

nih record

History Day Showcases NIH AIDS Research

By Rich McManus

For a historian interested in medicine's response to the emergence of HIV/AIDS, there could probably have been no greater vantage point than the NIH intramural program in the early to mid-1980's. Dr. Victoria Harden, founding director of the Office of NIH History in the Office of Communications and Public Liaison, found herself in this privileged position, having arrived on campus in 1984. At the third annual NIH History Day on Sept. 22, she treated a Lipsett Amphitheater audience to an overview of NIH's assault on AIDS.

Drawing on more than 20 years of research that will be incorporated in a book about AIDS research at NIH, Harden reviewed milestones in the epidemic. Such significant NIH contributions as co-discovery of the agent that causes AIDS, and the first efficacious treatment against the virus, served not only to honor individuals such as former NCI virologist Dr. Robert Gallo (who was in the crowd) and former NCI director Dr. Samuel



SEE HISTORY DAY, PAGE 8 NIH historian Dr. Victoria Harden



Dr. Paul Ridker

Astute Clinician Lecture Addresses Heart Disease Risk

"Inflammation, CRP and Cardiovascular Risk: Is It Time to Change the Framingham Risk Score?" is the subject of the 2005 Astute Clinician Lecture, scheduled for Wednesday,

Nov. 2 at 3 p.m. in Masur Auditorium, Bldg. 10.

The speaker is Dr. Paul Ridker, Eugene Braunwald professor of medicine at Harvard Medical School and director of the Center for Cardiovascular Disease Prevention at Brigham and Women's Hospital in Boston.

A graduate of Brown University, Harvard Medical School and the Harvard School of Public Health, Ridker's work on inflammation and

SEE ASTUTE LECTURE, PAGE 4

A New Meaning for 'R&R' NIH Grant Application Process To Change

NIH recently published a timetable for significant changes to its grant application and receipt process. In less than 2 years, NIH will convert entirely from the Public Health Service 398 grant application to the new Standard Form 424 Research and Research Related (R&R) and will require all applicants to submit electronically through Grants.gov.

The schedule for adopting the electronic SF-424 R&R is driven, in part, by an executive and legislative mandate to simplify and standardize the grant application and the process for submission. The Federal Financial Assistance Management Improvement Act of 1999 and the President's Management Agenda require that all federal grant-making agencies use a standard form and a single electronic system to post funding opportunities and accept electronic applications. The Office of Management and Budget has designated Grants.gov as the central posting and receiving point.

NIH will phase in its new application pro-

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ABOVE • HHS Secretary Leavitt (r) briefed during visit to NIH. See more photos, p. 7.

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briefs

FAES Holds Insurance Open Season

The FAES Health Insurance Program is conducting Open Season from Nov. 1-23, and 28-30. The program is open to those who work for or at NIH in full-time positions but are not eligible for government plans. This includes NIH fellows, special volunteers, guest researchers, contractors and full-time temporary personnel. The minimum enrollment period is 3 months. Benefits and/or changes take effect Jan. 1, 2006.

Open Season is for those who did not enroll when first eligible and for current subscribers to make changes. Appointments are required to make changes to medical coverage but not for dental enrollment. FAES offers CareFirst BlueCross/BlueShield PPO and a voluntary dental plan through Cigna.

More information may be obtained from the FAES web site at www.faes.org or from the FAES business office, Bldg. 10, Rm. B1C18. To schedule an appointment, call (301) 496-8063. FAES is open Monday-Friday from 8:30 a.m. to 4 p.m.

Manchester Quartet Begins 17th Season

The 17th season of lunchtime performances by the Manchester String Quartet at NIH began on Oct. 3. The concerts are free and start at 12:30 p.m. in Masur Auditorium, Bldg. 10.

Future concert dates, all on Mondays, are: Nov. 7; Dec. 12; Jan. 9, 2006; Jan. 30; Feb. 13; Mar. 27; May 1.

The series is made possible by a grant from the Merck Company Foundation. For reasonable accommodation needs, contact Sharon Greenwell, NIH Visitor Information Center, (301) 496-4713 or email sg115f@nih.gov.

PRAT Program Accepts Applications

The NIGMS Pharmacology Research Associate (PRAT) program is now accepting applications for positions to begin October 2006. This is a competitive research fellowship program to support training at NIH or FDA laboratories for postdoctoral candidates whose research is focused on the pharmacological sciences and related research areas such as molecular pharmacology, signal-transduction mechanisms, drug metabolism, immunopharmacology, chemistry and drug design, structural biology, endocrinology, bioinformatics, and neuroscience.

PRAT fellowships are 3-year appointments that include competitive salaries as well as some supply and travel funds to help support research in preceptors' laboratories. Applicants must identify

a preceptor in their application. Preceptors may be any tenured or tenure-track scientist at NIH or FDA who has agreed to host the applicant. Postdoctoral fellows who have more than 1 year of research experience at NIH or FDA at the time of applying are not eligible. Applications must be received by Dec. 16. For more information or application materials, contact the PRAT program assistant at (301) 594-3583 or email prat@nigms.nih.gov.

STEP Forum on Inflammation, Oct. 27

The staff training in extramural programs (STEP) committee will present a Science for All forum on the topic, "Inflammation: Friend and Foe," on Thursday, Oct. 27 from 8 a.m. to noon in Natcher Bldg., Rms. E1/E2.

Inflammation is a major part of the body's first defense against infection and is essential to wound healing, but uncontrolled, it can contribute to disease. While inflammation has long been known to be involved in pathologies as diverse as autoimmunity, cancer and gastrointestinal illnesses, scientists have recently uncovered evidence of a previously unsuspected role in illnesses such as Alzheimer's and cardiovascular disease. This forum will examine the cascade of events involved in the inflammatory process, its role in an expanding number of diseases and contemporary strategies to manage inflammation.

Living Arrangements for Older Family Members

Do you think your parent or older relative may need greater support? How do you know what type of living environment is best suited to his or her needs? Attend the seminar "Living Arrangements for Older Family Members" to learn how to identify your older relative's needs and talk to him/her about preferences for a new or enhanced living arrangement. Find out about the various options, from independent to assisted living, to understand how you can help your relative reach a satisfactory decision during this socio-emotional transition. Obtain a list of local and national resources. Course is Wednesday, Nov. 2, noon to 1:30 p.m., Bldg. 31, Conf. Rm. 6C10.

Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it. Your bi-weekly Leave and Earnings Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 7, 2006.

In spite of planning, circumstances sometimes arise that prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is officially rescheduled. This year, your "use or lose" leave must be scheduled not later than Saturday, Nov. 26.

If you or your supervisor have questions about "use or lose" leave, contact your administrative officer.

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Relman To Give Kinyoun Lecture

Planning on enjoying a quiet dinner alone this evening? You may be the only person at the table, but you're definitely not alone. Inside your intestines are tens of millions of microscopic organisms—mostly bacteria—that make up an ecosystem as varied as that of any rainforest and as unique as your fingerprint.

The role of gut microflora in health and disease is the topic of this year's Joseph J. Kinyoun Lecture, to be given by Stanford University microbiologist and physician Dr. David A. Relman. The lecture, "Human



Endogenous Microbial Ecosystems: The Next Frontier," is scheduled for Thursday, Oct. 27 at 2 p.m. in Lipsett Amphitheater, Bldg. 10.

