

# nih record



ABOVE • Having fun is an essential part of the NIH Institute Relay; see story below.

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### 'Unmatched Potential'

## Collins Convenes Ad Hoc ACD Meeting to Advance Two Issues Immediately

By Carla Garnett

NIH director Dr. Francis Collins convened an ad hoc teleconference of the advisory committee to the NIH director (ACD) on Sept. 16 to consider findings of the BRAIN Initiative working group and the HeLa genome data access working group.

### To Solve an 'Enormous Mystery'

First on the agenda were Dr. Cornelia "Cori" Bargmann of the Rockefeller University and Dr. William Newsome of Stanford University, cochairs of the ACD working group charged with reviewing the neuroscience landscape to outline the scientific goals of the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.

The cochairs presented the working group's interim report identifying high-priority research areas for NIH funding in fiscal year 2014. Announced last April by President Obama, the initiative that involves NIH—along with two other federal agencies, DARPA and the National Science Foundation and several private sector organizations—will provide "transformative" knowledge to unlock the "enormous mystery" of the brain.

Over the past several months, the working group held extensive consultations with

SEE ACD MEETING, PAGE 4

### 'I Learn About Life Here'

## Barbers of NIH: 'If You've Got Hair, We'll Cut It'

By Belle Waring

It's 7:30 a.m. and the Clinical Center barber-shop is open for business.

"Cutting patients' hair—that's our number one request from the hospital," says barber Earl Sartor, who's been with NIH for 11 years.

"The barbershop is very important to the well-being of the patients." Along with his brother Chuck, Earl works both at bedside and in the shop near the B1 cafeteria in Bldg. 10.

Here, they serve an essential purpose.

"If you're getting chemo, and you're



Barber Chuck Sartor

SEE BARBERS, PAGE 8

### Off and Running

## NIH Institute Relay Celebrates 30th Year

By Dana Steinberg

On a picture-perfect September day, hundreds of NIH'ers sprinted the half-mile loop around Bldg. 1, batons in hand, at the 30th NIH Institute Relay. This year, 94 teams competed. Each spirited team of 5 runners included men and women; many ICs footed multiple teams.

R&W President Randy Schools rallied runners to the start line, whistles sounded and the race was on.

Brent McCright, who raced with FDA/CBER's team Bright Biologics, joined the nearly half of



NHLBI's Gayle Nugent displays a mid-stride smile that tells you what the relay is all about.

SEE RELAY, PAGE 6

## briefs



*Officers representing the nurse category*

### NIH Hosts PHS Awareness Day

NIH recently celebrated its second Public Health Service Awareness Day, sponsored by the Office of Human Resources. The event featured music and an array of presentations and prizes, held on the Bldg. 31 patio. Officers and guests were able to explore, learn and enjoy the many facets of the Commissioned Corps.

NIH is home to more than 300 commissioned officers, spanning the 11 PHS professional categories; each category was represented by a poster. The event not only afforded an opportunity to connect with fellow officers and civilian employees, it also served as a platform to highlight the National Prevention Strategy and its relevance to NIH and the PHS mission and goals.

The highlight of the observance was an address by acting surgeon general RADM Boris Lushniak, who talked about the work of the corps at NIH, other agencies and abroad. He stressed the significance of maintaining relevance in a rapidly changing and evolving public health environment. The event underscored the mission of protecting, promoting and advancing the health and safety of the nation.

### History Office To Use Social Media

NIH has been around long enough to have history books written about it (Joseph Kinyoun established the Hygienic Laboratory in 1887). Now the Office of NIH History and Stetten Museum (ONH) will be writing tweets, posts and blogs and pinning photos online to reach a broader audience. Every month will feature a different theme; the first month, October, will honor the 60th anniversary of the opening of

the Clinical Center. Upcoming topics include Joseph Kinyoun, women scientists at NIH, Bldg. 7 and medical arts.

ONH would like to work with other institutes and offices on anniversaries, current research initiatives and honoring individual scientists or laboratories with its unique historical perspective and voice. Contact curator Michele Lyons at [lyonsm@od.nih.gov](mailto:lyonsm@od.nih.gov) or archivist Barbara Harkins at [harkinsb@mail.nih.gov](mailto:harkinsb@mail.nih.gov) for more information. And follow ONH on Twitter, Facebook, Tumblr, Flickr and Pinterest beginning in October.



