Telework Seen as Solution to Many Challenges
By John Grill

What do the problems of gridlock traffic, limited space, unpredictable weather and air pollution have in common? For NIH, they might have the same solution: telework. Managers across the agency have found that enabling employees to work remotely has benefited not only telecommuters, but also their organizations.

“Telework and other alternative work arrangements are the wave of the future,” said Dr. Nora Volkow, director of the National Institute on Drug Abuse. “We have actually been able to downsize office space while saving many employees the expense, time and headaches brought on by daily long commutes.”

Worsening traffic alone might make skeptics give telework a second look. The already over-capacity intersections around NIH are about to get even busier during rush-hour as Walter Reed Army Medical Center moves to the National Naval Medical Center property just across the street. The Office of Research Facilities estimates that the relocation will add 2,500 more commuters each day and up to half a million new outpatient visitors each year.

Further compounding traffic woes, road improvements to cope with the influx will not even begin until well after September 2011, the scheduled completion date for the Walter Reed move. Even when construction is completed, the improvements are only...
New Project To Help Improve NIH Web Sites

NIH's public-facing web sites are some of the most effective communication tools we have. Nevertheless, it has been difficult to find measures to gauge the success of these efforts. Recently, the Office of Communications and Public Liaison, OD, was awarded funds to conduct a needs assessment for developing web analytics best practices for NIH.

A major goal of the project is to develop recommendations to improve the quality, consistency and comparability of web site evaluation among the more than 1,700 public-facing sites throughout NIH. The recommendations will offer strategies for the institutes and centers to get the reports they need and to enable senior managers and program directors to monitor the effectiveness of their online presence. Such information will allow them to make informed decisions about investing in changes to their sites.

“This project is particularly exciting because it will give us the strategies we need to make evidence-based decisions about allocating their web site budgets most cost effectively.”

The needs assessment will begin with a series of presentations about the project for IC communications directors, members of the web authors group (WAG) and WAG web metrics group, among others. Key to the project will be the collection of details about IC web evaluation resources and information needs. Project manager Ann Poritzky of OCPL and consultants (including lead consultant Phil Kemelor) will post online surveys and conduct interviews to learn which types of information are needed to monitor site activities, guide decisions and assess how well the web sites are helping to achieve their goals.

A trans-NIH project team, including representatives from large and small institutes, will serve as an advisory panel.

You can participate by attending a presentation about the project, responding to the online survey and submitting evaluation documents for review. For more information, contact Poritzky at poritzkya@mail.nih.gov or (301) 496-0959.

Chamber Singers Hold Holiday Concerts

The NIH Chamber Singers will present holiday concerts in December at several area locations. The concerts will include both sacred and secular pieces, ranging from somber to celebratory. Selections include two versions of the “O Magnum Mysterium” text—one written in the 20th century, the other in the 16th century—several caroling pieces by composer Ralph Vaughan Williams, several holiday tunes and a piece sung in Tagalog, the language of the Philippines. Additionally, the group’s women will sing a version of the 16th century “Coventry Carol,” while the men will sing “I Saw Three Ships” and “God Rest Ye Merry Gentlemen.”

The concerts will be performed at the following times and locations: Dec. 12, 1:30 p.m., North Chevy Chase Church, 8814 Kensington Pkwy., Chevy Chase; Dec. 14, 7 p.m., Riderwood Village chapel, 3140 Gracefield Rd., Silver Spring; Dec. 16, noon, atrium of the Clinical Research Center; Dec. 18, 3 p.m., Praisner Library, 14910 Old Columbia Pike, Burtonsville.

The Dec. 14 performance will be a benefit concert for the Riderwood Benevolence Care Fund. Tickets are $5 and will be available at the door. Admission to all other concerts is free. For more information, call (301) 496-1767.
Once Was 'Locked-In'
Survivor’s Tale Enlivens Disability Awareness Month Observance
By Stevan Horning

At NIH, scientists study locked-in syndrome, but Kate Adamson-Klugman experienced it. Recently, the nationally known inspirational speaker shared her insight during the 27th annual Disability Awareness Month observance on campus.

"Once unable to stand or speak, I now stand and speak for those who cannot," she said.

After being stricken in 1995 by a double brain-stem stroke, she could do nothing at all, not even swallow. She found herself suddenly "in a glass coffin" hearing physicians say, “Should we unplug her?” She seemed dead to the world, yet her heart kept beating. Fully aware but unable to let anyone know it, she could only pray, "I'm in here! Please save me!"