Although microbial denizens of the gut and oral cavity are critical to many bodily functions, including digestion, most of the features of this vast ecosystem remain unexplored. Earlier this year, Relman and his colleagues published "Diversity of the Human Intestinal Microbial Flora," in *Science*. The product of a year-long analysis, it was the first of several planned studies designed to examine how microbial communities in the human gut vary in relation to host diet, geography, disease and other factors. In samples drawn from three volunteers, Relman and his colleagues detected close to 400 never-before-described microbial species.

A native of Boston, Relman earned his S.B. degree from Massachusetts Institute of Technology and received his M.D. degree, *magna cum laude*, from Harvard Medical School in 1982. Following postdoctoral clinical training at Massachusetts General Hospital in internal medicine and in infectious diseases, he served as a postdoctoral research fellow in microbiology at Stanford University from 1986 until 1992. He joined the Stanford faculty in 1992 and was appointed associate professor with tenure in 2001. He has been a staff physician at the VA Palo Alto Health Care System since 1992 and was named chief, infectious diseases section, in 2002.

In addition to research on the composition and dynamics of human gut microflora, Relman's scientific pursuits include investigations

into *Bordetella pertussis* (the cause of whooping cough) and smallpox virus, as well as the development and application of genomic methods for early diagnosis of systemic infectious diseases. He is an author on 147 scientific publications.

Relman currently serves on the board of directors of the Infectious Diseases Society of America (IDSA), and is co-chair of the National Academy of Sciences' committee on advances in technology and the prevention of their application to next generation biowarfare. He was recently appointed to a 4-year term on the National Science Advisory Board for Biosecurity.

Among Relman's honors are the Squibb Award from IDSA (2001) and the Senior Scholar Award in Global Infectious Diseases from the Ellison Medical Foundation (2002). He is a member of the American Society for Clinical Investigation and was named fellow of the American Academy of Microbiology in 2003. 

NIH Grantees Share Chemistry Nobel

The 2005 Nobel Prize in chemistry is shared by two long-time NIH grantees, Dr. Robert H. Grubbs and Dr. Richard R. Schrock, along with Dr. Yves Chauvin. The two researchers are honored for developing metal-containing molecules that are used daily in the chemical and pharmaceutical industries to make important compounds.

The National Institute of General Medical Sciences supported the research of each scientist since 1983, spanning the period in which their award-winning work was conducted and published. The institute also helped support the scientists' training before they launched their independent research careers. Over the years, NIGMS has provided nearly \$12 million to support Grubbs and Schrock.

"Today's Nobelists developed a technique to control metathesis, a chemical reaction that makes it possible for two chemical entities to switch places, and create completely novel molecules," said NIH director Dr. Elias Zerhouni in an Oct. 5 statement. "Because of their work, metathesis has become one of organic chemistry's most important reactions and is used to create new materials and pharmaceuticals in an effective, efficient and environmentally friendly way."

The two scientists worked independently to develop molecules, called catalysts, that facilitate metathesis. The catalysts, one developed by Schrock in 1990 and the other by Grubbs in 1992, allow chemists to harness metathesis to make materials ranging from medicines to bulletproof vests.

Since 1954, NIH has supported the work of 36 Nobel laureates in chemistry.

ASTUTE LECTURE

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C-reactive protein (CRP) led to the first set of federal guidelines advocating CRP evaluation to detect heart disease.

CRP is a highly sensitive marker of inflammation and can predict risk of developing a future heart attack or stroke. High levels of CRP have been found to more accurately predict heart disease than cholesterol, the most commonly used predictor of heart disease.

In multiple studies evaluating men and women, Ridker's work has consistently found that those with elevated baseline levels of CRP are at two- to three-fold increased risk of future heart disease and stroke, even after taking into account all traditional risk factors used in the Framingham Risk Score.

"In fact, those with high levels of CRP and low levels of cholesterol are at substantially higher risk than those with high levels of cholesterol and low levels of CRP," said Ridker. "This data validates the concept that inflammation is crucial to atherosclerosis."

Ridker's group also discovered that the widely prescribed "statin" drugs not only lower cholesterol, but also lower CRP levels, and that both of these factors are important for determining drug efficacy.

"This was a major challenge for heart disease screening," said Ridker. "The medical profession was relying predominantly on cholesterol levels to both predict and monitor heart disease risk. People with high CRP levels were outside the federal screening guidelines; yet, for many, their risk is actually higher than people inside the former guidelines."

The study echoed what Ridker and many other doctors had been observing for years. For every patient with high cholesterol and plaque-clogged arteries, there was one with low cholesterol who nonetheless developed a heart attack or stroke. In addition to the development of new guidelines for heart-disease risk, the finding led to more widespread use of novel preventive therapies.

Ridker's research is supported by multiple NHLBI grants, and by a Distinguished Clinical Scientist Award from the Doris Duke Charitable Foundation. *Time* magazine honored Ridker as one of America's 10 best researchers in science and medicine in 2001.

The Astute Clinician Lecture was established through a gift from Haruko and Dr. Robert W. Miller. It honors a U.S. scientist who has observed an unusual clinical occurrence, and by investigating it, has opened an important new avenue of research.

The lecture is an NIH Director's Wednesday Afternoon Lecture Series event. For information and for reasonable accommodation, contact Hilda Madine, (301) 594-5595. ☎

CSR Welcomes New Review Interns



Five scientists recently began work in CSR's Review Internship Program, which is designed for biomedical and behavioral research scientists who are interested in careers in science administration. They are (from l): Dr. Bonnie Burgess-Beusse (digestive sciences integrated review group), Dr. Lambratu (Bree) Rahman (oncological sciences integrated review group), Dr. Tanya Hoodbhoy (biology of development and aging integrated review group), Dr. Carol Hamelink (molecular, cellular and developmental neuroscience integrated review group) and Dr. Bukhtiar Shah (cardiovascular sciences integrated review group). Applications are now being accepted from both intramural and extramural scientists, who may apply by Jan. 1, 2006, for positions starting July 2006. More information is available via the employment section of CSR's web site at <http://www.csr.nih.gov>.

Talk on Polycystic Ovary Syndrome, Oct. 28

The women's health special interest group will sponsor a talk titled, "Management of Polycystic Ovary Syndrome," on Friday, Oct. 28 from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1. The speaker is Dr. Katherine Sherif, director, Center for Women's Health, Drexel University College of Medicine, Philadelphia. If you require sign language interpretation, contact Vicki Malick at malickv@od.nih.gov at least 5 days before the seminar.

Lecture on 'Spirituality and Health,' Oct. 28 in Masur

Human beings have long been intrigued by the possible connections between spiritual or religious practices and physical health. In today's world, this can also be a highly controversial topic. Until recently, such a discussion would also have been considered outside of the realm of medical practice and evaluation. This has begun to change, however, as you will have an



opportunity to hear from Dr. Anne Harrington. She will be the next speaker for the Distinguished Lectures in the Science of Complementary and Alternative Medicine, a series hosted by the National Center for Com-

plementary and Alternative Medicine. Her talk, titled, "Is Spirituality Good for Your Health? Historical Reflections on an Emerging Research Enterprise," will take place on Friday, Oct. 28 at 11 a.m. in Masur Auditorium, Bldg. 10.