### Sen. Donnelly Visits NIH

*U.S. Sen. Joe Donnelly (c, D-IN) visited NIH on Sept. 23 for a briefing on type 1 diabetes research and artificial pancreas technologies. Meeting him at the front of the Clinical Research Center were NIDDK director Dr. Griffin Rodgers (l) and NIH principal deputy director Dr. Lawrence Tabak. The 3-hour midday visit included a working lunch and stops at two NIDDK labs in the CRC.*

PHOTO: KRISTEN CARRERA

### Shutdown Cancels Oct. 11 NIH Record

Due to the shutdown of the federal government Oct. 1-16, the Oct. 11 issue of the *NIH Record* (Vol. XLV, No. 21) was canceled. Look for coverage of the effects of the shutdown on NIH in our Nov. 8 issue.

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, 2014.

To receive alerts to our latest issue, send an email to [listserv@list.nih.gov](mailto:listserv@list.nih.gov) with the words "Subscribe NIHRECORD" in the message body.

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The *NIH Record* reserves the right to make corrections, changes or deletions in submitted copy in conformity with the policies of the paper and HHS.

*NIH...Turning Discovery Into Health*

nih record

## Fauci Discusses HIV/AIDS in Grand Rounds Lecture

By Eric Bock

HIV, the virus that causes AIDS, is unique among disease-causing organisms, explained NIAID director Dr. Anthony Fauci at a Contemporary Clinical Medicine: Great Teachers Grand Rounds Lecture in Masur Auditorium on Sept. 11. As with polio, measles or smallpox, most people eventually recover from their initial infection. However, unless they're treated with anti-retroviral drugs, nearly everyone infected with HIV dies.

The immune system's inability to naturally mount a long-term response against HIV is the principal obstacle to developing an effective vaccine against the virus, said Fauci, whose talk was titled "HIV/AIDS: Much Accomplished, Much to Do."

Fauci began his NIH career as a fellow at NIAID, studying atypical immune diseases. While he enjoyed his work and made significant discoveries, he hadn't been able to follow his passion. "My real love of infectious disease and global health issues was not satisfied," he said.

That changed when he first read about homosexual men with *Pneumocystis pneumonia*, an opportunistic infection found in patients with weakened immune systems, in the Center for Disease Control's *Morbidity and Mortality Weekly Report* in the summer of 1981.

"I made a momentous decision at the time to essentially stop doing the things that I had been doing," Fauci explained, "and to focus all of my attention on this new disease."

Since Fauci put together NIH's first AIDS research group, scientists have made great advances in AIDS research. These include: understanding the life cycle of the virus, developing an arsenal of drugs to suppress it and slowing its spread with tools of prevention.

"When we first started taking care of people without any antiretrovirals, the median survival for a patient with AIDS was 6-8 months. Now, if you treat someone with HIV infection in their 20s, early in the disease, you can mathematically project they will live an additional 50 or more years," Fauci said.

What frustrates him, though, is the challenge of identifying individuals who don't know they have an HIV infection and the difficulty of getting many patients to adhere to antiretroviral therapy.

"We know that when you treat HIV-infected

individuals, they don't infect others," Fauci said. "We can wipe out half of the infections merely by identifying the people who are infected and putting them on therapy."

Treatment of uninfected individuals can also prevent HIV transmission. To illustrate his point, Fauci cited a recent study that looked at the use of pre-exposure prophylaxis of an uninfected sexual partner in a relationship in which one partner is infected and the other is not. The idea is to have people who do not have HIV (but are at high risk for infection) take a daily antiretroviral drug to reduce their risk. The study found 100 percent effectiveness for patients who took their pill every day. But in other studies of a similar approach, efficacy rates ranged from as low as zero to 44 to 75 percent in various populations.

"If you go to the trial in which efficacy was 44 percent—if you actually looked at only those people who took their drugs—the efficacy was over 90 percent," Fauci explained. "People are not adhering to something that works."

Despite these obstacles, Fauci noted that the research efforts against AIDS have produced considerable success. Not only has life expectancy of people with HIV been greatly extended, but also, in many developed countries, transmission of HIV from mother to child is less than 2 percent. Fauci noted that an estimated 4.2 million lives were saved by antiretroviral therapy in low- and middle-income countries over the last decade and well over 1 million infections in infants have been averted by providing antiretroviral drugs to HIV-infected mothers.

"When we go before Congress and talk about 'What does the investment in basic research get you?', this is about as good an example as anything we've ever done," he said.



NIAID director Dr. Anthony Fauci delivers a recent Contemporary Clinical Medicine: Great Teachers Grand Rounds Lecture.

