

nih record

Brace for More BRAC-Related Commuting Challenges

You may have noticed some roadway changes to support the integration of Walter Reed Army Medical Center with the National Naval Medical Center. Already we experience long waits to exit onto Rockville Pike in the evenings and additional congestion in the mornings, adding time and frustration to our daily commute. For the estimated 18,000 NIH staff who work on the Bethesda campus along with our patients and visitors, it will only get worse before it gets better.

Roadway construction to support Base Realignment and Closure (BRAC) for the new



Walter Reed National Military Medical Center started earlier this month. Expect additional delays related to construction of new turn lanes and partial widening of Wisconsin Ave., Jones Bridge Rd., and Cedar Ln. Portions of Rockville Pike and Connecticut Ave. in Bethesda and North Chevy Chase will see construction work for 3 years.

SEE BRAC, PAGE 6

One of the busiest intersections in the nation—Rockville Pike at Cedar Lane—will get busier.

Former NIH Colleagues

Daytons Collaborate on Novel of Iran

By Rich McManus

Dr. Andrew Imbrie Dayton, a senior investigator at FDA's Center for Biologics Evaluation and Research in Bldg. 29 for the past 18 years, seems to have had no real choice in becoming a novelist.

After all, the Philadelphia native, going back many generations, has been steeped all his life in family stories stretching to the Colonial era; his 7th great-grandfather was acting Pennsylvania Gov. James Logan (1736-1738).



Dr. Andrew I. Dayton

And since 1976, when he met his Iranian-born wife Elahe Talieh Dayton while both were in immunology class at the University of Pennsylvania ("That's where guys go to pick up chicks," he quipped), he has

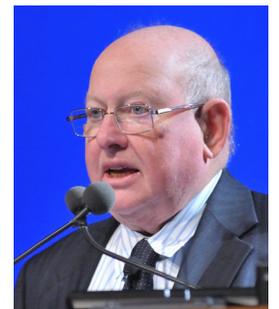
Kuller Outlines Difficulties in Fighting The Obesity Epidemic

By Trisha Comsti

The rise and spread of obesity in the United States is a serious concern for everyone, young and old alike. In 2009, 36 percent of U.S. adults and 17 percent of children were obese. Obesity, which is defined as excess body fat, has become a major problem over the past 30 years as it is associated with increased rates of cardiovascular disease, diabetes and cancer.

Dr. Lewis H. Kuller gave the 2012 Robert S. Gordon, Jr. Lecture Feb. 15 on "The Obesity Epidemic: Why Have We Failed?" He is distinguished university professor of public health at the University of Pittsburgh.

Kuller shared the dire fact that "there is no evidence that we have slowed the obesity epidemic."



Dr. Lewis H. Kuller

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The NIH Record is recyclable as office white paper.

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The NIH Record is published biweekly at Bethesda, MD by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2012.

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NIH Record Office Bldg. 31, Rm. 5B41
Phone (301) 496-2125
Fax (301) 402-1485

Web address <http://nihrecord.od.nih.gov>

Editor

Richard McManus
Rich.McManus@nih.gov

Associate Editor

Carla Garnett
Carla.Garnett@nih.gov

Staff Writer

Jan Ehrman
Jan.Ehrman@nih.gov

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NIH...Turning Discovery Into Health



STEP Forum on Bioethics, Apr. 17

The staff training in extramural programs (STEP) committee will present a Current Controversies in Medicine forum on the topic "Bioethics—Why Should We Care?" on Tuesday, Apr. 17, from 9 a.m. to noon in Rockledge II, Rms. 9112-9116.

Basic human values influence decisions in medicine and science. Do you know what determines whether clinical research or a trial is ethical and who is involved in making this decision? How has our understanding of research ethics evolved? The speakers will discuss current practices and address bioethical issues that affect us all.

NIH Plans Earth Day 2012 Celebration, Apr. 26

We are done with the "Winter That Wasn't" and many plants are rushing through an exceptionally early spring. Like the plants, the Office of Research Facilities, Division of Environmental Protection and the IC Green Teams are also busy. We are planning for NIH's next big Earth Day event, to be celebrated on Thursday, Apr. 26.

Consider volunteering your green ideas, time and talents to the Earth Day planning committee. If interested, contact Danita Broadnax at broadnaxd@mail.nih.gov. Be sure to check out <http://nems.nih.gov> for a full list of Earth Day activities.

'IT' Biodiversity Awareness Contest

It is time to reveal some clues about the mystery organism featured in the Office of Research Facilities' annual Earth Day "Name IT Contest." IT



is always an organism that has something to do with drug discovery or medicine and that may be threatened by overharvesting, invasive species, habitat destruction, pollution or other environmental factors. IT provides a living example of the importance to NIH's mission of protecting biodiversity.

Some clues about this year's IT (above) :

- Native Americans traditionally used me as a stimulant and to treat headaches, fever, indiges-

tion and infertility.

- Scientists are investigating many potential uses of me to treat a variety of diseases including diabetes, attention deficit hyperactivity disorder and inflammatory diseases. In laboratory studies, I also showed powerful inhibitory activity against colorectal cancer cells.

- According to an ancient doctrine going back to the time of Galen and Dioscurides, what I look like suggests the parts of the body that my healing properties may be applied to, so I may be good for treating diseases affecting all parts of the body.

- Even though my medicinal properties have not been proven, there is wide belief in them and collectors have been depleting my wild populations for over 250 years.

- States near NIH's headquarters have established special programs to protect me and only my binomial scientific name will be accepted as a correct answer.

Send your guesses about this year's IT to green@mail.nih.gov by Friday, Apr. 20.

