several health care professionals before she received a diagnosis and 7 years before she received effective treatment. She considers herself fortunate, however, because many vulvodynia patients are not able to find treatment for—or even name—their disease. “Women feel embarrassed, ashamed, and isolated,” she explained, “but it is so important for women to educate themselves, become their own advocates, and most importantly never give up hope.”

Vulvodynia—a diagnosis of pain that women experience “down there”—is not something most women talk about with their friends and family, much less with their health care providers. The Office of Research on Women’s Health recently announced an NIH Vulvodynia Awareness Campaign to help educate health care practitioners and the public about chronic pain of the vulva, the area around the outside of the vagina. The campaign kicked off with a media conference held at the National Press Club in Washington, D.C.

Researchers estimate that as many as 18 percent of women will experience symptoms of the disorder. Like Veasley, who also serves as associate executive director of the National Vulvodynia Association, many women suffer with unexplained vulvar pain for months or years before a correct diagnosis is made and an appropriate treatment plan is begun, primarily because the persistent condition has no apparent cause, no cure and no single effective treatment. Lack of sufficient consumer and health care provider information likely contributes to delayed diagnosis, which prolongs the suffering of patients.

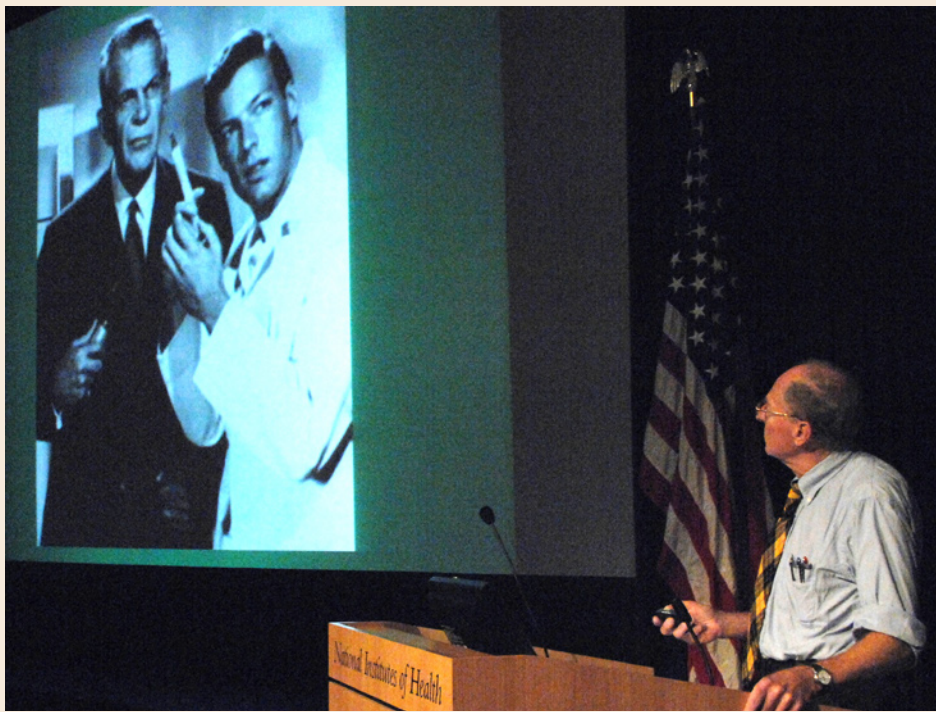
“The time has come to talk openly and directly about vulvodynia—its symptoms, diagnosis and treatment—so that the quality of life...can be improved,” said Dr. Vivian Pinn, ORWH director, at the campaign launch.

In addition to Veasley and Pinn, a distinguished panel of experts in vulvodynia discussed treatment, diagnosis and psychological aspects of the disease.

More than 30 federal and non-federal organizations partnered with ORWH on the campaign. Through the efforts of this collaborative and diverse group, the campaign will get educational materials to the public and to health care providers. Campaign materials—including fact sheets and scientific articles—are available on the ORWH web site at <http://orwh.od.nih.gov/vulvodynia.html>. 📄



At the awareness campaign launch, Christin Veasley (top) discusses her personal experience with vulvodynia. On the expert panel are Dr. Bernard Harlow (middle) of the University of Minnesota and Candace Brown (bottom) of the University of Tennessee.