Adamson-Klugman was 33 at the time and the mother of two daughters. She had started a fitness training business and thought she would have declined heroic measures to save her life if she were ever to become disabled. For weeks she had been shrugging off a pattern of migraine headaches, but at last had scheduled a clinic appointment to ease her husband’s worry. She was accustomed to a carefree style. “I once lived in a 5-bedroom home in an exclusive California neighborhood,” she recalled. “I had it all. I knew the cost of everything and the value of nothing. Now I know the cost of growth and the value of each individual life. I am profoundly grateful for each moment I live.”

Instead of having a routine clinic checkup that day, Adamson-Klugman ended up in critical care on life support. At one point she was pronounced dead. Most frustrating to her, she said, was “when people would talk as if I wasn’t there. I could hear and see everything. I could feel everything. I could do nothing.”

Doctors told her husband she had “a less than one-in-a-million chance to survive.” Steven Klugman seized on hope. He insisted on all measures possible to sustain his wife, which would eventually require the teamwork of 15 caregivers. Klugman hung a sign above his wife's bed: “This is a human being lying here. Please treat her as a person. She understands everything you say.”

The miracle began when Steve saw Kate blink. He tested her mental alertness by simple questions. She mustered the effort to blink once for yes and twice for no. Then she began, with the aid of an alphabet chart, to blink-spell the word “home.” Steve suspended his law practice in order to keep vigil at her side, constantly prodding her to communicate. Most painful to Kate was her inability to touch their daughters; the younger one, at 18 months, was starting to call a caregiver “Mommy.”

Gradually, over a period of months, Kate emerged from locked-in syndrome. She recovered her speech except for occasional aphasia. Her left arm and hand remain paralyzed, her ankles weak, yet with special braces she can stand again. Summing her experience, she declared, “In a blink, I was a person again.”

Adamson-Klugman has written two books about her experience and established a web site. As a national spokesperson for the American Heart Association and the American Stroke Association, she has appeared on numerous media programs nationwide. Magazines have featured her story as one that stirs hope-filled imagination and creative problem-solving.

As an advocate for the disabled, she wants to change the focus of EEO compliance from its being perceived as a burden to a happy discovery of otherwise hidden capacities for doing good.

“The slogan of reasonable accommodation does not do justice,” she said. “It’s really a life lesson about our appreciating the potential of people who each have differing kinds of abilities. When we cultivate the things we can do, we are empowered to choose a better future.”

In her seminars, Adamson-Klugman offers such tips as: use language that addresses the individual rather than a disability; learn a person's name and use it; apply "the Golden Rule" to center not on what you want, but what the other person needs. Also, it’s okay to notice a disability and even to ask questions about it. Be helpful but not condescending.

The event was sponsored by the Office of Equal Opportunity and Diversity Management and has been archived as a videocast at http://videocast.nih.gov.
TELEWORK CONTINUED FROM PAGE 1

expected to keep traffic similar to its current state, not produce long-term improvement. With no other solution to the growing traffic problem, many ICs are looking to telework.

Telework has the potential to have a substantial impact, as shown by the Center for Scientific Review’s success. A full 85 percent of CSR’s eligible employees have active telework agreements, with 41.2 percent teleworking 2 or more days a week.

“The President made it clear...he doesn’t want snow, nature or any other cause to be able to stop our government.”

Traffic under normal conditions can be bad enough, but emergencies such as last winter’s historic snowstorms can bring telework-resistant agencies to a halt. “The President made it clear to me that he doesn’t want snow, nature or any other cause to be able to stop our government,” said Office of Personnel Management Director John Berry at the Fall 2010 Telework Exchange town hall meeting. “Since OPM doesn’t control the weather or the plows, telework is the only way to achieve the goal that the President very clearly set.”

This has been borne out in practice at NIH offices such as NCI’s Technology Transfer Center, which handles patent applications and other time-sensitive legal documents. “Legal deadlines do not wait for the weather,” explains Dr. Patrick Twomey, a TTC unit coordinator and supervisor of teleworking employees. TTC’s ability to operate remotely allowed it to continue operations during the snowstorms. The Office of Human Resources was also able to perform critical functions that most take for granted; teleworking OHR employees ensured that payroll for all NIH employees were processed despite region-wide office closures. Telework preparations also paid off for CSR, which did not miss a single study section meeting during the snowstorms.

Telework is also at the heart of government-wide efforts to reduce greenhouse gas pollution from indirect sources such as employee travel. In July, President Obama committed the government to reducing these emissions by 13 percent by 2020. In reducing the number of cars on the road, telework can significantly reduce air pollution.

Telework’s reduction of car commuters could have yet another benefit: easing NIH’s parking shortage. Currently, ORF pays $83 per off-campus parking space, totaling about $10 million each year.