Lectures To Provide Training in Protocol Navigation

The inaugural lecture for the IRP Protocol Navigation Training Program will be held Monday, Apr. 2 from 1 to 3 p.m. in the first floor conference room of Bldg. 50. The program is a trans-NIH effort to develop resources and tools and to provide training for intramural staff involved in protocol development, writing, coordination and management. Speakers will include Dr. Dan Kastner, NHGRI scientific director; Dr. Howard Austin, chair of the NIDDK/NIAMS institutional review board; and members of the NIH Office of Human Subjects Research Protections. All will be available to answer questions from the audience. Refreshments will be served.

Minority Health Month Observed, Apr. 19

In honor of National Minority Health Month, the National Institute of Minority Health and Health Disparities will host the first NIH Minority Health Promotion Day on Thursday, Apr. 19 from 10 a.m. to 4:30 p.m. in the Clinical Center's south lobby and Masur Auditorium. The day-long celebration will highlight the work that NIH institutes and centers, federal agencies and local NIH grantees are doing to improve minority health.

Among the activities planned are a poster session of work to address the health of minority communities; an exhibit of health promotion resources from various agencies; and a speakers forum focusing on social determinants of health and the work of agencies such as the Environmental Protection Agency, the Department of State, the Department of Justice, the Department of Transportation and the Department of Housing and Urban Development to improve minority health and eliminate health disparities. Visit www.nimhd.nih.gov for details.

TEDMED Talks To Stream Live at NIH

TEDMED 2012, an offshoot of the popular TED conference series that addresses innovations in health and medicine, will be simulcast live to the NIH community in Wilson Hall, Bldg. 1 on Wednesday, Apr. 11 and the morning of Thursday, Apr. 12.

The simulcast, which is open to all NIH staff, will kick off at 8:45 a.m. Apr. 11 with a session featuring NIH director Dr. Francis Collins. On Apr. 12, the distinguished science author and Harvard biologist E.O. Wilson will keep the discussion rolling with a 10 a.m. talk titled “Was Einstein Right About Imagination?”

Other TEDMED speakers will include U.S. chief technology officer Todd Park, American Cancer Society chief medical officer Dr. Otis Brawley, and John Hoffman, executive producer of HBO’s upcoming *The Weight of the Nation* documentary. Also on the program are a wide range of leading biomedical researchers, robotics pioneers and computational gurus, plus a couple of songwriters, a video game developer, an organic farmer, a poet, a beach volleyball icon and even Cookie Monster.

Whether you’re an NIH researcher, administrator or student, there’s sure to be something at TEDMED that will get you thinking. So, mark your calendar now and plan on heading over to Wilson Hall for a taste of TEDMED during your coffee or lunch break.

On Apr. 11, the TEDMED simulcast will air from 8:45 to 10:30 a.m., 11:15 a.m. to 12:45 p.m., and 2:15-4 p.m. On Apr. 12, it will air from 8:45 to 10:30 a.m. and 11:15 a.m. to 12:45 p.m. The location for both days is the same.

For more details on who will be speaking during specific time slots, visit www.tedmed.com/home.

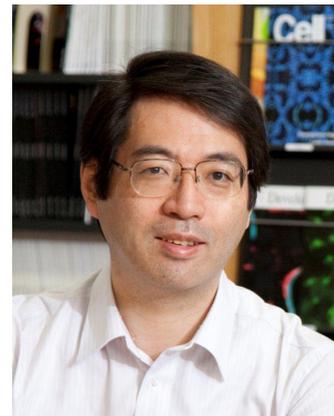
5th Annual Free Community Shred Day, Apr. 20

On Friday, Apr. 20, from 4 to 7 p.m., the FAES, in collaboration with Torn2Shredz, will be sponsoring a Free Community Shred Day. Bring up to 2 boxes worth of personal documents for free destruction and recycling. Limited compact fluorescent light bulb and battery recycling will also be available. Watch on closed-circuit TV while your old bank and credit card statements are destroyed and then sent for recycling. Protect your identity while you protect Mother Earth. Location is the FAES Social & Academic Center, 9101 Old Georgetown Rd. For more information, contact Rose McNeely, FAES property manager, (301) 530-2194 or email FAESSAC@gmail.com.

Stem Cell Investigator Sasai To Give Sayer Lecture, Apr. 16

Dr. Yoshiki Sasai, a pioneer in stem cell research, will deliver the 6th annual Sayer Vision Research Lecture on Monday, Apr. 16 at 10 a.m. in Natcher Conference Center. The talk is titled “Self-Organization of Neural Structures in Three-Dimensional Stem Cell Cultures.” The Sayer lecture series honors leaders in interdisciplinary approaches to vision research. Following the talk, the National Eye Institute will host an all-day symposium on stem cell research.

Sasai is director of the organogenesis and neurogenesis group at the RIKEN Center for Developmental Biology in Kobe, Japan, where he studies embryonic neurodevelopment and stem cell biology. He will present his latest research, including results from last year’s *Nature* cover article (Apr. 7, 2011) demonstrating how his lab induced embryonic stem cells in a Petri dish to form eye-cups that are precursor eyes.



Dr. Yoshiki Sasai

After the lecture, Sasai will join NEI’s Second Symposium on Stem Cells, where other leading scientists will discuss the latest in stem cell approaches used in vision research. The symposium will begin with a lunchtime poster session followed by talks by Drs. David Gamm, Thomas Reh, Sally Temple and Kevin Eggan and ending with a discussion on stem cells hosted by Sasai and Dr. Mahendra Rao, director of the NIH Center for Regenerative Medicine.

NEI welcomes all of the NIH community to this event. Registration is limited. To register, visit www.nei.nih.gov/news/stemcells/.