PHOTO: BILL BRANSON

### NIH Veterans Day Celebration, Nov. 6

In recognition of the service and continued contribution of our veterans, the NIH community is invited to the 2013 NIH Veterans Day Celebration. It will be held on Wednesday, Nov. 6 in Bldg. 10. The program will be in Masur Auditorium from 10 to 11 a.m. and exhibits will be in the south lobby from 11 a.m. to 12:30 p.m. All are invited; veterans and spouses of veterans are encouraged to attend.

The keynote speaker is Lt. Gen. (ret.) Ronald R. Blanck, who is a partner and chairman of the board of Martin, Blanck & Associates and chairman of the board of regents of the Uniformed Services University of the Health Sciences. He is a doctor of osteopathy and has served as surgeon general of the U.S. Army, commander of the U.S. Army Medical Command, commander of Walter Reed Medical Center and many other distinguished posts. The event will include a military band, exhibits from veteran-oriented companies and services and more.

Sign language interpreters will be provided. Individuals who need reasonable accommodation to participate should contact Michael Nealy at michael.nealy@nih.gov or (301) 928-7017 and/or the Federal Relay (1-800-877-8339).

## ACD MEETING

CONTINUED FROM PAGE 1



ACD member Dr. Cori Bargmann, shown above at an NIH Director's Lecture on Sept. 9, serves as cochair of the committee's BRAIN Initiative working group.

**Right:** Shown at a June session of the ACD is HeLa working group chair Dr. Renee Jenkins of Howard University.

PHOTOS: BILL BRANSON

the research community; nearly 50 experts participated in the 7 meetings convened across the country to explore the state of the science in different areas.

Following those consultations, the working group recommended nine high-priority neuroscience research areas for NIH funding in FY 2014:

- Generate a census of cell types
- Create structural maps of the brain
- Develop new large-scale recording capabilities
- Develop a suite of tools for circuit manipulation
- Link neuronal activity to behavior
- Integrate theory, modeling, statistics and computation experimentation
- Delineate mechanism underlying human imaging technologies
- Create mechanisms to enable collection of human data
- Disseminate knowledge and training

"We see unmatched potential and excitement" in the BRAIN Initiative, concluded Bargmann.

### 'Wonderful Synergy' to Move Forward

In discussion, ACD members asked several wide-ranging questions:

- *Given that neuroscience is a huge and diverse discipline, how did the working group narrow the scope of its deliberations?* The key was to focus on providing a general framework, answered Bargmann. "We took our cues from the President's announcement and from the charge Dr. Collins gave the working group," Newsome added.
- *Will there be opportunities to collaborate with other brain-mapping efforts, particularly the Human Brain Project by scientists in Europe?* "We look forward to interacting with international partners," Newsome responded. In addition, NIH deputy director for science, outreach and policy Dr. Kathy Hudson, an *ex officio* working group member, pointed out NIH will invite participation with private sector interests by posting RFIs (requests for information) and offers to attend a meeting of the working group. Also, Collins will call the various groups together, to take advantage of the "wonderful synergy" and avoid duplication of effort.
- *In the current financial climate, what's the fore-*

*cast for long-term funding support for the BRAIN Initiative?* The nine priorities span more research than NIH can fund with the \$40 million available for the effort in fiscal year 2014, Collins acknowledged. If these recommendations are ultimately accepted, he said, NIH will use them to guide initial investments and to move plans forward anticipating, at minimum, 5 years of sustained funding for the initiative and hopes for an even longer-term, 10-year commitment.



The phone meeting, open also to the public, received several comments from non-ACD members. Those remarks, and others sent via email, will be collected and disseminated to ACD members.

The ACD unanimously endorsed the findings of the working group. After Collins thanked the group for its tremendous effort, he said that he had also spent some time reviewing the findings and found them to be very much in line with the goals of the BRAIN Initiative. He agreed to accept the ACD's recommendations and said it would be "NIH's job now to translate the [priorities] into research approaches."

### Unique Situation, Unique Solution

Next, the ACD heard a report from the HeLa genome data access working group.

Henrietta Lacks was a 31-year-old woman diagnosed with cervical cancer in 1951; she died that year after undergoing treatment at Johns Hopkins University. Before her death, however, cells from her biopsy were taken and used for research without her knowledge; those cells—known as "HeLa" cells—have proven to be of enormous value to science for the last 62 years and beyond.

Henrietta Lacks was identified as the source of HeLa cells in 1971, even as the cells and data continued to be used in research worldwide decades after her death. Her family has had to deal with unwanted attention and intrusions for decades, explained Hudson, who provided background information on the issue.