In an era of uncertain budgets, teleworking can help reduce not only parking costs, but also office space costs through the use of hoteling. Bob Pike of NIDDK’s Grants Management Office utilizes hoteling, allowing employees who telework on opposite days to share one office space when they are physically in the office. “It allows you to condense your space needs,” Pike explains. NIDDA has also reduced its space costs through the use of hoteling without compromising its mission. Mary Affeldt, executive officer of NIDA, points out that survey feedback has shown that both customer and employee satisfaction have increased in response to the new hoteling and telework arrangements.

If all that were not enough, a new reason to embrace telework has appeared on the horizon: federal law. A bill that passed the Senate on Sept. 30 commits federal agencies to determine employees’ eligibility for telework, develop written agreements with authorized employees and establish telework policies and training. The House passed a similar bill last summer and President Obama is a firm supporter of telework. Between this potential law and current deliberations at HHS, telework mandates for NIH may not be far in the future.

Greater telework utilization need not inspire fear in managers. “Our experience has been very positive,” says NCI’s Twomey. He said he works with employees who are in different buildings or even different sites, so telework does not change how he supervises workers. He believes that “it is always more important to manage an employee’s work than an employee’s time.” Analysis by CSR’s Kerry Murphy showed that its employees have the same if not increased level of performance while teleworking as they do while working in the office.

NIDDK’s Pike has also found no drop in productivity in his branch. “We trust our employees and the work gets done,” he said.

Managers might also consider telework’s recruiting and retention benefits. “Telework has been a very useful recruiting tool,” says Pike. “New employees want these options.” He sees current employees also responding well. “More than anything, telework has improved the overall morale of the office.”

Though setting up an effective teleworking office is not as easy as plugging in a computer, NIH managers have proven that it can be done. NIDA’s Affeldt says, “If you have enthusiastic employees, some telework experience and strong leadership, almost any office can use some form of telework.”

For more information on telework at NIH, visit http://hr.od.nih.gov/workingatnih/telework/.
Straus Distinguished Lecture Set, Dec. 15

On Wednesday, Dec. 15, the National Center for Complementary and Alternative Medicine will hold the second annual Stephen E. Straus Distinguished Lecture in the Science of Complementary and Alternative Medicine. Dr. Vikas Sukhatme, the Victor J. Aresty professor of medicine, Harvard Medical School, chief academic officer and Harvard faculty dean for academic programs, Beth Israel Deaconess Medical Center, will present “Promise for the Future in Yesterday’s Remedies: Traditional Therapies to Modern Medicine.” The talk is at 9 a.m. in Lipsett Amphitheater, Bldg. 10.

Sukhatme’s research has spanned numerous basic science and clinical arenas, including the discovery of a family of mammalian transcription factors induced by extracellular growth and differentiation cues and studies on the function of several genes important in kidney cancer and in polycystic kidney disease. His major current interest is in tumor metabolism and tumor immunology and on “outside-the-box” approaches to therapies for advanced cancer.

He will discuss scientifically promising, affordable and immediately available medical treatments. Traditional medicines have a long history of use and efficacy and offer viable options in addressing other conditions. Among these traditions is lifestyle manipulation, specifically dietary adjustments and stress reduction/control, both of which show promise in treating certain forms of cancer. Though more research is needed, Sukhatme will discuss the importance and benefits of studying existing therapies for application to other medical conditions.

The lecture series was established in honor of Dr. Stephen E. Straus, founding director of NCCAM and an internationally recognized clinician-scientist. All are invited to attend. It will also be videocast at http://videocast.nih.gov. For more information, visit http://nccam.nih.gov.

OppNet Conference Explores Ways to Further Basic Behavioral and Social Science Research

NIH’s Basic Behavioral and Social Science Opportunity Network held its first public conference recently. Scholars from across the nation and abroad met at the Hyatt Regency Washington on Capitol Hill to attend “OppNet: Expanding Opportunities in Basic Behavioral and Social Science Research.” Featured speakers included NIH principal deputy director Dr. Lawrence Tabak and co-chairmen of OppNet’s steering committee Dr. Richard Hodes, director of the National Institute on Aging, and Dr. Jeremy Berg, director of the National Institute of General Medical Sciences.

Almost 200 conference attendees—academicians, public policy and advocacy professionals and NIH staff—participated in a series of breakout sessions that focused on basic behavioral and social science research topics including cognition and emotion, decision-making and neuroscience approaches to behavioral and social science. Extramural researchers and NIH program officers co-facilitated the breakout sessions. Main points from each topic were presented during plenary sessions at the conference; the information will serve as primary data for OppNet's strategic planning process for fiscal years 2012-2014.