Riley Delivers NIAAA Mendelson Lecture, Apr. 19

Dr. Edward P. Riley will deliver the 2012 Jack Mendelson Honorary Lecture on Thursday, Apr. 19 at 1:30 p.m. in Lipsett Amphitheater, Bldg. 10. The title of his talk is “FASD: It’s What’s Behind the Face that Matters—Effects of Prenatal Alcohol on Brain and Behavior.”

Riley is a world-renowned expert on fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD). During his more than 35 years as a psychologist and researcher, he has significantly enhanced our understanding of how prenatal exposure to alcohol can affect the developing embryo and fetus. NIAAA has funded his research continually since 1978.



Dr. Edward P. Riley

Currently, Riley is distinguished professor of psychology at San Diego State University and also directs SDSU’s Center for Behavioral Teratology. In addition, he leads the Collaborative Initiative on FASD funded by NIAAA, which is a multi-site international consortium studying the disorders.

NIAAA established the lecture series as a tribute to Dr. Jack Mendelson, who made remarkable contributions to the field of clinical alcohol research. Each spring, the series features a lecture by an outstanding alcohol investigator whose clinical research makes a substantial contribution to our understanding of alcohol susceptibility, alcohol’s effects on the brain and other organs and the prevention and treatment of alcohol use disorders.

DAYTONS

CONTINUED FROM PAGE 1



Dr. Elahe Talieh Dayton was an NIH scientist for years but now is a real estate investor. Her family's rich history provided fodder for the novel she and her husband have written about Iran.

been regaled with Scheherazadean tales: one of Elahe's ancestors was a *sepahsalar* or war minister (equivalent to a duke), one of her grandmothers was one of four wives in a harem and another lived to age 108.

The only way to give voice to such a storehouse of family lore, Dayton learned, was to write.

Dayton had been a biochemistry major at Princeton, class of 1972, when he took a course in the 20th century American novel. "That class was kind of an epiphany for me," he remembers. While enrolled in the M.D./Ph.D. program at Penn a few years later, he decided to take a year off to write.

"In those days, everybody was taking a year off," Dayton recalls, "even for people in the medical track. Of course, some people thought I was from the moon..."

He did a lot of reading and writing during the sabbatical year, even attempting a novel, but the experience did not divert him from medicine.

"I much later wrote a novel, a work of historical fiction, but it was never published," he said.

He and Elahe arrived on the NIH campus in December 1988. "She was a postdoc in my lab for the first 6 years," said Dayton. Elahe held two Ph.D.s, one in pharmacology from the University of Tehran and one in immunology from Penn.

"She and her father and her family regaled us with stories," Dayton remembers. "It was really great material."

Awash in the raw material of fiction, Dayton enrolled in some workshops at the Writer's Center in Bethesda, preparing for another assault on novelizing.

"In 1998, I set out to write a trilogy of historical novels about Philadelphia," he said. "It was going to go from the Native American era to the present." He had grown up hearing about Gov. Logan, whose ancestral home, Stenton, still stands, and who had built one of the largest private libraries in the colonies. Logan had also been a mentor to Ben Franklin.

Five years into the project, however, Dayton was seduced by the urgency to write, with his wife's guidance, about Iran.

Work on *The House That War Minister Built*, published last September, began in 2003. Though Dayton had never been to Iran, he envisioned

an epic family saga stretching over many generations. It would draw, in part, on the experiences of Elahe's family.

"I did most of the writing, the plot and the characterization," Dayton says. "Ellie told me how things worked in Iranian society. She had been very close to her grandmother who had been one of four wives in the harem."

Harem life, he learned, was not so much about sex as about intrigue, power struggles and fighting. "Some wives recruited their own competitors, and there were 'temporary wives' as well," Dayton said.

Elahe occasionally found Dayton's writing "much too Western in sensibility," he said. "She gave me insight into characters and circumstances."

The story traces 80 years in the life of Nargess, a protagonist whose name translates as Narcissia. The tale begins at the end of the Qajar dynasty in the 1920s and includes such historically accurate events as the 1953 coup orchestrated by the CIA (and led by Teddy Roosevelt's grandson), the downfall of the ruling Pahlavi family and subsequent rise by Ayatollah Khomeini and the mullahs.

"Khomeini initially rose to power largely because of policies instituted by JFK," Dayton said. "That stuff is true and a lot of it is not known...we used historical developments as a backdrop to understand what people were facing at the time. Americans tend to be naïve about our country's interventions in Iran."

Dayton says he'd love to visit Iran some day, but concedes he might not be welcome just now. In support of their book, however, he and Elahe have given book talks in Los Angeles, San Francisco, Berkeley, San Jose, D.C., Frederick, New York City and, most recently, Houston. Sales, he said, have been modest, although Kirkus Reviews named *The House That War Minister Built* a "Best of 2011."

Dayton has resumed work on the Philly trilogy, devoting an average of one full day per weekend. "That book will be all me," he said. Elahe left science some years ago and is now a real estate investor.

"We are also toying with the idea of a sequel [to the Iran book]," he said. "There is a naughty character named Saeed [in *War Minister*], and our working title for a comic novel is *Saeed in Philadelphia*." 🗨️

feedback

Ever wonder about some aspect of working at NIH? You can post questions anonymously at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and we'll try to provide answers.

Feedback: Since the closure of Convent Dr. due to construction, employees have to detour to get around campus. The intersection of South Dr. and Center Dr. is backed up with cars around 9 a.m. due to the high number of pedestrians getting off from Metro and walking to campus. Cars can't move due to continuous pedestrian [crossings]. Occasionally, we have police direct the traffic at this intersection during peak morning hours, which is a big help. Why can't we have police at this intersection every day during rush hour?