## LITERATURE

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*Becoming a physician, says Plotz (r), requires the full use of one's imaginative powers, which take time to develop. Art and literature can help "convey semesters of advice." In an image from a classic TV series, young Dr. Kildare (a white-coated Richard Chamberlain) is backed up by his mentor (Raymond Massey).*

to us to have been the most intense and formative part of our own education." And that is the time to learn at the bedside; to hear the call of stories told by patients and by practitioners seeking to heal them.

Plotz, who won the 2000 NIH Director's Award in Mentoring, created and still sustains the Contemporary Clinical Medicine: Great Teachers series, now a fixture in Grand Rounds at the Clinical Center. His own specialties include inflammatory and genetic muscle disease and lupus nephritis.

Having been at NIH for 40 years, he outlined a problematic trend in medical education: abbreviated hospital stays cut short the encounter between doctor and patient—and thus between teacher and student—making meaningful exchanges all too brief. With fewer opportunities for observing role models, students aren't getting something essential.

Becoming a physician requires more than technical skills, stressed Plotz. It also takes skills developed by "watching a clinician touch a patient, not just as a diagnostic maneuver, but in silent communication for the relief of anxiety or suffering." The insight gained in "those luminous scenes" between clinicians and patients is crucial, since "the underlying job, the relief of suffering, requires *physicianly* or perhaps just human skills that are never quite complete over a lifetime."

Yes, we've all had experiences with illness, he noted, whether in our personal lives, or perhaps from reading, looking at art or even television—shown in his sequence of slides from ear-

ly 19<sup>th</sup> century painting to the TV drama *House*. And the arts, whether classic or popular, are not mere accompaniments to medical education. Nor should they be.

"The burden of my message," he said, "is that [medical education] fundamentally requires the development and full use of your imaginative powers...It will call on imaginative powers for the rest of your life."

He then offered the audience a brief survey of literature reflected in several genres—including essays, memoirs, plays and fiction, with high praise for "the novelists [who] convey complete worlds." He read nine excerpts aloud, and offered a reading list with 34 other authors, from Albert Camus to Susan Sontag.

Some highlights of his lecture, "The Vocation of Medicine: Lessons from Real and Imagined Physicians":

Aleksandr Solzhenitsyn's 1968 *Cancer Ward* features many characters, including an oncologist, now ill with cancer herself. She knows what is ahead and comes to see her old mentor, but even her own "good doctor" could not relieve her. The novel, said Plotz, "is full of such encounters; this is one all medical students should read."

Anton Chekhov's 1892 short story *Ward Six* shows how the tables are turned on a small-town doctor. He is admitted to a psychiatric ward by the deceit of an ambitious younger colleague, where overnight he "learns about pain and sickness that a lifetime hadn't taught him."

In French playwright Molière's *The Doctor in Spite of Himself*, the impostor "talks nonsense, overwhelming the patient's father," said Plotz, showing how "we all fall back on this bad behavior when the truth is unknown to us. You could transform [this 1666 satire] into an episode of *Scrubs* or *House*."

John Berger's *A Fortunate Man*, an account of a general practitioner in a poor rural area, includes a scene of its subject, a country doctor, saving a man trapped beneath a fallen tree. Berger questions "how to evaluate an ordinary working doctor," since "you cannot evaluate a man like stock in a warehouse." The doctor's work, while poorly paid, is nonetheless "his source of satisfaction—fulfillment in itself." This is precisely why Berger dubs him "a fortunate man" and why the book's "deep and unromantic understanding of human nature...conveys semesters of advice." 📖



# milestones

## Singh To Lead Minority Initiatives Branch at NIGMS

Dr. Shiva P. Singh, a microbiologist and educator who has devoted much of his professional career to mentoring and training high school, undergraduate and graduate students in



the biomedical sciences, has been appointed chief of the newly formed Special Initiatives Branch of the Division of Minority Opportunities in Research (MORE) at NIGMS.

Singh has been a program director in the MORE division since 2004. Prior to that, he was a scientific review administrator in the NIGMS Office of Scientific Review, where he managed the review of applications to the MORE division as well as other selected research training, program project and center grant applications.

He came to NIGMS in 2001 from Alabama State University in Montgomery, where he was chair of the department of biological sciences and director of the university's biomedical research and training programs, including the MORE-sponsored Minority Biomedical Research Support (MBRS) and Minority Access to Research Careers (MARC) programs. His research interests focused on the biochemistry and immunology of the outer membrane proteins of gram-negative bacteria. "Dr. Singh's experience at a minority-serving institution, coupled with his expertise in the review and administration of NIGMS's minority programs, will be valuable assets in his new position," said Dr. Clifton Poodry, MORE division director.