For meeting materials and more information on OppNet, visit www.oppnet.nih.gov.
New NINR History Book Commemorates 25th Anniversary

NINR announces the publication of its first history book, *NINR: Bringing Science to Life*. It commemorates the 25th anniversary of the institute and explores the progress of nursing science at NIH over the past quarter century—from the creation of the National Center for Nursing Research by legislation in 1985 and its founding on the NIH campus in 1986, to the advancement of the center to an institute in 1993, to the phenomenal growth of nursing science across the country and around the globe in the subsequent years.

Today, NINR oversees hundreds of research grants, supports a large contingent of pre- and postdoctoral trainees, has developed a vibrant intramural research program and participates in collaborative efforts across NIH.

In 1997, it was named the lead institute at NIH for end-of-life science. As the book describes, these efforts have helped NINR establish itself as the central agency for setting the national nursing research agenda.

“The story of the NINR recounts the development and use of science to form new constructs of nursing practice...I am confident that a continuing flow of fresh ideas and innovative science from nurse investigators will help reform and transform the American health care system in the 21st century,” said Dr. Patricia Grady, NINR director, in the preface. “I also believe that the NINR is a tribute to the amazing things the nursing profession can accomplish when it unifies behind an idea—may we continue to do so.”

The book can be viewed or downloaded from the NINR web site at www.ninr.nih.gov/NewsAndInformation/NINRPublications/HistoryBook. More information about the institute’s anniversary events is available at www.ninr.nih.gov/NewsAndInformation/25years.
Attendees enjoy the NINR Science Symposium poster session.

Inouye of the University of Hawaii at Manoa, on managing chronic illnesses in a diverse population; Dr. Susan Dorsey of the University of Maryland, on molecular and genetic research in muscular dystrophy; and Dr. Bernadette Melnyk of Arizona State University, on an intervention for the parents of premature infants that improved infant outcomes.

These presentations were followed by a panel discussion, moderated by Dr. Ann Cashion of the University of Tennessee Science Center, in which the scientists answered questions from the audience that addressed areas such as shift work and sleep, muscle physiology and cardiac disease and barriers to implementing research advances in clinical care.

In addition to the day’s speakers, more than 80 nurse scientists and doctoral students from across the country presented posters on nursing research projects covering topics such as health promotion, pain and symptom management, cancer treatment and survivorship and the genetics of symptom biology.

At the end of the symposium, Grady announced, "We had a Senate resolution honoring the 25th anniversary of the institute...and I would like to say in the interest of our efforts toward bipartisanship that this resolution passed unanimously. It celebrates our 25 years of existence and also commends us for the kind of science that we do that makes such a difference."

Grady then invited Dr. Ada Sue Hinshaw, the first director of what was originally the National Center for Nursing Research (NCNR), onto the stage for the unveiling of her portrait. Grady noted that Hinshaw’s early leadership in planning, research training and leveraging the resources of NCNR were instrumental in elevating the center to institute status, “a legacy for which we are indebted to her.”

The anniversary events will continue throughout the upcoming year, to include a Grand Rounds lecture, the first NINR Director’s Lecture, a series of grantsmanship workshops, a joint NINR-Clinical Center conference, a Science in the Cinema event and a concluding scientific symposium set for October 2011. Visit the NINR web site for details: www.ninr.nih.gov/25years.

Author Susan Love Visits NCI

As part of its support for Breast Cancer Awareness Month, the NCI Health Communications Internship Program welcomed surgeon, author and advocate Dr. Susan M. Love to Bldg. 50 recently to discuss new approaches to breast cancer prevention and eradication. Love is the author of The Breast Book, which is widely regarded as the “bible of breast care books.” She is also president of the Dr. Susan Love Research Foundation, a nonprofit organization whose goals are to eradicate breast cancer and improve the quality of women’s health through education and research.

Love argued that because the public is already well aware of breast cancer, the primary focus must be prevention of the disease. She noted that 80 percent of women who have breast cancer have no overt risk factors and only 5-10 percent of them have a genetic history. These data, she said, highlight the importance of challenging the scientific community to widen its current focus to find the underlying cause of breast cancer.

Love is a strong advocate of scientific investigation. Her leadership in the Avon-sponsored Army of Women, an initiative designed to recruit women to cancer-related clinical trials, illustrates her commitment to encouraging women to “take the next step in breast cancer advocacy” by participating in research. A culture of research participation will attract a more diverse sample of women that better reflects the general population. This will allow scientists to more easily examine specific cohorts and demographic groups to enhance the quality, validity and applicability of their research.

To date, over 341,000 individuals have joined the Army of Women. Love’s goal is to recruit one million women of all ages and ethnicities to participate in research that will play a direct role in the eradication of breast cancer. Women can join the Army of Women at www.armyofwomen.org.