Response from the Office of Research Facilities:

The Division of Facilities Planning is presently engaged with a planning and transportation engineering consultant on an intersection and crosswalk study for the Bethesda campus in order to limit potential risks at locations where pedestrians and vehicles come in contact. In parallel with the study, some immediate improvements will be conducted at the intersection of Center Dr. and South Dr. and at the South Dr. and West Service Rd. intersection in front of Bldg. 9. Look for these improvements to be conducted after hours and be in place later this spring.

The NIH Police will continue to monitor the situation at South Dr. and Center Dr. and provide traffic control as needed from 7:30 to 9:30 a.m., Monday through Friday.

Feedback: At the NIH employee pedestrian entrance next to the Gateway Center (Bldg. 66A), I often smell an unpleasant odor that seems to be coming from a pipe on the wall next to the NIH visitor's parking garage. (I usually pass by this during lunch time—noon to 1 p.m.) If you were walking from Natcher Bldg. towards that NIH employee pedestrian gate, you can hear a hissing sound and smell the odor when you get close to the employee gates. What is this gas and where is it coming from?

Response from ORS: Out of concern for NIH staff and visitors along with our own on-site security personnel, the NIH Fire Department and Washington Gas have inspected our Gateway Center facilities for alleged odors over the

years and have determined there are no dangerous gases being emitted from our facilities.

On one occasion recently, Washington Gas found that a heating unit on a roof was not burning correctly and might have been the culprit of the strange odor. However, the unit posed no danger to employees or visitors. The unit was shut down, the gas line turned off and a technician was called to service the unit.

Feedback: I just read an HHS email highlighting the federal laws prohibiting gambling on federal property. It highlighted two different federal laws and stated "A 'game of chance' includes, but is not limited to, a raffle, lottery, sports pool, game of cards, the selling or purchasing of a numbers slip or ticket, or any game for money or property." As a result, how are vendors allowed to sell lottery [tickets] and pay winnings to lottery ticket winners?

Response from the NIH Office of the General Counsel: The Randolph-Sheppard Act authorizes certain vending operators in federal facilities to sell tickets for state lotteries. This is an exception to the general prohibitions on gambling on government property.

Feedback: Why doesn't NIH provide more on-campus child care for its employees similar to other large employers? The current (and future) facilities on campus only handle a trivial (maybe 1 percent) percentage of the potential child care needs of the NIH staff. Teleworkers may have more options, but scientific staff...do not have that option.

Response from ORS: NIH currently sponsors four child care facilities, three in the D.C. area and one in Research Triangle Park, N.C.

Current capacity of the centers cannot meet demand and, although a new child care center is planned for the Bethesda campus, demand will continue to exceed supply.

With that knowledge, ORS and the NIH child care board have worked to maximize access to the existing centers through a centralized waiting list and also offer personalized child care resource and referral for all NIH employees. This referral service provides information about alternative child care options in licensed child care homes and centers specific to the needs of the employee, based on age of children, desired location, work hours and many other factors. This service is free, can refer to any NIH employee location in the nation and is available by phone or email.

Child care is an amenity that NIH has chosen to support because NIH recognizes that productivity and performance of parents in the workforce are enhanced when their children receive quality care. But, as with any amenity, there is a balancing act between what NIH leadership and employees would like and what funds are available. NIH has committed many resources to support as many employees as possible, via facilities, resource and referral, seminars, outreach events, tuition subsidy and a new back-up child and dependent care program. Some employees can use all of these resources. Some can use none. For more information about these resources, visit <http://childcare.ors.nih.gov>.



Find yourself waiting in a long queue to escape campus every day? You're obviously not alone. The situation is not likely to get better as we all make adjustments for BRAC. Consider changing your commuting ways.

PHOTOS: ERNIE BRANSON



BRAC

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The projects add turn lanes and other improvements to move traffic through intersections more quickly.

The creation of the new military medical center brought 2,500 additional employees; patient visits are projected to jump from 500,000 to 1 million annually. Approximately 70,000 vehicles use Connecticut Ave. and Rockville Pike daily. Initial roadwork, including relocation of

utilities, will take about a year. To the extent possible, work will be scheduled outside of the weekday rush hours. This will be followed by another 2 years of construction to add lanes at the Rockville Pike intersections with Cedar Ln. and Jones Bridge Rd. Later, workers will carve out a longer queue area for southbound Rockville Pike traffic waiting to turn left onto Jones Bridge and repurpose a thru lane to become a

Consider Commuting Possibilities

Of course, one commuter solution does not fit all. We all play a part in making sure the mission of NIH continues to move forward. Being flexible and considering all available options helps supervisors and employees brace for more BRAC issues.

Telework

Based on NIH's most recent telework data, NIH has 13,313 employees who are eligible to telework and 7,754 who are currently on telework agreements. If you are eligible, work with your supervisor to set up an effective telework plan or expand your existing plan. Visit <http://Telework.od.nih.gov> for more information.

Change Your Work Hours

If you have to drive, consider changing your hours or your Alternative Work Schedule day to miss the heavy traffic days, typically Tuesday through Thursday. NIH has 3,983 employees using AWS. Approximately 41 percent take Friday as their AWS day and 30 percent take Monday. This minimizes traffic on those days but those are also the most common telework days. With your supervisor's approval, consider mak-