Harrington, professor of the history of science at Harvard University, argues that we find ourselves in a historically unique moment in which medical researchers design double-blind trials of prayer, ministers talk about the brain and the immune system from the pulpit, monks meditate inside brain-imaging machines and studies of the placebo effect and positive attitude frame the discussion about the science of "miracle" healings. In this eighth Distinguished Lecture presented by NCCAM, Harrington will offer an historical perspective on these varied developments, reflect on how they relate to one another and invite critical scrutiny of the different kinds of challenges—intellectual, ethical, political—raised by this research.

Harrington specializes in the history of psychiatry, neuroscience and other mind sciences. She received her Ph.D. in the history of science from the University of Oxford in 1985 and has held postdoctoral fellowships at the Wellcome Institute for the History of Medicine in London and at the University of Freiberg in Germany. In addition to her teaching position as Loeb Har-

vard College professor at Harvard University, she is also visiting professor of medical history at the London School of Economics and Political Science. She was co-director for 6 years of the Harvard University Mind, Brain, Behavior Initiative and a member for 6 years of the MacArthur Foundation Research Network on Mind-Body Interactions, where she worked on such topics as placebo effects, trance phenomena, group therapy for breast cancer and the effects of meditation on emotional health in the workplace.

In addition to writing more than 50 articles and book chapters, she has published two books—*Medicine, Mind, and the Double Brain* (1987) and *Reenchanted Science* (1996)—and has edited five other books including *The Placebo Effect* (1997). Her newest book, *Stories Under the Skin: American Mind-Body Medicine and Its Histories*, is under contract with W.W. Norton and will be published soon.

NCCAM invites all to attend the lecture. It will also be webcast on <http://videocast.nih.gov>. For reasonable accommodation, contact Karen Davison at (301) 348-1606, or the Federal Relay at 1-800-877-8339. 📞

NIH Business System Town Hall Meeting

The "NIH Business System (NBS) Town Hall: Welcome to Acquisitions, Contracting, Property, Supply, Finance and Budget" will be held Monday, Oct. 31 from 8:30 a.m. to noon in the main auditorium of the Natcher Bldg.

It will provide information about the impending system changeover for major portions of NIH business processes. The keynote address will provide details on business systems affected, new system functions, the time frame for system changeover, how the deployment will be managed and associated training opportunities. There will also be demonstrations of the new systems.

Speakers include Colleen Barros, NIH deputy director for management; CIT Director Alan Graeff; Kenneth Stith, director, Office of Financial Management; and Diane Frasier, director, Office of Acquisition Management and Policy.

To register online, visit <http://my.nih.gov> and select "My Communities," then "NBS Training and Communications." There is no cost for this event. Sign language interpreters will be provided for the keynote address and by request only for concurrent demonstrations. Individuals who need other reasonable accommodation should contact Leslie Linden, (301) 451-0004, through the Federal Relay (1-800-877-8339), or by email, lindenl@mail.nih.gov. Requests should be made at least 5 days before the event.

E-GRANTS

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Dr. Norka Ruiz Bravo, NIH deputy director for extramural research, strongly encourages all institutes and centers to embrace the transition from paper to electronic applications in the new standard, federal format.

cess by research-program type, beginning with applications for Small Business Innovation Research/Small Business Technology Transfer grants. Effective Dec. 1, SBIR/STTR grant applicants for NIH R41, R42, R43 and R44 non-AIDS-related grants must submit SF-424 (R&R) applications through Grants.gov. NIH expects to receive approximately 2,300 electronic SBIR/STTR applications at that time.

Dr. Norka Ruiz Bravo, NIH deputy director for extramural research, strongly encourages all institutes and centers to embrace the transition from paper to electronic applications in the new standard, federal format.

“Electronic receipt is here to stay,” she said. “There is no turning back. We at NIH have long envisioned a time when every step in grants administration, from the submission of an application to grant award, would be electronic. We are fully committed to make this vision a reality.”

According to Ruiz Bravo, “the benefits of end-to-end electronic processing are too great to ignore.” NIH will realize major savings by eliminating 200 million pieces of paper a year and by significantly reducing the costs of scanning, data entry, printing and reproduction. Efficiencies gained are expected to reduce workload on NIH employees and on its partner institutions. Furthermore, NIH will benefit from a comprehensive health research data repository that it can mine to guide its research portfolio and improve the nation’s health.

During the next 2 months, the Office of Extramural Research will launch an NIH “media blitz” to prepare extramural staff for the conversion to the electronic SF-424 R&R. Under the leadership of Megan Columbus, project manager for Electronic Receipt of Grant Applications, the communications team is providing the following resources to assist NIH’ers:

- OER has established a public web site at <http://era.nih.gov/ElectronicReceipt/index.htm> to provide essential information to all stakeholders.
- There is a new Intranet site at <http://inside.era.nih.gov/ElectronicReceipt/index.htm> targeted specifically at the internal NIH audience. The site will offer presentations on the transition, changes required for funding opportunity announcements, FAQs pertaining to contingency, minutes of the electronic application coordination group and other information about the plans and progress of the initiative.

• OER recently presented a preview of the SF-424 R&R at Natcher Conference Center. The archived videocast is available to HHS staff at <http://videocast.nih.gov/PastEvents.asp>.

On Oct. 12, OER presented “A Walk Through the New 424 (R&R) Grant Application and Electronic Receipt” at the Natcher Conference Center. This training included NIH’s overall transition strategy, submission policies, implications for individual business areas and contingency planning. The archived videocast is available to HHS staff at the same address as above.

The announcement of NIH’s electronic receipt conversion schedule also is generating a flurry of activity in the grantee community. James R. Randolph, senior associate director of the University of Michigan’s division of research development and administration, comments: “At first blush, the implementation timeline appears quite aggressive and will have sponsored-research offices like mine scurrying to train a large and diverse audience in the Grants.gov mechanics. The upside, however, is that with this very large stake in the ground, applicant institutions are now forced to develop local timelines for making the transition. The 800-pound gorilla (no offense intended) has spoken.”

Other federal granting agencies are following the same direction. George Moyer, a management analyst at the Agency for Healthcare Research and Quality and liaison to NIH’s electronic Research Administration (eRA), reports that AHRQ is working in partnership with NIH in the move to electronic receipt of applications through the Grants.gov portal. “We are following the same guidelines and timeline established by NIH for this transition.”

The success of the conversion to electronic submission depends on the acceptance and concerted effort of NIH’s ICs, other federal agencies and partners. “Spread the word about electronic receipt, educate yourselves and those around you, and prepare for the upcoming transition,” urges Ruiz Bravo. “I am confident that using technology for more efficient grants administration will promote biomedical research and help NIH to achieve its mission.”