Love is also collaborating with NCI’s Cancer Biomedical Informatics Grid (CaBIG) and City of Hope’s Beckman Research Institute to realize the Health of Women study, which is the foundation’s first totally online cohort study. Staff at CaBIG are creating the software infrastructure for the project. This initiative was launched in early November and is yet another example of Love’s commitment to accessible research participation.—Krysten Carrera
provide Seeing Eye services] needed something different,” said Meredith Daly, the inn’s media relations manager.

So, in 2008, after several years as a Seeing Eye dog—a taxing career for a canine—Vi returned to the Seeing Eye organization in Morristown, N.J. The group typically expects dogs to work as service animals for 5 to 7 years with a client, so when Vi returned, she wasn’t a good candidate to return to the field. After a short while with staff at Seeing Eye, “it was determined Vi really needed to be in a place with kids,” Daly said.

Meanwhile, inn CEO Kathy Russell—herself a dog lover—thought the inn would make an ideal place for such a four-footed therapist and set about looking for such a dog.

The stars aligned and Russell was put in contact with staff at Mars Inc., the company best known for its candy but that also has a presence in the pet care market and operates the Waltham Center, a large veterinary nutrition research hub in the U.K. A connection at Mars pointed Russell to the Seeing Eye group. Staff there agreed Vi would be a perfect fit for the inn and soon the fuzzy therapist was on her way. Mars also agreed to pay for Viola’s every expense, including veterinary care, dog food and treats.

“It’s a wonderful gift for us to have her without having to worry about anything,” said Daly, who added that Vi is soothing company to the staff who often must keep the emotional stress of their jobs under wraps as they provide for the residents, many of whom are seriously ill.

Vi did require some retraining to get her fully comfortable with wheelchairs, a different setting and people flocking to her. Earlier this year, she earned her full certification from the Delta Society, a therapy program that certifies dogs. She’s now permitted to visit with children as they receive treatment in the Clinical Center.

“When she was wearing her [Seeing Eye] vest, it was a signal to her that she is doing a job and she’s not meant to be distracted by people or children,” said Dr. Karyl Hurley, Mars’ director of global scientific affairs, who delivered Vi to the Children’s Inn. “She needed a reminder that she could now be a true pet and that she was allowed to go up to children.

“When we walked into that main entrance, so many of the staff were there waiting to greet her,” Hurley said of the day Vi arrived in November 2008. “It wasn’t long before children started coming out of the woodwork, flying down the stairs and flinging their arms around her.”

The stories about how positive an effect Vi has had on visitors and staff seem never-ending. Take the one about the little girl from Boston whose own dog has become so attuned to her owner’s condition that she alerts the child’s parents when the girl’s temperature climbs. The two are virtually inseparable. That youngster was distraught about the idea of leaving her dog at home in order to come to Bethesda for treatment. That is, until her mother told her the inn had a therapy dog.

“Then, she couldn’t stop asking about Vi. She wanted to know everything about her,” Daly said. “When she got here, she was alright because Vi was her source of comfort.”

Staff at the inn have watched as children make beelines to Vi at the end of the day, eager to tell her how things went. Even children who initially are tentative around dogs soon dissolve into squeals and giggles when she licks their hands or flops on her back, begging for a belly rub.

There are many studies that show a benefit from having a pet, but no one watching Vi needs a study to confirm that.

“It’s hard to put into words, but what she represents is a piece of normality,” Hurley said. “Yes, [these families] have to be away from home, but there’s this small piece of normal life there and that’s the dog. She’s nonjudgmental and she lets the kids forget—as great as the Children’s Inn is—where they are and why they’re there.”

Above: Sophie Rosvik (l) of Norway hands Vi a treat before story time as family program assistant Caitlin Farren looks on.

Below: Alyssa Jochem (l) of Wisconsin and Rosvik (seated at rear) visit with Vi the therapy dog at the inn’s learning center.

PHOTOS: VALERIE LAMBROS
Huston Named CSR Deputy Executive Officer

Ann Huston is the new deputy executive officer and budget officer at the Center for Scientific Review. She will oversee CSR’s management analysis functions and financial management branch as well as CSR’s committee management office.

“Ann brings a great depth of experience to these key positions,” said CSR Executive Officer Melanie Keller, “as well as a remarkable commitment to public service and positive approach to management.”

Huston comes to CSR from the National Cancer Institute, where she coordinated the extramural budget for the NCI-designated Cancer Centers. Before coming to NIH, she served for 16 years at the Department of Veterans Affairs Medical Center as a therapist and chief of its recreation therapy service. She earlier managed the American Therapeutic Recreation Association as its executive director for 13 years.

Huston also has served as an adjunct professor in the graduate program of the department of recreation and leisure studies at San Jose State University. She hails from Nebraska and earned her undergraduate degree from the University of Nebraska. She earned a master’s degree in public administration with an emphasis in health administration from the University of San Francisco.