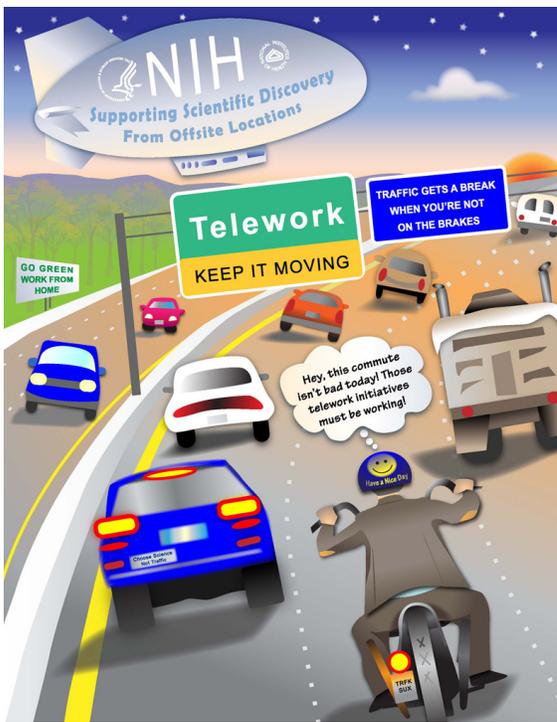
ing Tuesday, Wednesday or Thursday your AWS day and come to work on Monday or Friday, when traffic is lighter.

Studies by ORS/DATS have shown the ideal time to arrive at NIH is before 7 a.m.; the best time to leave is after 6 p.m. Consider a gliding schedule that will let you arrive earlier or leave later than peak traffic times.

Embrace Maxiflex. The Maxiflex Pilot Program is a 6-month pilot initiative offering a new flexible work schedule to employees at NIH. Maxiflex gives managers the flexibility to meet operational needs while supporting employee work/life needs. Some features of Maxiflex are expanded flexible hours—work day can start as early as 5 a.m. and end as late as midnight; split workday—an employee can work part of the day in the office, part of the day teleworking; and, the option to work on Saturdays. These new flexibilities will reduce vehicle traffic on the main campus as well as ultimately reduce the need for physical office space. Visit <http://intrahr.od.nih.gov/benefits/leave/MaxiFlexPilot.pdf> for detailed information about the program.

Use Available Technologies

Use teleconferencing and Office Communica-



At a recent Telework Festival, this poster by Julie Marquardt of NIAID won 1st place.

second left-turn-only lane in the afternoon peak travel period.

A major 2-year tunneling project beneath Rockville Pike is slated to start in fall 2013. Work includes excavating a 120-foot-deep shaft for a new set of high-speed elevators and a 20-foot-deep pedestrian tunnel to service the east side of Rockville Pike near South Wood Rd. Both projects are designed to

allow people to walk safely between the hospital campus, the Medical Center Metro station and nearby bus stops, without having to cross busy Rockville Pike. The number of pedestrian crossings there was projected to jump from 3,000 to 7,000 daily after Walter Reed's expansion. Minimal impact is expected for users of the Metro Kiss and Ride area and other Metro services. All lanes will remain open in the peak direction during the morning and afternoon hours, with most lane closures occurring during the evening hours.

The Office of Human Resources, Office of Research Services/Division of Amenities and Transportation Services and Office of Research Facilities have combined forces to keep the NIH mission moving despite the effects of BRAC by offering a variety of solutions (see sidebar):

- Teleworking or expanding your number of telework days
- Changing your work schedule
- Using alternative transportation programs
- Implementing available technology tools.

BRAC effects will continue through 2014. Using one or more of these solutions will help lessen the impact.

tor for instant messaging or video chats as well as NIH Web Collaboration Connect for meetings instead of driving to a location on campus. Using these technologies saves drive time and parking frustrations. Visit the NIH Telework Resources page to view options: <http://hr.od.nih.gov/workingat-nih/telework/resources.htm>.

Use Alternative Transportation

Several alternative transportation options are available. ORS/DATS has assisted employees with decreasing approximately 45,794,105 miles annually through the promotion and use of alternative commuting. DATS oversees 157 registered carpools, 14 registered vanpools, more than 400 carpool spaces, 600 bicyclists, 13 shuttle buses, 6,000 employees in the NIH Transhare Program and a large contingent of pedestrians.

Carpool and take advantage of reserved parking spaces until 9:30 a.m., Monday through Friday. Vanpools can request a reserved space in the lot of their choice and riders may qualify for Transhare. For details about specific routes, visit www.ors.od.nih.gov/pes/dats/transportation/Pages/vanpool.aspx.



www.ors.od.nih.gov/pes/dats/transportation/Pages/vanpool.aspx.

Transhare provides qualified NIH federal employees with a transit subsidy to offset travel expenses incurred between work and home. Transhare can be used for mass transit, including vanpools, buses, subway and trains. For more information, visit www.ors.od.nih.gov/pes/dats/transportation/Pages/transhare.aspx.

Bicycle to work. Bike racks and lockers located throughout the campus have the capacity to secure approximately 700 bicycles. Several buildings both on- and off-campus have shower and locker facilities

that cyclists may use when commuting. In response to bicycling enthusiasm at NIH, DATS implemented the NIH Bicycle Subsidy Program. Some 100 bicycle commuters have given up parking and Transshare privileges to participate. For details, visit www.ors.od.nih.gov/pes/dats/transportation/NIHBicycleProgram/Pages/default.aspx.

Take the NIH shuttles to limit use of personal vehicles for work-related commuting on campus, as well as to and from NIH facilities off campus. One shuttle route, located at the Mid-Pike Plaza commuter parking lot on Rockville Pike adjacent to Montrose Rd., is dedicated to servicing a satellite parking area that is used for commuters and individuals who reside nearby. Several of the vehicles also have bicycle racks on them.

For BRAC information and other updates and solutions, visit <http://traffic.nih.gov>.

Montgomery County BRAC is now on Twitter: @BracMoCoMD. Get further details at www.montgomerycountymd.gov/BRAC.



OBESITY

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Kuller accepts his Gordon Lecture plaque in the company of NIH director Dr. Francis Collins (l) and Dr. Paul Coates, director of the Office of Dietary Supplements and acting associate director of the Office of Disease Prevention.