OER has organized a network of IC liaisons to assist extramural staff with the transition. The list of contacts is available at http://inside.era.nih.gov/ElectronicReceipt/ic_liaisons.htm. Staff also can send questions and comments to Megan Columbus at megan.columbus@nih.gov or to Sheri Cummins, the project’s communications coordinator, at cumminss@mail.nih.gov. The timetable for the transition is available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-067.html>. ●



Growing Complexities in Cancer

Dr. Robert Weinberg of the Massachusetts Institute of Technology pointed out in a recent campus talk that about 90 percent of cancer deaths are caused not by the primary tumor itself, but by its metastases—the secondary, distant growths arising from the primary tumor. Weinberg's lab and others have been making significant progress toward understanding how tumors acquire the ability to invade and metastasize.

Each cancer has its own development pathway, but many types of human cells, Weinberg explained, can be transformed experimentally into cancer cells by altering five regulatory pathways: the replicative lifespan pathway (involving telomeres), apoptosis (cell death pathway involving p53), proliferative stimuli from outside the cell (like growth factors), control of the cell cycle (e.g., pRb) and the mobilization of resources that give the cell specific advantages (like the enzymes involved in nutrient metabolism).

Yet the story of cancer extends beyond these five pathways. Carcinomas, which constitute about 4 out of every 5 tumors, are made of both cancerous epithelial cells and their stroma—the connective tissue framework that supports their growth. Transformed human mammary epithelial cells form tumors much faster in mice when supplied with stromal cells like fibroblasts; Weinberg's lab has found that stromal cells from most breast cancers are far better at supporting tumor growth than those from normal breast tissue.

While many tumor-associated stromal cells probably originate in the normal, adjacent host stroma, others come from circulating cells. Weinberg's lab has shown that tumor-associated stroma are superior at recruiting the cells that form the vasculature to support a tumor's growth. His lab is now working to identify the signals that primary tumors use to recruit stromal cells and to identify the precursors to these stromal cells that support tumor growth.

Weinberg went on to discuss how metastatic tumor cells arise. The invasion-metastasis process involves several complex steps: local invasiveness, invasion into blood and lymphatic

vessels, transport through the circulation, escape from blood vessels into the surrounding tissue, formation of a micrometastasis, and finally colonization, the growth of a micrometastasis into a full metastasis.

Through gene expression array screening in highly metastatic mouse breast cancer cells, Weinberg's lab identified two transcription factors that are involved in invasion and metastasis, Twist and Mesenchyme Forkhead. They identified two more, Gooseoid and Slug, to make a quartet of transcription factors that are normally active during early embryogenesis, in steps of development that require a change in cell behavior known as the epithelial-mesenchymal transition. These transcription factors allow epithelial cells in the embryo to acquire many characteristics also seen in motile, invasive cells. Metastatic cancers are somehow able to upregulate these embryonic transcription factors, thereby acquiring the ability to invade and migrate. The signals for these changes originate in nearby stroma, but their exact nature is still unclear.

What is clear is that genetic mutations don't tell the whole story of a cancer. The tumor's stroma affects both its formation and its ability to metastasize. This understanding is broadening the strategies researchers are using to combat cancer.—Harrison Wein

HHS Secretary Leavitt Visits

Top:
NHLBI director Dr. Elizabeth Nabel and NIH director Dr. Elias Zerhouni welcome HHS Secretary Mike Leavitt (r) to NIH on Sept. 30.

Middle:
At NLM with Dr. David Lipman (second from l), director of the National Center for Biotechnology Information, Leavitt views a constantly updated world map that displays global usage of NLM's Medline/PubMed online database.

Below:
Dr. Lee Helman (l), chief of NCI's Pediatric Branch, greets John Agwunobi, President Bush's nominee for HHS assistant secretary (c) and the Secretary.

PHOTOS: BILL BRANSON



HISTORY DAY

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Broder (who helped develop AZT) but also to underscore the strengths of the intramural research programs.

Indeed, the event began with an explanation of why NIH was in such a good position to address the disease, which first came to public attention in the summer of 1981. According to NIH deputy director for intramural research Dr. Michael Gottesman, five factors contributed to NIH's swift and productive response: a "critical mass" of scientific expertise, especially experts in retroviral biology; research infrastructure, including a Clinical Center willing to admit patients with the new disease; the tight link between clinicians and bench scientists; NIH's close ties with Congress, patient groups and extramural colleagues, who could coordinate efforts; and leadership at NIH that was "not just visionary, but also courageous, both personally and intel-

lectually... There was a willingness to take risks, to drop what you were doing and head in a new direction."

Perhaps the most prominent dropper of what he was doing was NIAID director Dr. Anthony Fauci, who offered personal reflections on the epidemic. He had been an NIAID clinician on the 11th floor of Bldg. 10 when the first report of *Pneumocystis carinii* pneumonia in a population of gay men was published in June 1981. "It was just a curiosity," he recalled. "I thought it was something drug-related." A month later, when a second report appeared, Fauci said he got goose pimples. "I knew something was terribly, terribly wrong... It prompted a major switch in my research direction. I was able to turn my lab on a dime to focus on a disease that had no name, and, as yet, no microbe."

Within 3 years, the HIV/AIDS virus was found, owing largely to what Fauci called "exquisite science" and massive new funding that today represents 10 percent of NIH's research budget. Noted Fauci, "If you put the resources in, you galvanize talent and get extraordinary results.

"We're still in the midst of the pandemic," he said. Some 40 million people worldwide are thought to be infected with HIV/AIDS. "But the amount we've learned has been unprecedented in the history of medicine."

Harden's keynote address focused on the "intellectual history of how the biomedical community came to understand this syndrome." Prior to the AIDS epidemic, NIH had been institutionally unwieldy, a "great ship" that lacked maneuverability, except in its intramural component. It set formal boundaries between its interests, and those of sister agencies FDA and CDC. Despite warnings that infectious diseases were likely to become a major public health issue, NIH focused primarily on chronic diseases.

An explosion of new knowledge in molecular biology took place, roughly between the Hong Kong flu epidemic of 1968-1969 and the advent of AIDS. "There was a major intellectual shift, and lots of new discoveries in molecular biology and immunology," said Harden. Among the best and brightest of that era were an inordinate number of alumni of the NIH Clinical Associates Program. Just as AIDS hit, NIH hosted a cadre of mid-career scientists, "most in their early 40's, and most experienced in clinical work and research." This army of sophistication attacked the new disease piecemeal; Harden