NCI Mourns Loss of Epidemiologist Ron

Dr. Elaine Ron, a senior investigator at the National Cancer Institute, died of cancer on Nov. 20 at her home in Bethesda. She was 67.

Ron was renowned as one of the leading experts in radiation epidemiology and in the causes of thyroid cancer, as well as being a champion of women in science. Over the course of her career she wrote more than 200 scientific peer-reviewed papers and mentored researchers from around the world. She leaves as a legacy numerous junior investigators inspired by her example.

Ron conducted ground-breaking research. In her earliest work in Israel, she identified the long-term cancer effects of radiation treatment for tinea capitis (a fungal infection of the scalp).

She joined NCI in 1986 and served as chief of the Radiation Epidemiology Branch from 1997 to 2002.

“Elaine contributed enormously to our understanding of the cancer risks associated with radiation,” said Dr. Joseph Fraumeni, Jr., director of the Division of Cancer Epidemiology and Genetics (DCEG). “Her interests included studies of the atomic bomb survivors in Japan, residents of the former Soviet Union exposed to the radioactive compounds from the Chernobyl accident and patients exposed to diagnostic and therapeutic radiation. In addition to addressing the biological mechanisms of disease, Dr. Ron was keenly focused on public health and policy implications of her research.”

Her scientific achievements included the largest study of cancer risks among patients treated with radioactive iodine for hyperthyroidism and the first international effort to pool epidemiologic data on thyroid cancer. She recently launched a major investigation into the potential adverse effects of CT screening among children and young adults.

“Elaine’s total dedication to her work continued to the end of her life,” said Dr. Martha Linet, chief of the Radiation Epidemiology Branch. “After her diagnosis she identified successors to carry out her studies, especially the CT study. During her illness she met with staff in the branch to discuss key day-to-day aspects of the study.”

Dr. Shelia Hoar Zahm, deputy director of DCEG, noted, “Elaine was passionate about fighting injustice. Whether it was promoting equity for women scientists at work, preventing cruelty to animals or advancing human rights around the globe, she refused to accept the status quo.”

Ron is survived by her son, Ariel.

ISDP: Are You Paying Too Much for Software?

The Information Systems Designated Procurement (ISDP) Program is an NIH software acquisition program found within the Center for Information Technology that serves all of HHS. The ISDP program saves NIH employees both time and money by leveraging large volume purchasing agreements at discounted pricing. Currently, the program serves an estimated 96,000 users across NIH and other HHS components.

ISDP negotiates directly with vendors to obtain the best price available. The program handles all of the administrative work including licensing and contract management.

The ISDP program’s newly redesigned web site is now available at http://isdp.nih.gov. It provides you with an easy way to locate and contact an ISDP representative to assist with the installation of software. There is also a news section to keep you updated on recent software acquisitions and new software upgrades. Be sure to check out the “products” page, which contains a product search filter that makes finding software products and prices much easier. Lastly, the “enrollment” section contains a list of which software is included in each ISDP enrollment bundle.
The Better to See You: NIH Adds First Images To Major Research Database

NIH has expanded a genetic and clinical research database to give researchers access to the first digital study images. NEI, with the National Center for Biotechnology Information, has made available more than 72,000 photographs of the back of the eye. The images were collected from participants in the Age-Related Eye Disease Study (AREDS).

Scientists can now access these images through NCBI’s online database of Genotypes and Phenotypes, known as dbGaP, which archives data from studies that explore the relationship between genetic variations (genotype) and observable traits (phenotype). AREDS data can be found at www.ncbi.nlm.nih.gov/gap.

“The availability of AREDS images through dbGaP may transform the way we conduct vision research,” said NEI director Dr. Paul Siev- ing. “Scientists can increase their understanding of the impact of genetics and gene-environment interactions on blinding eye disease progression, which could aid in diagnosis and in developing effective treatments.”

Daily Dialysis Helps Protect Kidney Patients’ Hearts

Frequent hemodialysis improved left ventricular mass (heart size) and self-reported physical health compared to conventional hemodialysis for kidney failure, according to the Frequent Hemodialysis Network Daily Trial funded in part by NIH. Results were published online Nov. 20 in the New England Journal of Medicine.

Six hemodialysis treatments per week improved left ventricular mass and physical health compared to conventional, three weekly dialysis therapy sessions. Frequent hemodialysis was also associated with improved control of high blood pressure.

“We confirmed that by administering dialysis more often, although with a smaller dose each time, we could effectively deliver a higher weekly dose overall,” said NIDDK director Dr. Griffin Rodgers. “As a result, patients’ hearts remained healthier, they enjoyed better blood pressure control and they enjoyed better physical health than those receiving the standard three treatments per week.”