PHOTOS: ERNIE BRANSON

Rather, data from the Centers for Disease Control and Prevention show the opposite: obesity is becoming endemic (that is, persistent) in the United States.

Lifestyle changes have contributed to the rise of the obesity epidemic. Several decades ago, many families transitioned to both parents working outside of the home, leading to a lack of time to prepare meals. This time shortage was followed by more food (such as fast food and snacks) being bought outside the home. Money spent on food prepared outside of the home was only 26 percent of a family's food budget in 1970—that number increased to 48 percent by 2006.

Kuller described the way food not only has become a replacement for adverse behaviors—particularly for cigarette smoking and alcohol consumption—but also a way of life for many Americans: “Food is our number one social outlet,” he said. “Now we say, ‘Let’s meet for lunch’ or ‘Come to a dinner party.’ This is a new phenomenon of the past 20 or 30 years.

“We are the victims of the successes of previous generations,” said Kuller in describing the population’s decrease in physical activity over the last several generations due to technological advances. At the same time, the U.S. Department of Agriculture reports that the daily consumption of calories increased by about 12 percent from 1985 to 2000. It is these two factors together—increased energy intake (food consumption) and decreased energy expenditure (physical activity) that are the source of the obesity epidemic.

“Obesity has now become a socioeconomic disorder,” said Kuller. As happened with the epidemic of cigarette smoking, the fact that obesity can be

bad for your health was first recognized among the better educated and wealthier groups of society. Today, lower socioeconomic classes have higher rates of obesity. In women, for example, there is a marked difference between obesity levels for those with a 4-year college degree (24 percent) versus those with less than a high school education (41 percent).

What can we do to address the obesity epidemic? Kuller recommends research into why many individuals are unable to maintain significant weight loss and what the long-term risks and benefits of bariatric surgery, such as gastric bypass, might be in the treatment of obesity.

Genetics could also play a role in why some people maintain low body weight and good health, despite the obesity epidemic. Obesity tends to occur frequently within families; genetic studies have already identified some genes related to obesity.

“Changes in family structure and work patterns are not unique to the U.S. and therefore cannot be the sole explanation of the obesity epidemic,” said Kuller, who recommended that researchers look into the dietary factors behind obesity. Japan and France have experienced the same social changes as the U.S., and have about the same levels of physical activity, but have lower rates of obesity. Possible explanations could be high levels of omega-3 fatty acids and low levels of beef consumption in the Japanese diet and a low level of snacking in the French diet.

Preventing weight gain in children should also be a high priority, said Kuller. Measures for preventing weight gain might include keeping snacking to a minimum, encouraging kids to choose water over sugary drinks and reducing meat consumption.

Kuller emphasized that any public health program to fight obesity should be based on research and well-documented clinical trials and effectiveness studies. “We should depend on good scientific investigation translated into effective clinical and public health programs,” he said.

The Gordon Lecture was established in 1995 in honor of Gordon’s outstanding contributions to the field of epidemiology and for his distinguished service to NIH, including organizing and serving as a member of several prominent working groups on AIDS research. 🗨️

digest

New Method Discovered to Label Cells for Tracking by MRI

Researchers have developed a method to label transplanted cells so they can be tracked by magnetic resonance imaging (MRI). In the future, as cell therapies become a more integral part of regenerative medicine and tumor treatment, there could be increased need to measure how many transplanted immune or stem cells reach their target.

A team combined three FDA-approved drugs to form a complex that, when incubated in transplant cells, labeled nearly 100 percent of those cells for MRI imaging in animal models. The team was led by Dr. Joseph Frank, chief of the Clinical Center Radiology and Imaging Sciences Laboratory of Diagnostic Radiology Research.

“Less than 3 percent of intravenous transplanted cells get to their target,” he said. “This brings up questions of cell dose, multiple doses and dose timing and how to make cell therapy approaches more effective.”

Cell death and distribution to other areas prevent most treatment cells from reaching the intended site. By using MRI to track cell arrival or homing to the desired site, researchers can compare dosage amounts and frequency for the most beneficial treatment.

The new technology, pending regulatory agency review, will be first tested in humans in an ongoing trial at the City of Hope Medical Center in Duarte, Calif. Supported by the California Institute of Regenerative Medicine, the study is testing the transplant of genetically engineered neural stem cells on patients with a type of brain tumor.

Researchers from Henry Ford Hospital, Detroit, and the National Institute of Biomedical Imaging and Bioengineering also contributed to the *Nature Medicine* article.

Study Defines Treatment Window for HIV-Positive Children Infected at Birth

HIV-positive children older than 1 year who were treated after showing moderate HIV-related symptoms did not experience greater cognitive or behavior problems compared to peers treated when signs of their infection were still mild, according to a study funded by NIH. But both groups of HIV-positive children lagged behind

HIV-negative children in these areas, suggesting that the first year of life may present a critical treatment window for minimizing impairments in brain development due to HIV.

As part of the NIH-funded Pediatric Randomized Early vs. Deferred Initiation in Cambodia and Thailand (PREDICT) trial, researchers assessed 284 HIV-positive children ages 1-12 who had mildly weakened immune systems but no severe symptoms of HIV infection. The children were randomly assigned to receive treatment immediately or to have treatment deferred until they began to show moderate signs of HIV-related illness.

At follow-up almost 3 years later, very few children in either group had progressed to AIDS. Children who received deferred treatment performed as well as those treated immediately on tests measuring intelligence, memory and hand-eye coordination. However, both groups scored lower on these tests and had more behavior problems than HIV-negative children who took part in the PREDICT study.