"Dr. Singh will be responsible for managing the new branch's nine existing program activities, as well as others not yet imagined," Poodry added. Current activities aimed at increasing the number of minority scientists include the Bridges to the Baccalaureate and Bridges to the Doctorate programs, which are cosponsored with the National Center on Minority Health and Health Disparities; the Post-baccalaureate Research Education Program; Institutional Research and Academic Career Development Awards; Native American

Research Centers for Health, which are co-sponsored with the Indian Health Service; research on interventions that promote research careers; diversity supplements; and faculty development awards.

Singh earned a Ph.D. in microbiology from Auburn University. He conducted postdoctoral research at Argonne National Laboratory in Illinois and Auburn and was an extramural associate at NIH. He has served on several scientific review committees, including NIGMS-MBRS review panels and the NIGMS-MARC review subcommittee. He is a recipient of numerous honors and awards and is a member of several professional societies including the American Society for Microbiology and the American Association for the Advancement of Science.—Susan Athey

## Hrynkow Appointed NIEHS Associate Director

Dr. Sharon Hrynkow joined NIEHS as a new associate director on Oct. 15. She will work with senior leadership on a range of program and management activities including trans-NIH initiatives, partnership-building with federal agencies and others and extramural community outreach. She is assigned to the NIEHS office in Bethesda and will represent the mission of NIEHS/NTP to various communities in the Washington area.



"I am very pleased to welcome Dr. Hrynkow to NIEHS," said Dr. Samuel Wilson, NIEHS acting director. "I have known her professionally for several years and believe she will be an extremely effective advocate for NIEHS."

Hrynkow has held leadership positions at NIH for 10 years. For much of that time, she worked at the Fogarty International Center, first as deputy director and, from 2004 to 2006, as acting director. During the past year, she took a sabbatical from her permanent position in the NIH Office of the Director to serve as senior advisor for the United Nations Foundation.

Hrynkow is well-known at NIH for her ability to build new partnerships and develop innovative research and training programs. She worked with virtually every IC during her tenure at FIC and helped establish and maintain particularly strong ties to NIEHS.

"I am delighted and honored to have the opportunity to help NIEHS advance its critical mission," she said. "In many ways, the role at NIEHS builds on my previous experiences [and] I look forward to the action agenda."

A career civil servant and member of the Senior Executive Service with advanced training in neuroscience, Hrynkow brings to her position a wealth of leadership experience in tackling global health issues. Prior to joining NIH, she was a science officer at the Department of State, where she played a key role in helping the diplomatic corps address the emerging issue of HIV/AIDS.

Hrynkow serves on a number of professional and non-governmental committees and boards, including the Institute of Medicine roundtable on environmental health sciences, research and medicine, and the AAAS committee on science, engineering and public policy. She has received numerous awards and honors in recognition of her achievements, including the Presidential Meritorious Executive Rank Award and the King of Norway's Order of Merit.—Robin Mackar

## NIEHS Chemist Honored for Free Radical Research

NIEHS chemist Dr. Ronald Mason has received the 2007 Senior Investigator Lifetime Achievement Award from the Society for Free Radical Biology and Medicine (SFRBM). As part of the honor, he presented a

lecture at the 14th annual SFRBM meeting at the Renaissance Hotel in Washington, D.C., on Nov. 14. He also received a \$2,500 cash award and an invitation to publish a review article in the society's journal *Free Radical Biology and Medicine*.

The award is an acknowledgement of Mason's major contributions to the detection and study of free radicals derived from or dependent on the metabolism of toxic chemicals, drugs and biomolecules. In the course of his 29 years with NIEHS, he has built on his original training as a physical chemist in electron spin resonance (ESR) spectroscopy, which is the only general, yet selective, method for the detection of free radicals.

Mason has made several groundbreaking discoveries related to the role of nitroreductase in drug toxicity and the free radical post-translational modification of proteins. His group has been successful using experimental rodent models in *in vivo* detection of the free radical mechanisms of diseases such as endotoxin-induced acute respiratory distress syndrome, alcohol-induced liver damage and diabetes mellitus.

Currently a senior investigator and head of the free radical metabolite section in the Laboratory of Pharmacology and Chemistry, Mason invented a novel immuno-spin free radical assay in 2002 that, according to SFRBM, "democratizes rigorous free radical detection." The new methodology offers researchers a cost-effective, validated assay that eliminates the need for highly expensive ESR equipment and the quantum mechanical expertise needed to operate it. The new technique produces orders-of-magnitude higher sensitivity and requires one-thousandth of the sample size needed for ESR—while also giving researchers the ability to analyze multiple samples simultaneously.