In fact, earlier this year, researchers reported they had sequenced—and posted—the whole HeLa



*Shown here at the committee's June meeting, Dr. Peter MacLeish, an ACD member from Morehouse School of Medicine, participated in the teleconference.*

genome. Lacks's family members, made aware of the post and concerned anew—this time for the privacy of their genomic information—asked that the researchers remove the data.

The problem was multi-faceted, Hudson said, noting the 1,300 gigabases of the HeLa sequence in public databases. "The cells are everywhere and data about the cells are everywhere," she said. Researchers had not broken any laws, she pointed out—advances in science had preceded consent and privacy policies. However unintentional, sharing the full genome sequence of HeLa cells publicly had resulted in a unique problem.

NIH reached out to the Lacks family to help forge a "solution to advance science, respect the family and catalyze policy," Hudson noted.

"In my 20 years of working in genomics...this is one of the most unique experiences I have ever had," Collins said, referring to the complex circumstances involved in the current situation that Henrietta's living descendants are facing in the era of genomics and the complex history of this cell line.

On Aug. 7, NIH announced an agreement: Researchers would apply to NIH for access to HeLa genome data, adhere to several terms defined by the family and deposit future data into the database of Genotypes and Phenotypes (dbGaP). An ACD working group that included two Lacks family members would review the applications, share their findings with the ACD, which would ultimately make recommendations for access to the NIH director.

During the Sept. 16 teleconference, Howard University's Dr. Renee Jenkins, ACD member and HeLa working group chair, discussed the six applications received so far: 1 project was approved outright, 3 were conditionally approved once follow-up information had been provided and 2 were pending.

"Henrietta Lacks, and the HeLa cell line that was established from her tumor cells without her knowledge or consent in 1951, have made significant contributions to scientific progress and advances in human health," concluded Jenkins, in an acknowledgment by the working group. "We are grateful to Henrietta Lacks, now deceased, and to her surviving family members for their contributions to biomedical research."

#### 'Part of the Conversation'

Following the HeLa presentation, ACD member Bargmann applauded NIH's involvement, praising the agreement and inclusion of the Lacks family in sorting out the intricacies as "an important message to send."

Agreeing, another ACD member asked whether the agreement would help prevent incidents like this.

This was a unique situation, Collins replied, and "we're wrestling with how to deal with this in the future."

With two family members officially named among access decision-makers, Jeri Lacks-Whye—who participated in the conference call—said she and her relatives were "just glad to be part of the conversation...and contributing to moving science forward."

The ACD voted unanimously to accept the working group's recommendation to approve four applications for access to the HeLa data. Collins thanked the working group and the ACD for quick work in a tight deadline. He said he would consult with staff and make his decision shortly.

The teleconference ran about 2 hours; 14 ACD members joined the call. 🗨️

#### NIDA Information Reaches Africa, Saudi Arabia

NIDA's information is reaching individuals around the world. Most recently, a newly developed facility in Ghana, Africa—the Sub-Saharan Drug Abuse Research and Consultancy Center run by Dr. Yahya Affinnih—began displaying NIDA fact sheets and brochures. The center is open to the public and provides materials free of charge. It also serves as a resource for the addictive diseases unit of Korle-Bu Teaching Hospital in Ghana. Logosu Amegashie, head of the unit, sent the following email to NIDA:

"On three different visits, Prof. Affinnih tutored all of us on addiction research in Ghana...At the end of every visit and lecture we were allowed to have access [to] materials from NIDA [on] psychoactive drugs or substances. On our next visit...we are asking that Prof. Affinnih provide us with more materials from NIDA to help us in the areas of prevention, treatment, rehab and aftercare for the substance-dependent person."

Earlier this year, NIDA director Dr. Nora Volkow was in Riyadh, Saudi Arabia, giving the keynote address at the Second Regional Symposium on Drug Control and Information Sharing. The event was hosted by Saudi Arabia's ministry of interior affairs, with close to 500 participants from more than 26 countries attending. Volkow met with women clinicians and policymakers regarding substance use disorders and their treatment. "Getting to spend time with the women from Saudi Arabia was the highlight of my trip in Riyadh," she said. "I was impressed by their commitment, intelligence, respect, warmth and resilience."



*NIDA director Dr. Nora Volkow (rear, c) visits with clinicians in Saudi Arabia.*



## RELAY

CONTINUED FROM PAGE 1

### Above, from 1:

The members of Labs of Anarchy (a play on TV show Sons of Anarchy) are (from l) Stephen Kales, Geoffrey Guittard, Jason Yi (with wig), Kerstin Nordstrom and Rachel Lee. The team is one of two that represented 8 NCI labs from Bldg. 37's Laboratory of Cellular & Molecular Biology.