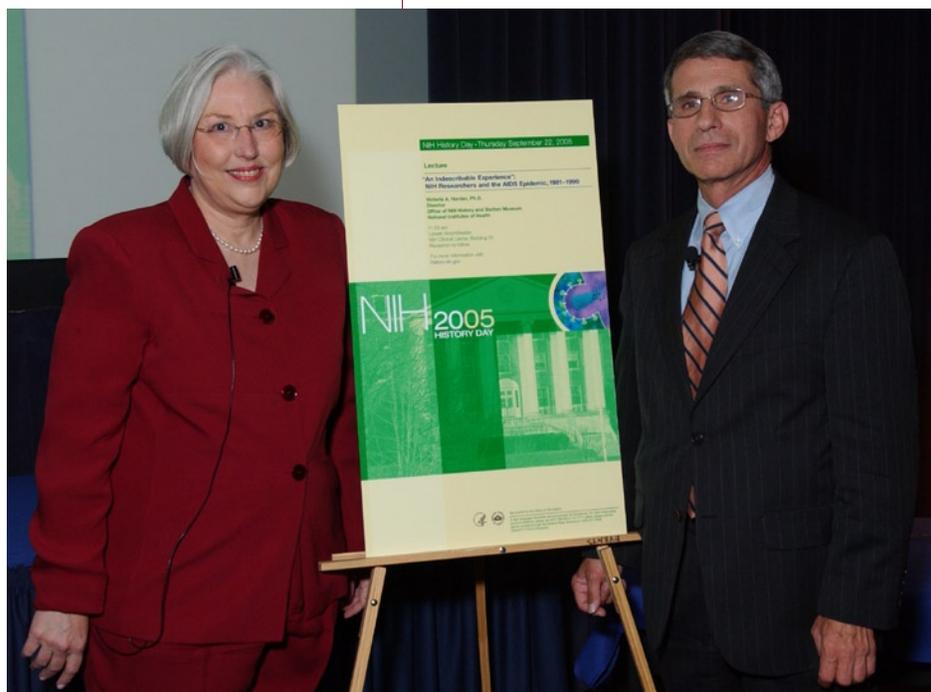
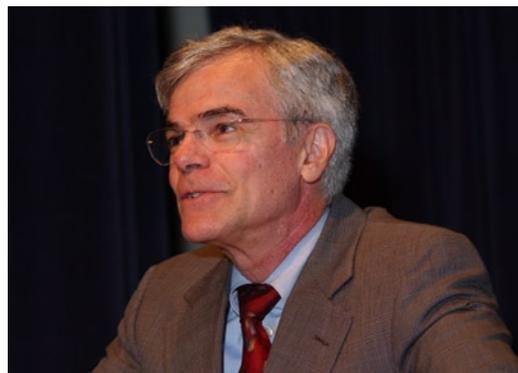
Right:

Dr. Michael Gottesman, NIH deputy director for intramural research, outlined five reasons why the campus was well-positioned to take on AIDS research.

Below:

Harden and NIAID director Dr. Anthony Fauci each gave their perspectives on the first decade of NIH intramural AIDS research.

PHOTOS: ERNIE BRANSON



recounted the litany of now-famous names in AIDS pathogenesis studies, etiologic work and, eventually, therapy.

Harden's account of the AIDS era through 1990 didn't overlook lowlights along the way, including the inevitable grumbling over first authorship on scientific papers, the tendency of large, well-funded labs to snatch the successes of smaller ones, and the much-publicized international dispute over which group of scientists first discovered the AIDS virus. It was also sobering to realize, as the late deputy director of NIAID Dr. James Hill once pointed out, that actor Rock Hudson's death from AIDS did more to spur increased AIDS funding than any research breakthrough did.

AIDS changed the way NIH works, Harden concluded. It pushed NIH back to its historical roots in bacteriology by underscoring the importance of addressing emerging and re-emerging infectious diseases. It made NIH a household name, ushering in an era of surging public interest in all matters of health. And it had the democratic virtue of opening NIH to the influence of public activists; Fauci characterized NIH's interaction with activists as "very productive."

"AIDS itself is not yet history," noted Gottesman. "There are more people working on it than ever in the history of NIH...We hope one day to declare victory."

The NIH History Day talks are archived at www.videocast.nih.gov, and the Office of NIH History's web site (<http://history.nih.gov>) has an extensive AIDS history collection. 

Researchers Ask, 'Is Chocolate Good for You?'

By Sandra Williams

Chocoholics everywhere have reveled in recent reports that dark chocolate might actually be good for their health. Sound like the beginning of a new health craze? Well, the jury is still out on the long-term health benefits of consuming dark chocolate, but there are some promising findings about this sweet indulgence.

What is it about dark chocolate that is potentially good for you? Believe it or not, chocolate is a complex substance containing a number of valuable compounds including sterols, fiber, minerals and flavonoids. The compound currently of most interest is flavonoids, antioxidants found in a number of foods such as red wine, green tea, apples, and yes, chocolate. What do these antioxidants do? Preliminary evidence suggests that they can ward off vascular disease (vascular disease is a precursor to heart attacks, strokes, diabetes, dementia and hypertension), in part, by helping the body make or preserve a chemical called nitric oxide, which improves blood flow. Cocoa is a particularly rich source of flavonoids, and dark chocolate typically contains a higher percentage of cocoa than other types of chocolate. Basically, the darker the chocolate, and the more bitter, usually the better.

Drs. Michael Quon and Rajaram Karne, researchers at the National Center for Complementary and Alternative Medicine, are excited by the possible benefits of chocolate. Quon, who is chief of NCCAM's intramural diabetes unit, explains, "Chocolate is a tasty food that also has the potential for improving metabolic and cardiovascular physiology. It's what we call a functional food—a food that has potential health benefits." These researchers are interested in the benefits of a particular flavonoid found in cocoa called epicatechin. They believe this is the active ingredient in chocolate that is beneficial for cardiovascular health.

To test this hypothesis, NCCAM is currently recruiting volunteers for a clinical trial (see advertisement on p. 15) that will examine the effects of dark chocolate on blood pressure and insulin sensitivity in patients with hypertension. They want to know if the epicatechin in chocolate can help decrease insulin resistance in hypertensive patients, which would in turn increase the production of nitric oxide. Nitric oxide helps prevent the constriction of the arteries and capillaries in the body, increasing blood flow and improving vascular function. The outcome of this study will begin to answer questions about the benefits of consuming dark chocolate. Because cardiovascular and metabolic diseases are intricately linked, epicatechin may prove to be a valuable preventive for a host of conditions including diabetes, obesity, hypertension and cardiovascular disease.

Before you rush out to buy your favorite candy bar, however, there are a few things you should know. Most chocolate is not flavonoid-rich. In fact, the process used to make chocolate often destroys much of its antioxidant properties. Consumers usually have no way of knowing whether a chocolate product is flavonoid-rich. Quon cautions, "It is premature to say that people should be eating chocolate for health benefits—most studies have only shown short-term benefits." There is potential, however, and that is what NCCAM plans to examine more closely in its dark chocolate clinical trial. So chocoholics don't despair—there is still hope.

Familiar NIH Messenger Russell Retires

By Carla Garnett

If the corridors of NIH administration seem to have a little less character these days, that's because long-time Office of the Director messenger Jan Russell has left the building. Russell, a familiar face in the hallways of Bldgs. 1, 2 and 31, retired July 30, after more than 24 years with the Office of Administrative Services and Resources in the Executive Office, OD.

For more than two decades, beginning on May 14, 1981, Russell delivered interoffice correspondence among such OD components as exec sec, budget and personnel. Although her service was valuable—even in an age of ever-growing electronic communication—it is likely to be her personality that will be missed most.

"I have worked with Jan for 20 years," said Cris Stone of the NIH Office of Financial Management. "In the course of 20 years, Jan came to see me every day, although I'm not sure it was me she wanted to see. I have a very large mirror in my office and Jan always came by to give herself a big smile in my mirror."