“These findings suggest that the window of opportunity for avoiding neurocognitive deficits by treating HIV infection may only occur earlier, in infancy,” noted Dr. Pim Brouwers, who oversees NIMH-funded research on HIV/AIDS among children and adolescents and also served as a co-investigator on neurodevelopmental outcomes of the PREDICT study.

The results of the PREDICT study were presented at the 19th Conference on Retroviruses and Opportunistic Infections in Seattle. PREDICT was sponsored by the National Institute of Allergy and Infectious Diseases, with further neurological analysis of the study participants supported by NIMH and NICHD.

Nearly 800,000 Deaths Prevented Due to Declines in Smoking

Twentieth-century tobacco control programs and policies were responsible for preventing more than 795,000 lung cancer deaths in the United States from 1975 through 2000, according to an analysis funded by the National Cancer Institute.

If all cigarette smoking in this country had ceased following the release of the first Surgeon General’s report on smoking and health in 1964, a total of 2.5 million people would have been spared from death due to lung cancer in the 36 years following that report, according to the analysis. The results of the study were published online Mar. 14 in the *Journal of the National Cancer Institute*.

The researchers, part of the NCI-sponsored Cancer Intervention and Surveillance Modeling Network, used a comparative

modeling approach in which they constructed detailed cigarette smoking histories for individuals born from 1890 through 1970, and then related the histories to lung cancer mortality in mathematical models. Using these models, the researchers were able to estimate the impact of changes in smoking patterns resulting from tobacco control activities on lung cancer deaths during the period from 1975 through 2000. Since the 1964 report, tobacco control efforts in the U.S. have included restrictions on smoking in public places, increases in cigarette excise taxes, limits on underage access to cigarettes and efforts to increase public awareness of the hazards of smoking.—compiled by Carla Garnett



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milestones



NLM director Dr. Donald Lindberg with an artwork based on the NLM Visible Human Project

Research!America Honors Lindberg

Research!America paid tribute to some of the nation's foremost medical and health research advocates at its 16th annual Advocacy Awards on Mar. 14. Among those recognized was Dr. Donald Lindberg, director of the National Library of Medicine and former director of the White House High Performance Computing and Communications Program. He received the 2012 Geoffrey Beene Builders of Science Award for pioneering the application of computer technology to medicine and for his contributions to information and computer activities in medical diagnosis, artificial intelligence and educational programs. The Beene Award is part of a 5-year commitment in recognizing those who have provided inspiration and determination in building an outstanding home for research.

Other 2012 Advocacy Award winners are: Sen. Barbara Mikulski (D-MD); Dr. Sanjay Gupta, chief medical correspondent, CNN; Dr. Margaret Foti, CEO, American Association for Cancer Research; Scott Johnson, president and founder, Myelin Repair Foundation; and the Food Allergy Initiative.

Lewis Appointed NINDS Executive Officer

NINDS recently welcomed Caroline Lewis as its new executive officer. She will oversee NINDS's financial management, human resources, information technology and administrative services and analysis activities.



Lewis comes to NINDS from the Food and Drug Administration, where she had been deputy chief operating officer since April 2010. In that role she oversaw a \$3.2 billion budget and a workforce of more than 14,000 while working to protect the health of the nation's consumers from harm by food, drugs, biological products, medical devices, tobacco and other consumer products.

"Ms. Lewis brings with her a wealth of administrative expertise and an extensive background in federal management," said NINDS director Dr. Story Landis. "Her leadership skills and experience make her exceptionally well qualified for her new role at NINDS."

Before joining FDA, Lewis served in a variety of professional administrative and program leadership positions at the Health Resources and Services Administration, including deputy associate administrator of the Office of Administration and Financial Management, director of the Office of Management and deputy associate administrator for clinician recruitment and service.

Lewis received her undergraduate degree from Duke University and her master's from Georgetown University before beginning a career of public service as a statistician at the National Center for Health Statistics.

Rogan Honored by American Academy Of Pediatrics

NIEHS epidemiologist Dr. Walter Rogan has been named an honorary fellow of the American Academy of Pediatrics for his exemplary service with the organization's Council on Environmental Health.

Currently the head of an NIEHS group studying children's health, Rogan has been a lead scientist and expert in the fields of environmental health and pediatrics for nearly four decades.

Because of his work on several key pediatric issues, ranging from lead poisoning and well water safety, to the potentially harmful effects of soy-based infant products, Rogan is regarded as an authority on the influence of environment on human growth and development. In addition to his peer-reviewed publications on child health, he has authored a number of AAP's educational and policy materials, including several chapters in its *Handbook of Environmental Health*, otherwise known as the Green Book.

"AAP is pleased to recognize Dr. Rogan for his incredible work in the field of children's environmental health, as well as his longevity as a valued member of this committee," said Dr. Jerome Paulson, chair of AAP's executive committee on environmental health. Rogan will be honored at AAP's May 21 meeting in Washington, D.C.

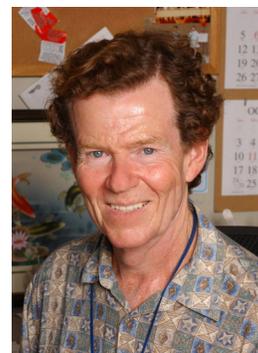


PHOTO: STEVE MCCAWE

Zahm, NCI's DCEG Deputy Director, Retires

Dr. Shelia Hoar Zahm, deputy director of the Division of Cancer Epidemiology and Genetics, NCI, recently retired after 31 years of government service. She received numerous awards for her scientific accomplishments and leadership skills. Said DCEG director Dr. Joseph F. Fraumeni, Jr., she was a "full partner in leading the division as we grew and changed in response to new scientific opportunities and challenges."