The author of more than 450 studies, Mason has also been honored with the International ESR Society Silver Medal and the Southern Chemist Award and Gold Medal given by the southeast region of the American Chemical Society. He is an accomplished instructor and mentor for



PHOTO COURTESY OF STEVE MCCAIG

junior scientists in training at NIEHS. In 2006, he received the institute's Scientist of the Year Award.—Eddy Ball

## NCCR's Kulp Retires After 40 Years at NIH

The National Center for Research Resources recently bid a fond farewell to Billie A. Kulp, one of its most dedicated employees. After four decades of continuous service, she retired from her position as administrative officer on Sept. 30.

Kulp began working for NCCR almost from its inception. "You don't plan to stay at one institute for 40 years, but when the work is interesting and the people are great, time flies," she said.

She came to the center in March 1967, only 5 years after it was established. While at NCCR, Kulp worked under 7 directors, saw 4 institutional name changes and survived 5 relocations as NCCR moved to and from various sites on and off campus.

Although her entire federal career was at NCCR, Kulp held several positions. Her first assignment was for what was then called the Division of Research Facilities and Resources, where she worked as an administrative clerk and later a grants management clerk. Eventually, she found her niche in the administrative office, where she worked until retirement.

Kulp has always been the go-to person at NCCR when colleagues needed administrative help or had a question about property, building facilities or acquisitions. "Billie's desire to lend a hand and assist where needed is just one of the qualities that made her a wonderful resource to NCCR," said Bonnie Richards, director of the Office of Administrative Operations. "She also has served on numerous administrative working groups and various committees for NCCR."

NCCR staff acknowledged Kulp's career at a retirement party and shared many fond memories of working with her. "Billie Kulp has been a mainstay of the NCCR administrative office for many years. It is hard to imagine what it will be like for us once she has gone," said Erin Shannon, NCCR executive officer. "Her sincere desire to help employees has been a welcome and significant asset as she provided quality service to all NCCR staff over the past 40 years. She will be sincerely missed by all."

In retirement, Kulp looks forward to spending more time with friends and family—especially her grandchildren. She has several interests that will fill her days, including dancing, classic cars and crafts.





### Gladstone To Direct NINR Communications

Elisa H. Gladstone has been named the new communications director at the National Institute of Nursing Research. She joined NINR on Oct. 15 after a successful

tenure at the National Institute of Diabetes and Digestive and Kidney Diseases.

At NINR, Gladstone manages the communications team within the Office of Science Policy and Public Liaison and is responsible for outreach both to internal and external audiences regarding nursing research and NINR research activities and initiatives. She also leads the development and implementation of communication strategies that will further the mission of the institute and increase awareness of NINR programs and research accomplishments throughout the United States.

"NINR is very pleased to have Ms. Gladstone join our institute at such an exciting time in our history," said NINR director Dr. Patricia Grady. "Ms. Gladstone's expertise in health education will enhance our efforts to inform the American public about the many nursing research discoveries that have reduced the impact of disease and disability, lowered health care costs and improved health and quality of life for individuals at all stages of life."

At NIDDK, Gladstone was associate director of the National Kidney Disease Education Program (NKDEP) for more than 4 years. In this capacity, she planned, implemented and evaluated NKDEP as it transitioned from a pilot effort in four communities to a national education program aimed at changing clinical practice and public awareness related to kidney disease.

Gladstone received her masters of public health degree from the University of North Carolina, Chapel Hill, and earned her undergraduate degree in sociology from Emory University.

### NIDCD Council Welcomes Five

The National Institute on Deafness and Other Communication Disorders welcomed five new members to its advisory council at its fall meeting, held in September. The new members (shown at right, from top) include:

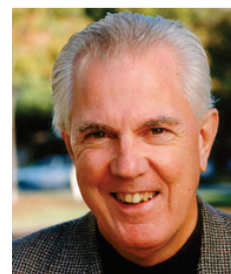
Dr. Karen Cruickshanks, professor at the University of Wisconsin School of Medicine and Public Health. She is principal investigator of a large cohort study on age-related hearing loss and other sensory impairments.

Dr. Albert Feng, professor of molecular and integrative physiology at the University of Illinois at Urbana-Champaign. He is studying the neural basis of sound communication, using the frog and bat auditory systems as models and leads a team of researchers in the development of biomolecular high-resolution cochlear implants.

Dr. Charles Greer, professor and vice chairman for research in the department of neurosurgery, Yale University School of Medicine. He is internationally recognized for his work on local synaptic circuit organization in the olfactory system and the capacity of the nervous system for plasticity.