Very Low Birth Weight Down Syndrome Infants at High Risk for Heart, Lung Disorders

Very low birth weight infants—those weighing less than 3.5 pounds—with Down syndrome are at higher risk for disorders of the heart and lungs than are VLBW infants who do not have a chromosomal variation, according to a study by an NIH research network.

The study was conducted by researchers in the Neonatal Research Network of NICHD and was published online in the November issue of Pediatrics.

Researchers found that VLBW Down syndrome infants had more than twice the risk of death during infancy as VLBW infants born without a birth defect or chromosomal variation.

“Previously, health professionals caring for very low birth weight Down syndrome infants had to base treatment decisions on studies of the general population of very low birth weight infants and on studies of infants with Down syndrome who may not have been of low birth weight,” said senior author Dr. Rosemary Higgins of NICHD. “Our study provides much needed information for practitioners and families making treatment decisions for this unique group of patients.”

Viral Counts Necessary for Gauging Health of Children with HIV

For children being treated for HIV in less developed countries, monitoring to predict the occurrence of serious HIV-related illnesses is most accurate if it includes a measure of HIV levels in the blood, according to an NIH study conducted throughout Latin America. The study was published online in the December issue of Clinical Infectious Diseases.

Termed viral load, the quantity of human immunodeficiency virus genetic material in the blood is a barometer of the effectiveness of HIV treatment. High viral loads indicate potential treatment failure, which can then lead to a weakened immune system and increased risk of infections.

Monitoring children’s viral load is standard in the United States. However, the technology to perform viral load testing is difficult and expensive to maintain and, for these reasons, is often unavailable in less developed settings.

“Our study showed that adding viral load monitoring would significantly improve the monitoring regimen used to safeguard the health of children being treated for HIV,” said NICHD’s Dr. George Siberry, senior author of the study.—compiled by Carla Garnett
Have a question about some aspect of working at NIH? You can post anonymous queries at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and we’ll try to provide answers.

Feedback: What is the policy on receiving personal mail/packages at work? Is it okay to have overnight packages delivered directly to my on-campus/off-campus office? Given the fast-approaching holiday season, this could be useful information.

Response from the Division of Mail Management Services, ORS: The NIH mail service is intended to be used only to conduct NIH official government business. It would not be appropriate to use NIH mail services for incoming personal correspondence or packages.

FedEx, UPS and other package delivery services are typically brought to building dock masters (Office of Research Facilities contract employees) and then delivered to the final recipient by the dock master. It is inappropriate for federal employees and contractors to deal with private mail or package delivery.

There is an exception for NIH patients since they are considered guests of the government and have no other means to receive mail.

Feedback: Would it be possible for the 2nd floor cafeteria in Bldg. 10 to have a comment card box for suggestions/concerns? I have tried to reach the manager of the cafeteria with a concern, but have never heard back. Many hospital cafeterias elsewhere have comment boxes and post the comments with a response on a bulletin board within the cafeteria.

Response from ORS: There already is a comment box available in the 2nd floor dining room (ACRF cafeteria). It is located to the right as you exit near the cashier’s station. However, the Office of Research Services will post a new sign that should attract more attention to the box. We have also restocked the comment cards next to the box, so you can notify us of your suggestions, compliments and complaints. As always, you can also contact Food/Concession Services directly at (301) 402-8180 if you need a quicker response to your concern.

Lab Safety Tool Wins Award

Safe laboratory techniques are essential to scientific research. To increase safety awareness and to motivate students to act safely and responsibly in laboratories, STAR-LITE (Safe Techniques Advance Research—Laboratory Interactive Training Environment) was developed by the Division of Occupational Health and Safety (DOHS), ORS. STAR-LITE is a game-based learning environment made up of a series of activities that take place in a virtual 3-dimensional laboratory. The tool was developed targeting high school and undergraduate students as an introduction to safe laboratory techniques and risk assessment strategies.

Recently, STAR-LITE was recognized by the Ash Center for Democratic Governance and Innovation at Harvard University with a 2010 Bright Ideas Award. In its inaugural year, Bright Ideas is intended to recognize and share creative government initiatives around the country with interested public sector, nonprofit and academic communities.

“Safe laboratory behaviors and attitudes, and knowledge instilled at the beginning of the student’s work in a laboratory, will increase the likelihood of a lifelong practice of safe science,” said Dr. Deborah Wilson, DOHS director. “I truly believe that we made a dynamic contribution to laboratory safety education in a fun and creative way.”

In STAR-LITE’s virtual laboratory environment, students build their own characters, or avatars, that then enter the laboratory and embark on a series of quests that include surprising events including laboratory accidents, leading to a variety of potential exposures to biological, chemical and physical hazards. The quests require interaction with laboratory personnel, equipment and exotic characters. Safe techniques, basic laboratory skills and safety knowledge are collected and used in solving the quests, earning points along the way.