Dr. Shelia Hoar Zahm

An internationally acclaimed epidemiologist, Zahm received her doctorate in epidemiology from Harvard School of Public Health, where she created the first job-exposure matrix, which continues to be used for assessing exposure in occupational studies. She joined NCI in 1980, investigating the etiology of non-Hodgkin lymphoma and other cancers in what was then called the Occupational Epidemiology Branch. The author of more than 270 publications, she contributed to understanding lymphoid malignancy, risks associated with pesticide use and occupational cancer among women.

Beginning with her appointment as deputy director in 1998, Zahm led strategic planning and management for the division. She oversaw virtually all major DCEG initiatives.

She co-chaired the NIH scientific directors' subcommittee on biorepository practices and guidelines for the NIH intramural research program, for which she won an NIH Director's Award.

Said Dr. Michael Gottesman, NIH deputy director for intramural research, "Shelia is one of those rare people who bring extraordinary creativity not only to their science, but to their management of scientific programs. NIH could always count on her for a thoughtful, effective and efficient solution to the many problems that she was asked to solve."

Zahm served on more than 50 advisory committees, including panels for international research centers in Spain and Canada, the United Auto Workers/General Motors occupational health advisory board and the HHS interagency breast cancer and environmental research coordinating committee. She also won the HHS Secretary's Award for Distinguished Service for leadership of national research programs in environmental and occupational cancers and the Harvard School of Public Health Alumni Award of Merit.

According to Fraumeni, "The success of the DCEG research and training enterprise can be traced in so many ways to the inspiring leadership of Shelia Zahm. Few individuals have made such an impact in furthering the mission of NCI and NIH, and none with more grace and humor."



Four new NIDDK advisory council members recently began their service. They are (from l) Dr. Robert Vigersky, John W. Walsh, Dr. Kenneth Kaushansky and Dr. Alan Shuldiner. At right is NIDDK director Dr. Griffin Rodgers.

NIDDK Council Gains Four

Four new members recently joined NIDDK's advisory council:

Dr. Alan Shuldiner is the John Whitehurst professor of medicine; associate dean for personalized medicine, director of the Program for Personalized Medicine and head of the division of endocrinology, diabetes and nutrition at the University of Maryland School of Medicine. His research interests include the molecular basis and genetics of type 2 diabetes, obesity and insulin resistance.

Dr. Robert Vigersky is a colonel in the medical corps at Walter Reed Army Medical Center, medical director of the Diabetes Institute of the Walter Reed Health Care System and a professor in the department of medicine at the Uniformed Services University of the Health Sciences. He has produced articles and book chapters on topics ranging from reproductive endocrinology and diabetes management to telemedicine and e-health.

John W. Walsh co-founded the Alpha-1 Foundation to provide leadership and resources to improve detection and treatment, and to find a cure, for alpha-1 antitrypsin deficiency. He regularly testifies before Congress and advisory groups as a patient advocate and served three terms on the HHS advisory committee on blood safety and availability, among many other positions.

Dr. Kenneth Kaushansky is dean of the School of Medicine and senior vice president of health sciences at Stony Brook University. He has conducted seminal research on the molecular biology of blood cell production and his team has cloned several genes important in the growth and differentiation of blood cells, including thrombopoietin, a key regulator of cell and platelet production. 



It's a Wrap!

Raising Over \$2.6 Million for Charity, 2011 NIH CFC Ends on a High Note

The National Library of Medicine, this year's lead IC for the Combined Federal Campaign, hosted the NIH awards ceremony Feb. 29. The event recognized the hundreds of NIH CFC leaders and volunteers who worked to make the 2011 campaign a success and saluted the ICs' achievements in the areas of total giving, per capita giving and employee participation.

The NIH community contributed over \$2.6 million for local, national and international charities. NIH achieved an impressive 111.6 percent of its overall goal and nearly half of all NIH workers (48 percent) made a gift to the 2011 CFC.

The awards were presented by Dr. Lawrence Tabak, NIH principal deputy director, and NLM director and 2011 CFC vice chair Dr. Donald Lindberg. Other speakers included James Francavilla, deputy director for the CFC National Capital Area (CFCNCA), who praised NIH's long record of generous giving and presented NIH with the CFC of the National Capital Area's Million Dollar Circle Award. The honor recognizes federal departments and agencies that donate over \$1 million to the CFCNCA to help people and communities in need.

Todd Danielson, NLM associate director for administrative management and NIH CFC campaign manager, shared with the audience appreciation for advice he'd received from Patrick Shiridon, manager of the 2010 campaign, headed by NIMH. Tips included: Make the charities the central focus of the campaign. Keep in mind that everything you are doing will help to improve the lives of so many. Assemble a strong team of steering committee members, IC coordinators and IC keyworkers. And make the campaign fun.

"So that's what we did," Danielson noted, "and it worked!" Interestingly, Shiridon, who is now director of management at NIA, will repeat as NIH CFC campaign manager in 2012.

The NIH 2011 campaign also received accolades at the CFCNCA awards program Mar. 6. The awards were for Best Photography and Use of Images, Best Campaign Writing or Publication and the Most Innovative Campaign Technique (large agency division), the latter for the "Picture of Giving" photo contest, featuring a unique online voting system.—Allison Fisher



Among the CFC volunteers honored were NLM's three campaign deputy coordinators (from l) Hue Banh, Alise Freund and Janie Robak. NLM director Dr. Donald Lindberg presents the President's Award as NIH principal deputy director Dr. Lawrence Tabak looks on.



At left, Tabak receives the Million Dollar Circle Award from James Francavilla of the CFCNCA. At right, NLM's Todd Danielson (r) prepares to pass the baton, or at least the banner, of the NIH CFC to incoming campaign manager Patrick Shiridon.

PHOTOS: MICHAEL SPENCER