Dr. Charlotte Mistretta, associate dean for research and Ph.D. training and William R. Mann professor of dentistry at the University of Michigan School of Dentistry. Her area of study is the development of the sense of taste, with emphasis on the regulation of taste papilla development and innervation to the tongue.

Dr. William Yost, chair of speech and hearing sciences at Arizona State University. His research interests include auditory perception and psychoacoustics in areas of pitch perception, sound localization and the processing of sounds with modulated waveforms.



## Five Appointed to NICHD Council

Five new appointments have been made to the National Advisory Child Health and Human Development Council. The new members are:

Dr. Margaret Stineman, professor of physical medicine and rehabilitation at the University of Pennsylvania School of Medicine. She investigates disability issues such as quality of life and obstacles in daily living.

Dr. Ronald Lee, professor of demography and economics at the University of California, Berkeley, and director of the Center for the Demography and Economics of Aging. He studies the aging population and uses statistical models to predict changes in the composition of this group.

Dr. Joseph Zanga, assistant dean for generalist programs at East Carolina University School of Medicine. His research interests focus on primary care and injury prevention.

Dr. Vivian Lewis, director of the division of reproductive endocrinology at the University of Rochester Medical Center and medical director of the university's planned Women's Health Pavilion. She is currently studying the causes and treatment of male and female infertility.

Dr. Jonathan Gitlin, professor of pediatrics and of genetics at Washington University School of Medicine in St. Louis. He is also scientific director of the Children's Discovery Institute, a joint research venture between Washington University and St. Louis Children's Hospital.



*Dr. Eric Lander, founding director of the Broad Institute of MIT and Harvard, traced how genome exploration has evolved over the past 15 years.*

## Lander Gives Trent Lecture

Hundreds of people filled Masur Auditorium on Oct. 16 for the NIH Intramural Sequencing Center's 10<sup>th</sup> anniversary symposium.

Giving the fifth annual Jeffrey M. Trent Lecture in Cancer Research at the celebration was Dr. Eric Lander, founding director of the Broad Institute of MIT and Harvard. His talk traced how genome exploration has evolved over the past 15 years, beginning with the turbulent early days of the Human Genome Project and culminating in current applications of HapMap data to hunt for genetic variations responsible for common human genetic diseases.

Lander looked ahead to myriad exciting possibilities for genome research. "It's a remarkable period we're living through," he said. "I see no sign of it topping off."

To young researchers in the audience, Lander advised pursuing scientific questions that would carry them beyond experiments at their own benches. He urged them to forge multidisciplinary collaborations and to familiarize themselves with tools and technologies outside their usual realm, particularly those that can help them sift through and make sense of the ever-growing genomic data sets.

He also offered the genomics community some ambitious goals for the next 10 years, noting, "We've barely scratched the surface of genes and of biology." Among items on his "to do" list are: interpreting human genetic variation and its relationship to disease; identifying all functional elements in the human genome; discovering how to modulate all genes; defining all molecular mechanisms underlying cancer; and deciphering the sequences of all major infectious agents.—Raymond MacDougall



*NICHD director Dr. Duane Alexander (front, r) and deputy director Dr. Yvonne Maddox (front, l) welcome new council members (front, c) Dr. Margaret Stineman, (back row, from l) Dr. Ronald Lee, Dr. Robert Zanga, Dr. Vivian Lewis and Dr. Jonathan Gitlin.*



## NIMH Studies Focus on Minority Mental Health

By Jeremy Williammee

Many diverse groups in the U.S. do not receive equitable care by the current health and mental health systems. Inequalities in care can be attributed in part to poor inclusion and engagement of these groups in the development and implementation of interventions. This can further compound feelings of stigma associated with mental disorders and reluctance to seek care.

Recognizing the need for comprehensive epidemiological data on mental illness within diverse populations, NIMH launched in 2000 the Collaborative Psychiatric Epidemiological Studies (CPES). It now provides the first national data with sufficient power to investigate cultural and ethnic influences on mental disorders among African-American, Latino and Asian-American groups.

"These studies provide a gold mine of information," said NIMH director Dr. Thomas Insel, "which can help us to identify the needs and strengths of diverse groups and use this information to create and enhance more personalized interventions for mental illnesses."

Study findings were presented at NIMH's Mental Health Disparities Team Speakers Series, which recently featured presentations by Dr. Margarita Alegria of Harvard, Dr. James S. Jackson of the University of Michigan and Dr. David Takeuchi of the University of Washington.