Russell's supervisor, OASR Chief Anita Brooks, said, "Jan has been such an important part of the daily lives of so many in the NIH community—there isn't anybody she doesn't know and who doesn't know her. She is one of the most dedicated and hardest workers I've ever had and her colorful spirit—and costumes!— will be missed."

"Jan and I go a long way back at NIH, both of us working in the Office of the Director for over 15 years," said Sue Heidel, who now works as a contractor with the Office of Human Resources. "At one point from the summer of 1987 through the summer of 1988, Jan and I worked in Bldg. 1 together. I think that it would be very hard to find a person at NIH who took their job as seriously and with such a sense of responsibility as Jan. She was always concerned about getting the mail delivered to the right person and about getting all the mail delivered by the end of the day. Jan is also a very sensitive and supportive person; she will give you a hug when you are experiencing a difficult personal time—something



that goes a long way toward making things seem better. Jan was an important part of the Office of the Director, and she will be missed by many people."

Stone, who also formed a friendship with Russell, said, "Jan and I share a love for collecting dolls. Whenever she can't find a certain doll, she has me find it on the Internet and print a picture so her mother will buy it for her. When Jan was in the hospital, we sent her a Madam Alexander Angel."

Jennifer Martin, who has known Russell for about 7 years, recalled how Jan had become somewhat of an institution in other parts of NIH as well. "When Jan was out after her accident in December, not only did I hear from many folks in the OD, but I also received inquiries from folks in other ICs who were concerned about her," Martin said. "It shows me how many lives Jan touched in her time here at NIH. Jan was a hard worker, a conscientious worker and a good friend."

Russell is also known to be an avid Redskins fan. The small cart that she wheeled could always be counted on to sport the burgundy and gold at some point during football season. It was often decorated with Russell's latest coloring book page, pet photo or seasonal holiday greeting card. Russell was also known to dress up for Halloween.

"Jan is very social," remembers Ana Kennedy, who retired in 2002 from the OD EEO office. "She loved to pop in whenever there was a party."

At a retirement celebration held in Russell's honor, Bill Ketterer of the Office of General Counsel shared a true story. In OGC, just for fun, he would post a "Question of the Week" on the office bulletin board. Whoever got the correct answer received a gold star. "Competition was keen to win that gold star," he recalled. "Jan noticed these questions, but never responded."

One time the question was, "When is a duck not



Above:

Jan Russell (l) is congratulated at her retirement party by Hilda Dixon of the Office of Equal Opportunity and Diversity Management.

Right:

Russell speaks to well wishers at her send-off.

PHOTOS: ERNIE BRANSON

a duck?" "The answer I was looking for," Ketterer explained, "was 'when it's afloat.' But when Jan read the question, without hesitation, she said, 'When it's a doctor! Quack. Get it?' Since everyone felt that her answer was far superior to the official one, we decided to award Jan the Gold Duck Award—the only one ever—which was specially designed by my spouse, Ann, for the occasion, and presented to Jan the next day with much pomp. Jan was delighted with her award and proudly displayed it on the front of her mail cart for several weeks after that."

In an impromptu conversation about her upcoming days of leisure, Russell admitted that she wasn't exactly sure what she will do with her newly acquired free time. "I might go to college," she said, after thinking a moment. "I might study music, but my parents say I won't have time. I just don't know what I'll do." ❧

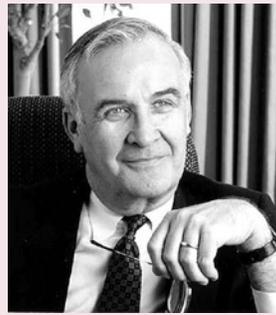
Schwan Named RML Lab Chief

Dr. Tom Schwan has been chosen chief of the newly created Laboratory of Zoonotic Pathogens (LZP) at Rocky Mountain Laboratories in Hamilton, MT, part of NIAID. He received his Ph.D. in 1983 in parasitology from the University of California at Berkeley, studying the ecology of fleas and plague in Lake Nakuru National Park, Kenya. From 1983 to 1986, he was a postdoctoral fellow at the Yale Arbovirus Research Unit, Yale University School of Medicine, studying tick-borne viruses. He joined RML in 1986. He served on the editorial board of the Journal of Clinical Microbiology for 9 years and is on the editorial board of both Vector Borne and Zoonotic Diseases and Emerging Infectious Diseases. LZP scientists study diseases that are communicable from animals to humans.



NIDDK's Hamilton Honored

Dr. Frank Hamilton, chief of the digestive diseases program in the Division of Digestive Diseases and Nutrition, NIDDK, was presented the Distinguished Service and Achievement Award of the American Motility Society at its annual meeting Sept. 24 in Santa Monica, Calif. The society recognized him for his tireless support and encouragement to members of the society and for fostering the growth of funding for the field of gastrointestinal motility. Hamilton, a board certified gastroenterologist, has been director of the GI Motility Program at NIDDK since 1987.



NINDS Mourns Former Council Member Langfitt

Dr. Thomas Langfitt, a former member of the National Advisory Neurological Disorders and Stroke (NANDS) Council, died Aug.

14 of tuberculosis. He was 78 years old.

"Tom was an extraordinary person," said Dr. Michael D. Walker, retired director of the NINDS Division of Stroke, Trauma and Neurodegenerative Disorders. "He was, for his day, one of the youngest chairmen of neurosurgery. He was decisive and compulsive about patient care and led one of the early head injury research programs asking the important questions. He was never too busy to help with a project, asking the penetrating questions and driving you back to the drawing board."

Langfitt earned his undergraduate degree from Princeton University in 1949 and his medical degree from Johns Hopkins Medical School in 1953. He then began a 2-year tour of duty in the Army as a doctor. After that, and upon completing his residency in neurosurgery at Hopkins, he moved to Philadelphia to become head of the neurosurgery department at Pennsylvania Hospital.

In 1968, Langfitt became the Charles Harrison Frazier professor of neurosurgery and chairman of the division of neurological surgery at the University of Pennsylvania. Later he served as president and chief executive officer of the Glenmeade Trust Co., an investment bank, and Pew Charitable Trusts, a philanthropic foundation.

Internationally recognized for his pioneering work in treating traumatic brain injuries, Langfitt served on the NANDS council from January 1980 to October 1983.

In 2002, he became president of the College of Physicians of Philadelphia, a 200-year-old nonprofit cultural and educational society. He served there until 2004.

Langfitt is survived by his wife, 3 sons, a brother, a sister and 8 grandchildren.

—Shannon E. Garnett



OIT Director Wiszneaukas Ends Long Career

By Rich McManus

David Wiszneaukas, chief information officer for the Office of the Director and director of the Office of Information Technology, retired Sept. 3 after more than 35 years of federal service.

He began his career as a meteorologist for the Commerce Department, eventually working on Executive Blvd. in Rockville for NOAA. Ironically, his OIT post was located on the same street, giving his career a full circle. That circuit began in Silver Spring, where Wiszneaukas grew up the son of an NIH'er; his mother worked for several NIH components while he was in high school (Wheaton High, class of 1965) and college (Florida State University, B.S. in meteorology).