STAR-LITE is available as a free, downloadable software product. NIH personnel are encouraged to share STAR-LITE with students, friends, schools and science teachers. For more information, visit www.starlite.nih.gov.—Kerstin Haskell
Oxford Professor Discusses History of Nostalgia

By Rich McManus

Nostalgia today, with the exception of its crippling sentimental effect on the lyrics of country music songs, is not regarded as a public health issue or medical diagnosis. Like a freeway rest area, it is a place one occasionally visits quite harmlessly, but virtually no one lingers.

But that wasn’t always the case.

Dr. George Rousseau, a cultural historian based at the University of Oxford, offered a profile of nostalgia’s medical meanings at a recent History of Medicine lecture at NLM’s Lister Hill Auditorium.

First coined by Alsatian physician Johannes Hofer in 1668, nostalgia was, literally, a “longing for the home” with attendant medical symptoms if the yearning was repetitively unsatisfied. Home wasn’t meant in a literal sense, but as an idealized place, Rousseau noted. A common diagnosis in soldiers, its symptoms included eating disorders, sleeplessness, low spirits, withdrawal and even suicide. The only successful cure, in Hofer’s time, was to send the soldier home.

To trace the shifting meanings of nostalgia over the decades, Rousseau offered a biographical sketch of famed physicist Dr. Ludwig Boltzmann, who hanged himself at age 62 on the shores of Lake Duino, a victim, Rousseau says it could be argued from the scant evidence, of nostalgia’s terminal phase. It was during Boltzmann’s lifetime that nostalgia metamorphosed from a disorder thought to have physical origins (blood lesions were once considered the culprit) to one chiefly of memory.

Best known today as the originator of Boltzmann’s constant, a key feature of his kinetic theory of gases, Boltzmann suffered the fate of many a prominent academician—he was constantly on the move as prestigious universities vied for his services.

“Boltzmann was an itinerant academic who suffered a corrosive sense of exile that tortured him,” Rousseau said. The depressive trauma that ended up costing him his life was based, in part, in memory of a home and a peace he could never recover, Rousseau theorizes.

At the beginning of Boltzmann’s life, nostalgia was still considered a bona fide disease of the body, likely due to “nostalgic lesions surrounding the heart,” as physician Leopold Auenbrugger wrote in 1824.

But within that century, by the 1880s, nostalgia came to be regarded in middle Europe as a psychological phenomenon, a consequence of “wounded memory.” Never again would something as naïve as a physical cause be thought to trigger nostalgia—the diagnosis was now in the hands of Sigmund Freud, Karl Jaspers and other adherents of the new and burgeoning field of psychology.

These theoreticians probed memory relentlessly. Was it reliable? What forms it? Do idealized, but bogus, conceptions of home eventually result in pathology? Is one’s memory of a happy childhood really a thin, compensatory gauze masking something more troubling?

In one of the more knotty conceptions of the role of memory and actual physical abuse as cause of nostalgia, Rousseau recounted Jaspers’ study of young nannies in Germany who had been convicted of abusing, or even killing, their young charges. In a dissertation titled “Nostalgia and Crime,” Jaspers theorized that, out of desperate feelings of homesickness, the girls committed what they believed to be mercy killings, assuring that the youngsters would never have to grow up to be nannies living far from safe, secure homes. Or were their wards victims of the distinctly unsafe upbringings of the nannies, who were simply visiting upon children the same abuse they had suffered in youth?

Like most moderns, the judge in Jaspers’ Germany wasn’t buying the mercy-killing defense and put the women in the slammer. But nostalgia got away free, to await its next uses by succeeding generations.

NIH Participates in ‘America Recycles Day’

NCI’s Green Team partnered with R&W and NIDDK’s Green Team on Nov. 15 to celebrate America Recycles Day. In top photo, Vicky Perez (l) of NCI and Lisa Mascone (r) of NIDDK were part of teams that collected eyeglasses, sneakers, cell phones, VHS tapes and CDs, holiday lights and batteries at 10 sites both on and off campus and in Frederick.

As part of the celebration, NIH held a building recycling and solid waste minimization competition on campus. The office building with the largest decrease of solid waste in October 2010 compared to October 2009 was Bldg. 2, with a 56 percent reduction. The lab building with the greatest decrease was Bldg. 4, with a reduction of 75 percent.

The Grand Champion honor went to buildings with the highest recycling rate. The office building winner was Bldg. 2, with a recycling rate of 59 percent. Honors in the lab building category went to Bldg. 9, with a recycling rate of 49 percent. All results are posted at www.nems.nih.gov.