"We are not all alike," said Jackson, contrasting stereotypical views that tend to categorize diverse ethnic groups under broad homogenous labels. His study showed that labels, at least in terms of mental health outcomes, are often misrepresented. For example, African-American men had greater social stability and lower rates of diagnosed mental disorders than men of Afro-Caribbean ancestry. However, African-American women experience a higher rate of mental health problems than their Afro-Caribbean counterparts. These findings, according to Jackson, illustrate the complex nature of racial and cultural identity and mental health.

Takeuchi noted that the U.S. has a significantly higher rate of mental disorders compared to other nations, including Brazil, Canada and Mexico. His study showed that assimilation into American culture greatly increased risk within Asian-American immigrant populations as well. Asian-American immigrants who arrived in the U.S. at an early age were more likely to develop mental health problems than those who arrived later in life, and U.S.-born children of immigrants experienced a rate of mental disorders similar to that of the general population.

Alegria stressed the need for new approaches that reach "beyond the clinic walls." Her investigation found that despite the availability of potentially effective treatments, most Latino groups did not have adequate access to care. This factor correlated with a significant under-diagnosis of mental disorders within these communities.

The findings from CPES provide an array of information about the mental health needs and strengths in the U.S. Future NIMH research will build on these findings and find ways to better personalize clinical care, which in turn can contribute to improving equality in mental health care. 🗨️



*At NIMH's Mental Health Disparities Team Speakers Series are (from l) Dr. James Jackson, NIMH deputy director Dr. Richard Nakamura, Dr. Margarita Alegria, Dr. David Takeuchi and NIMH director Dr. Thomas Insel.*

## Division of Bioengineering and Physical Science Is Transferred to NIBIB

The Division of Bioengineering and Physical Science (DBEPS), formerly part of the NIH Office of Research Services, has been integrated into the intramural research program of the National Institute of Biomedical Imaging and Bioengineering, effective Oct. 1.

The Laboratory of Bioengineering and Physical Science, the new name for DBEPS now that it is part of NIBIB, specializes in the development and application of new technologies, based on engineering, mathematics and the physical sciences, for the solution of problems in biology and medicine. The 26 staff members formerly associated with DBEPS have been transferred to NIBIB, along with equipment and over 14,000-square-feet of laboratory space. The current laboratory structure will be maintained and staff will perform their same functions.

Consultations and collaborative research with other NIH intramural scientists will continue to be the main focus of the group's work. Research areas currently include new approaches to determine three-dimensional cellular structure, measuring interactions between macromolecules, modeling drug delivery and performing nanoscale diagnostics.

In addition to added staff and laboratory space, the transfer brings to the NIBIB intramural research program some unique training opportunities for undergraduate biomedical engineering students and postdoctoral scientists and engineers through the Biomedical Engineering Summer Internship Program ([www.nibib.nih.gov/Training/UndergradGrad/besip/home](http://www.nibib.nih.gov/Training/UndergradGrad/besip/home)) and the National Research Council NIH/NIST Research Associateship Program ([www.training.nih.gov/postdoctoral/nist.asp](http://www.training.nih.gov/postdoctoral/nist.asp)).

The new component will join existing intramural NIBIB, which includes the PET Radiochemistry Research Laboratory responsible for conducting research and training in the development and application of novel radiochemical probes for biomedical imaging and the joint Laboratory for the Assessment of Medical Imaging Systems at FDA.

**More Accurately Estimating Breast Cancer Risk**

NCI investigators have helped produce a new model for calculating invasive breast cancer risk that has been found to give better estimates of the number of breast cancers that would develop in African-American women ages 50 to 79 than an earlier model that was based primarily on data from white women. The earlier Breast Cancer Risk Assessment Tool, also developed by NCI, allows for projections based on certain assumptions, in particular that the relative risk of breast cancer associated with having a specific profile of risk factors for white women applies to African-American women and to women from other racial and ethnic groups. Because the new method, called the CARE model, has a higher accuracy for African-American women, the authors of the study, published online in the *Journal of the National Cancer Institute*, are now recommending the model's use for counseling these women regarding their risk of breast cancer.

**Bone-Thinning and Depression**

A study funded in part by NIMH has found that premenopausal women with even mild depression have less bone mass than their non-depressed peers.

According to a report published in the *Archives of Internal Medicine*, the level of bone loss in these women is at least as high as levels associated with recognized risk factors for osteoporosis such as smoking, low calcium intake and lack of physical activity. Therefore, researchers say, depression should also be considered a risk factor for the disease.