During his undergraduate years and immediately after, Wiszneaukas, who was "always interested in weather, and the clouds in the sky," worked as a meteorological intern with the Weather Bureau. While a senior at FSU, he realized he wanted to be in management, so he enrolled in the M.B.A. program at the University of Kansas. "They had a program geared to science and engineering graduates," he recalls. "I thought that a background in administration and management would give me an easier career path."

His first exposure to computers was in college, when he learned FORTRAN as part of his weather studies. Later, during a summer internship at NOAA, his research group developed computer programs to analyze upper-atmosphere weather, a job that had previously been done by hand.

His familiarity with computers increased in grad school, which emphasized operations research. His thesis was a computer-based simulation of workload and staffing requirements.

Once he earned his M.B.A., Wiszneaukas joined NOAA full time in a management consulting role. He led several studies, the last of which concerned how to accommodate females

aboard NOAA research ships. He spent about 3 years with NOAA, then was recruited to the Office of the Assistant Secretary for Health (OASH), which had begun a Manpower Management Program. Part of his job involved creating staffing models for the Indian Health Service. During his OASH career, the personal computer era dawned. Wiszneaukas helped OASH evaluate the first generation of word-processing computers and led OASH into the world of PCs, LANs and email.

The OASH position was abolished early in the Clinton administration, and its employees scattered to various outposts within HHS. Wiszneaukas was recruited in January 1995, to NIH's Office of Information Resource Management, under Drs. Frank Hartel and Leamon Lee. He was selected in July 1996 to lead the OD LAN (local area network) group, which provided IT services to the Office of the Director.

Nine years ago, there were about 1,200 computer users in OD, spread out in a dozen buildings. Today there are 2,100 users in 23 buildings. Wiszneaukas has successfully shepherded this large cohort, which includes the NIH director's office and staff, through a decade of dramatic change in computer use and complexity.

In typically understated fashion, Wiszneaukas says his office "enhanced support of our OD clients as we went through many migrations of software and email systems... There were very few web sites when I began; now we host more than 150. We dealt with the challenges of Y2K and the many consolidations in recent years in IT. We've been through A-76 studies. Now it's time to enjoy another part of my life."

Wiszneaukas "never envisioned working at NIH," but in retrospect sees the logic in his term here. "The research theme is consistent as I look back. I did meteorological research when I was with the Weather Bureau, and now I'm in the premiere biomedical research organization. I've enjoyed working in OD and making the use of technology easier for employees here."

Asked to forecast what lies ahead in the IT atmosphere, Wiszneaukas anticipates that use of wireless devices will continue to surge. The Blackberry-type devices will become even more sophisticated, incorporating phones and desktop computer capability, he predicted. "People will carry their PDA [personal digital assistant] around with them, and there will be a dock on their desk for when they need to sit down and look at a screen. Eventually we'll see more voice recognition programs [to enable computers] and after that, thought recognition."

Wisznauckas intends to “remain wired to NIH” wherever he goes; he and Sandra, his wife, are presently contemplating a move either to southern Pennsylvania or to Reno, Nevada, which appeals to them because of its wide open spaces. He is still deeply interested in the weather, tracking storm systems via his computer, and intends to indulge a growing interest in digital photography. He also wants to mentor youngsters diagnosed with diabetes; he has lived with type 1 diabetes for more than 53 years, having been diagnosed at age 5.

As for his unusual last name, he confirms that it is Lithuanian, a heritage he embraces. “Anyone with the name Wisznauckas is some relation to me,” he says, including daughters Elyse and Joy, both of whom work at the National Cancer Institute. He is also a “direct descendant, on my mother’s side, of Francis Cook, who came over on the Mayflower and was a signer of the Mayflower Compact.”

As to his own legacy, Wisznauckas leaves NIH with the highest esteem of the IT community here. Says Dennis Rodrigues, a colleague who now manages the NIH web presence on the Internet, “Dave Wisznauckas was an exceptionally gifted leader who was equally adept at handling technical problems and thorny policy issues. He was always respected and appreciated for his sound judgment, calm demeanor and dry sense of humor.”

Adds Dona Lenkin, deputy chief information officer, CIT, “I’ve had the opportunity to work with Dave since he came to the NIH. He was someone you could always count on to participate in trans-NIH activities. He contributed to shaping and designing important policies on many cross-cutting issues, including IT consolidation under administrative restructuring, capital planning and investment control, and information security. Dave’s tireless efforts have supported not only the Office of the Director, but also the general research enterprise at the NIH.”



Asghar Retires After 32 Years with Government

After almost 32 years of federal service, Dr. Khursheed Asghar retired from his position as chief of the Basic Sciences Review Branch in the Office of Extramural Affairs, NIDA.

For the last 24 years, he served in NIDA as a pharmacologist, scientific review administrator and as a branch chief.

During his career he received many awards from NIH, the Alcohol, Drug Abuse and Mental Health Administration and NIDA for his outstanding service, including an ADAMHA

Administrator’s Award and an NIH Director’s Award.

Asghar graduated with a pharmacy degree from the University of Panjab in Pakistan and pursued his graduate studies at the University of California, San Francisco, during 1961-1966. After graduating in 1966, he served several years in post-doctoral fellowship positions at UCSF, at the University of Chicago and at the National Heart, Lung, and Blood Institute intramural program.

In 1973, he first started his federal service as a pharmacologist in the division of neuropharmacological drug products of the Bureau of Drugs, FDA. Within his first year there, he was selected for a 2-year career development program in FDA. After completion of this training in 1976, he was selected as a health scientist administrator in the NINDS Office of Planning and Evaluation. In January 1981, he moved to NIDA as an assistant executive secretary, the position now referred to as SRA. He continued to serve in NIDA as a program officer as well as a review official until his retirement.

He expresses his appreciation to his colleagues and staff in NIDA for their advice and support in making the review branch and OEA a great place to work. He enjoyed serving as an HSA and SRA, particularly meeting the review committee members and other researchers at professional meetings.

In retirement, Asghar plans to pursue consulting and business interests. He recently founded a peer review support services division within a small consulting company, Caspian Sea, LLC. Currently, he has returned to NIDA as a part-time contractor in OEA, the office from which he retired.

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>.

FileMaker 8 - What's New	10/25
SharePoint Hands-On Lab for Developers	10/25-26
Introduction to mAdb	10/26
NCBI's Blast Quick Start	10/26
New Features of VirusScan 8.0	10/26
NIH Portal for Users Hands-On	10/26
Statistical Analysis of Microarray Data	10/26-27
NIH Biowulf - a Supercluster for Scientific Applications	10/27
NCBI's Identification and Correlation of Disease Genes to Phenotypes	10/28
Presentation for Neuroscience	10/28
Creating Web Pages with HTML/XHTML	11/1
Using Photoshop to Work with Scientific Images	11/1
Windows XP Tips and Tricks	11/1
EMBOSS & GCG: All the Sequence Analysis Tools You Need	11/2
OpenSource Software for Healthcare	11/2-3
EndNote (PC) Basics	11/3
Excel Advanced Topics - PivotTables	11/3
Introduction to the QVR System	11/3
Elements of Modern Data Analysis	11/4
NIH Portal for Community Managers	11/4
SPSS: Basics	11/4

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>.