Symptoms of osteoporosis can be hard to detect; this study shows that depression can now serve as a red flag to doctors for women at a higher risk of bone loss.

**Satisfaction in Care for Family Members of ICU Patients**

In a recent study, family members of loved ones who died in the intensive care unit (ICU) reported greater satisfaction with the care they

and the patient received than families of ICU survivors. The study, funded in part by NINR, was published in the journal *Chest*. Researchers found that though family members of all ICU patients tended to rate the physical care of the patient highly, family members of those who died in ICUs tended to be more pleased than family members of survivors with their involvement in decision-making and communication, as well as with the emotional support, respect, compassion and consideration they and the patient received. Up to 20 percent of all deaths in the U.S. occur in or shortly after an ICU stay. Researchers said the new findings do not necessarily indicate that dying patients in the ICU receive better care, but they suggest that ICU clinicians may devote extra attention to the needs of patients and their families when death is imminent. This information could point to ways to improve the ICU experience and decrease stress for all ICU patients and their families.

**The Relationship of Ozone to BMI**

People with higher body mass index (BMI) can have a greater response to ozone than leaner people, according to a new study by NIEHS researchers and others. Scientists have long known that short-term exposure to atmospheric ozone can cause a temporary drop in lung function in many people. This is the first study in humans to look at whether body weight influenced how much lung function falls after acute ozone exposure. Analyzing data on healthy, non-smoking men and women ages 18 to 35, researchers found that in general, the higher the BMI—a measure of the amount of fat a person has—the greater the ozone response. The findings, published in *Inhalation Toxicology*, provide one more reason why maintaining a healthy body weight is important to health.—compiled by Sarah Schmelling



*A study funded in part by NIMH has found that premenopausal women with even mild depression have less bone mass than their non-depressed peers.*





## feedback

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

**Feedback:** Why did the NIH stop allowing dogs to come on campus? The NMMC campus allows dogs, but NIH stopped allowing them on campus. Is this an official NIH policy, and if so, why?

**Response from the Office of Research Services:** We did not "stop" allowing dogs onto campus. Technically, they have never been allowed on campus except for assisting handicapped individuals or for research purposes. It was just too hard to enforce in the past without the fence. This is not an NIH policy but a federal regulation. Under Title 45 of the Code of Federal Regulations, Subpart C, Section 3.42(b), "A person may not bring on the enclave any cat, dog or other animal except for authorized purposes. This prohibition does not apply to domestic pets at living quarters or to the exercise of these pets under leash or other appropriate restraints. The use of a dog by a handicapped person to assist that person is authorized."

**Feedback:** Just wondering why the Bldg. 31 escalator [connecting the first floor with the B2 level of the B-wing] is still not working? It has been out of service for some time.

**Response from the Office of Research Facilities:** Capital Elevator was to start repair work on or about Dec. 10. They estimate the work will take 3 months.



## volunteers

### Men and Women Needed

Men and women ages 55-65 are needed to participate in a study of alcohol metabolism and responses. Study participation includes one 3-hour screening visit and two 8-hour study visits. Participants must be social drinkers in good health. Compensation will be provided for time and participation. If interested contact Seth at (301) 451-0308 or email [ETOHSTUDY-L@mail.nih.gov](mailto:ETOHSTUDY-L@mail.nih.gov).

### Neck Pain Study Needs Volunteers

The Clinical Center's rehabilitation medicine department is seeking individuals with neck pain and healthy volunteers between the ages of 21-65 to participate in a natural history study of neck pain (02-CC-0245). Participation involves 4 monthly visits (about 1 hour each) for a comprehensive cervical musculoskeletal examination. No compensation is provided. Contact [neckpainstudy@gmail.com](mailto:neckpainstudy@gmail.com) or (301) 451-7514.



### Polo Player Garcia Makes Waves at NHGRI

Since arriving in the United States from her native Puerto Rico 6½ years ago, Angelica Marie Garcia has made quite a splash both in her current post as an IRTA scientist and with her beloved pastime, water polo.

Garcia works in the laboratory of NHGRI's Dr. William Gahl, under the supervision of Dr. Meral Gunay-Argun. Her research focuses on autosomal recessive polycystic kidney disease. A 2005 graduate of California State University at Long Beach, where she made the dean's list, the young researcher, when not in the lab, spends much of her time in the water. As a member of the Puerto Rican women's national water polo team, she and her teammates have set their sights on the 2008 Olympic Games in China. This past summer, the squad participated in the Pan American Games in Brazil.

"I've always loved the game," said Garcia, who began playing water polo when she was 14. The sport demands exceptional physical conditioning and swimming skills. The young investigator thrives not only on the physical demands of the game, but also on the intense competition. She thought seriously about going professional, but ultimately opted for research and medicine.

Before coming to NIH, Garcia was a fellowship scholar under the Research Initiative for Scientific Enhancement, an NIGMS-supported program at Cal State. While an undergraduate, she was named an NCAA first-team All-American in water polo, one of only seven female collegians picked for the honor.

Her athletic prowess and accomplishments notwithstanding, Garcia plans to attend medical school. Afterwards, she said, "What I really hope is to eventually work with underserved communities that don't have access to medical care. There is a great need for this service."

When not in her NHGRI lab or the pool, Garcia volunteers in outreach programs in the D.C. area and also enjoys traveling, dancing and reading.

She says both water polo and scientific research have their own respective challenges. Regarding water polo, "it's a physical thing," and with medicine, added Garcia, "you always have your academic and intellectual challenges. I find it very stimulating."—**Jan Ehrman**



## NIH Celebrates 'America Recycles Day' with Call for Volunteers

The Clinical Center south lobby saw green as NIH celebrated "America Recycles Day" on Nov. 15. "We need your help as environmental volunteers," said Gareth Buckland, recycling coordinator in the Division of Environmental Protection. "If you have a certain recycling need in your workplace, you can be our eyes and ears; if there's a change in our program, you can help relay it to your coworkers." He shared these updates:

- To recycle cell phones and batteries, call Chemical Waste at (301) 496-4710. Place your items in a bag, box or other container and they'll be picked up at your work station within 24 hours.

- Plastic cups, yogurt containers and frozen entrée containers can now be commingled and recycled along with plastic drink bottles.

- Paper collection has changed to accept *all* paper products including white paper, office stationery, newspapers, magazines, books and all other clean, dry paper.

"We're making it easier to recycle," said Buckland. "That's what consumers want." To learn more about the Recycling Program or to volunteer, contact Buckland at bucklandg@mail.nih.gov or (301) 496-7990. Visit the web site at <http://orf.od.nih.gov/Environmental+Protection/Waste+Disposal>.

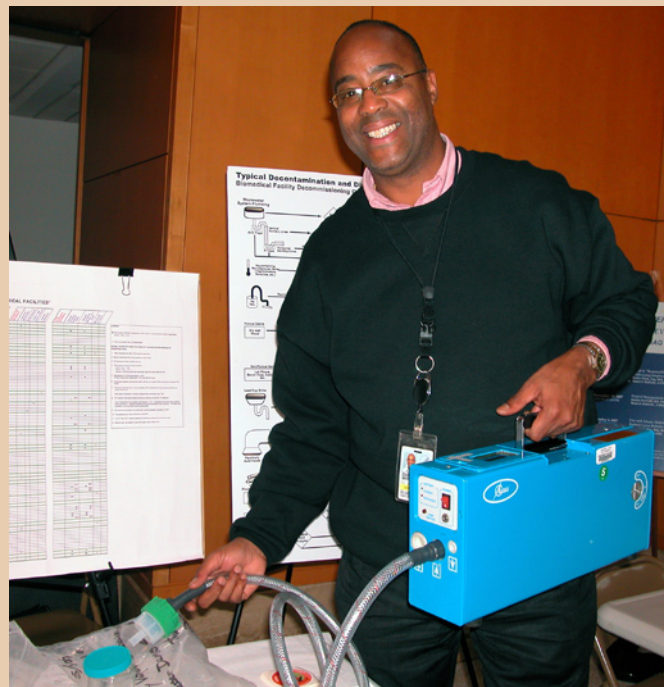


*Above, left:* Recycling coordinator Gareth Buckland (r) talks to NIDA's Dr. Augusto Diana about becoming an environmental volunteer.



*Above, right:* Industrial chemist John Prom (l) shows Medical Arts' Rayne Ann Wood how recycling cell phones and batteries is now just a snap.

*Below:* Louise Davis (l) and Joseph Cox (c) of the Employee Transportation Office share the word on the NIH Transhare Program, which offers Metrocheks and SmarTrip cards to over 6,000 employees.



*Top left:* A toxic, persistent pollutant, mercury is found in thermometers, switches and fluorescent lamps.

*Right:* Environmental scientist Daryl Moore demonstrates the "mercury reader" used in the decommissioning and renovating process.

*Bottom left:* Danita Broadnax shows you the money—spent on NIH's Pepco bill.