NIH Foreign Travel (NBS Travel System)	10/24-25, 11/29-30, 12/19-20
Fellowship Payment System	10/26
Purchase Card Training	10/31, 12/7
Travel for Administrative Officers	11/9
NIH Domestic Travel (NBS Travel System)	11/14-16, 12/5-7
Basic Time and Attendance Using ITAS	11/8-9, 12/13-14
Delegated Acquisition Training	11/1-4

Computer Training 2005 Fall Term Opens

Registration is now open for the CIT Training Program's 2005 fall term of computer classes. With well over 140 different topics, more than 30 of them new, there is something for everyone who uses computing in their NIH work. Classes are free for NIH staff.

Do you wish you knew more about Windows XP, FileMaker 8, or how your personal computer actually works? Would an introduction to Project Management enhance your productivity? If so, you are in luck—these topics and many others are part of new and existing offerings: Windows XP Tips and Tricks Intermediate; Project Management Introduction; NIH Portal for Users Hands-On; Meet Your PC—What's Inside the Box?; and FileMaker 8 – What's New?

IT developers also have quite a few new options this term, some of which are brief and others of which are multiple-day intensive courses. They include: What's New in Microsoft Visual Studio 2005 for Existing Visual Studio .NET Developers; Mac OS X for Unix Users; Intermediate and Advanced Flash; and SharePoint Hands-On Lab for Developers.

Are you a scientist or researcher with a tight budget, limited time for training but a need for the latest technology? If so, you too are in luck. Scientific seminars make up 40 percent of CIT courses. Most of the science courses are designed to deliver valuable information in less than a day. Some courses are demonstrations with Q&A. Most offer a hands-on lab component as well. Options include: Structural Biology on the Biowulf Cluster; FlowJo for Analysis of Flow Cytometric Data; Data Modeling with ERwin; Presentation for Neuroscience for Beginners; Video in Presentation for Neuroscience; Getting Going With the QUOSA Information Manager; and Full-Text Searching, Batch Querying, Analysis & Team Sharing Using QUOSA.

CIT can develop and deliver training classes free of charge because 80 percent of its instructors are volunteers, many from the NIH community. CIT provides classroom setup, duplication of handouts and support in formulating classes. It is always looking for new topics that would benefit NIH, so if there's anything you would like to teach, call (301) 594-6248.

You can obtain full course information or register for classes at <http://training.cit.nih.gov>.



Can Chocolate Help Your Health?

The National Center for Complementary and Alternative Medicine seeks volunteers to participate in a 6-week study evaluating the effect of dark chocolate on blood pressure and the blood's glucose and insulin levels. Participants will help researchers learn more about chocolate's impact on hypertension and diabetes. Participants will be asked to take dark chocolate and a placebo (inactive treatment). To participate, you must be: Persons with hypertension (high blood pressure) who can be safely taken off anti-hypertensive medications; age 21 to 60; not taking other medications or nutritional supplements for any illnesses besides hypertension. Compensation and dark chocolate will be provided. For more information, call (301) 496-3244.

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 Nina at (301) 451-0308 or email ETOHSTUDY-L@mail.nih.gov.

Normal Volunteers Needed

The Pulmonary-Critical Care Medicine Branch, NHLBI, is looking for healthy individuals between the ages of 18-65 to participate in a research study. A thorough medical evaluation and monetary compensation will be provided. If interested, call (301) 402-1553.

Are You a Trauma Survivor?

The Mood and Anxiety Disorders Program, NIMH, seeks volunteers to participate in research studies that involve brain imaging. If you experienced an event such as physical assault, sexual abuse, accident, disaster or other trauma, you may qualify to participate. Compensation is available. For more information call Holly Giesen at (301) 435-8982 (TTY 1-866-411-1010).

Thyroid Research Study

For volunteers 18 or older with thyroid gland removed and taking thyroid replacement therapy. The study will look at how the body uses thyroid hormones to control the rate of body functions. There is no cost for the research tests or treatment. Compensation is provided. Call 1-800-411-1222 (TTY 1-866-411-1010). Se habla español. Refer to study 05-DK-0119.

HIV-Positive Volunteers

HIV-positive volunteers who are off anti-HIV medications, CD4+ 350 or greater, without hepatitis B or C, are needed for a research study. Financial compensation is provided. Call 1-800-411-1222, or TTY 1-866-411-1010. Refer to study 05-I-0065.

Are You a Woman Who Has Been Depressed?

NIMH is looking for female volunteers to participate in a study that examines the role of hormones in depression. Participants should have experienced depression in the past but not be currently depressed, be between ages 18-45, be medically healthy and not be taking any medications, including birth control pills. Study includes thorough evaluations and compensation. For more information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Flu Vaccination Program Begins Nov. 7

The annual flu vaccine program starts Monday, Nov. 7 in the Clinical Research Center, Rm. 5NE-S. The vaccine is for employees only, not contractors, and an NIH photo ID is required. Patrons are asked to wear clothing that easily exposes their upper arm.

On Campus – CRC Fifth Floor, Rm. 5NE-S

Date	First Letter of Last Name	A.M.	P.M.
Mon., Nov. 7	NOPQRS	8-11	1-3:30
Tues., Nov. 8	TUVWXYZ	8-11	1-3:30
Wed., Nov. 9	IJKLM	8-11	1-3:30
Thurs., Nov. 10	EFGH	8-11	1-3:30
Mon., Nov. 14	ABCD	8-11	1-3:30
Mon., Nov. 28	EFGH	8-11	1-3:30
Tues., Nov. 29	ABCD	8-11	1-3:30
Wed., Nov. 30	NOPQRS	8-11	1-3:30
Thurs., Dec. 1	TUVWXYZ	8-11	1-3:30
Fri., Dec. 2	IJKLM	8-11	1-3:30

Off Campus Sites

Date	Location	A.M.	P.M.
Tues. & Wed. Nov. 15 & 16	RKL 1	8:30-11	1-3
Tues., Nov. 15	Poolesville	8:30-11	1-3
Thurs. & Fri. Nov. 17 and 18	EPN	8:30-11	1-3
Mon., Nov. 21	TW2	8:30-11	1-3
Tues. & Wed. Nov. 22 and 23	NSC	8:30-11	1-3

On Campus, OMS, Bldg. 10, Rm. 6C306

Dec. 5, 6, 7, 8 & 9 open to all employees, 7:30-11 a.m., 1-3:30 p.m.

Beginning Dec. 12, the flu vaccine will be available in OMS by appointment only. Call (301) 496-4411 to schedule. The vaccine schedule is also available at www.foiltheflu.nih.gov.

Pike-Side Projects Alter NIH's Public Face

Major construction projects along Rockville Pike have altered the formerly sylvan face NIH had turned to the public. The Commercial Vehicle Inspection facility (top) occupies most of the ground between Cedar Ln. and Wilson Dr. The new Gateway Center and its associated underground visitor parking garage have scooped out a significant chunk of space (below) between the Medical Center Metro station south toward the Natcher Bldg. Eighty-four mature trees were lost to site preparation. Both projects are associated with security enhancements in the post-9/11 world.