PHOTO : SHAUNA SCHWARTZ

Placing first was NIA Baltimore 'A Team,' whose members include (from l) Devin Wahl, Krisztina Marosi, coach Mark Mattson, Lisa Russell, Erez Eitan and Chris Coletta.

PHOTOS: BILL BRANSON (EXCEPT WHERE NOTED)

### Below:

The team Hit the Ground Running consisted of members of the NIH veteran recruitment and retention force. All vets themselves, they are (from l) Cathy Troutman, (Ret. Army), NHLBI; Kelley Henry, (former Army/current Army Reserve), NIAID; James Richards, (former Marine), NICHD; Carolyn Johnson, (former Air Force), OD; Jr Smith, (former Navy), OD.



this year's runners who were first-time participants. "It's a friendly competition," he said. "I'm just out to have some fun." He paused, then added, "and to beat my next door office neighbor!"

Some runners have been participating for years. Larry Chloupek, management liaison director for the Office of Intramural Research, raced with Gottesman's Gang, named in honor of his boss, NIH deputy director for intramural research Dr. Michael Gottesman. This is Chloupek's fifth relay, and he runs on one leg, using crutches, having lost his other leg to pediatric cancer.

"This is one of the biggest NIH-wide events," he said. "It's a great feeling. We need a break and it's nice to be able to have a wholesome athletic event."

"This is a wonderful event for NIH—healthful, fun and a real morale-builder," said Gottesman, who blew the whistle to start heat 2 of the race.

As in past years, team names did not disappoint. Some names honored lab chiefs, such as Wurtz Possible Runners. Other clever names included the CC's No Cell Left Behind, NCI's Labs of Anarchy, NCBI's DNA Crawlers and OD's D-FASstest.

It's tradition for the team with the fastest time to have its name engraved on the Allen Lewis NIH Memorial Trophy in Bldg. 31's Fitness Center. It was quite a race to the finish. Just four seconds separated the top two teams.

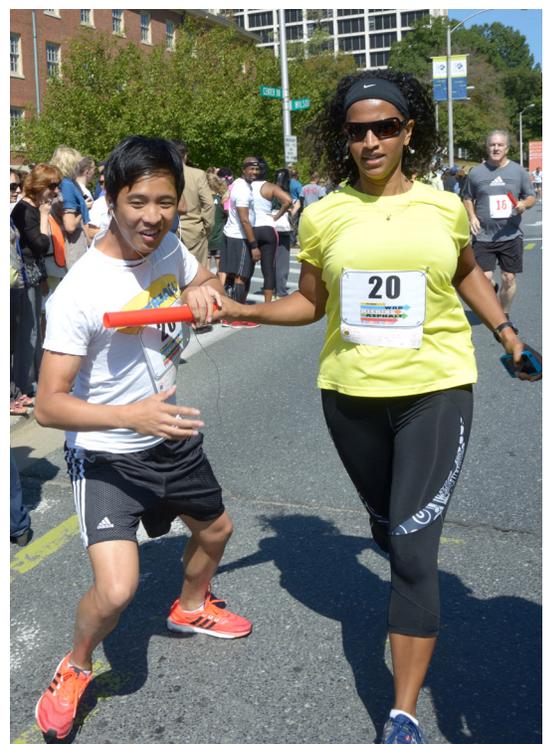
NIA's Baltimore 'A Team,' in their first time competing in the race, got bragging rights, finishing first in 13:56. Right behind them, NIMH's Brawny Brains clocked in at 14 minutes. NIAID's No Income and Happy slid into third place, with a time of 14:25.

"What a fantastic experience," said David Eck-

ley, who ran with the victorious A Team. His teammate and lab chief Mark Mattson said the team started training for the event back in April in Baltimore, where their intramural research program is located.

"It's a perfect day for this run and a great mixture of fun people and serious runners," said Eckley. "It was worth the trip. And it's nice to see all the smiles and people just here blowing off steam."

The relay offers a great way to get in some cardio work while promoting camaraderie among colleagues. Runners consider the event a great



Making a smooth baton transfer are Mike Mercado and Julie Broussard Berko of Team WRD Kicking Asphalt.



Finishing second in the relay were the Brawny Brains. They are (from l) Andrew Pilling, Jenica Tapocik, Adam Steel, Susie Kuo and Srikanth Damera.

PHOTO: ABBEY BORICH



Finishing third was No Income and Happy, which includes (from l) Changhui Li, Katie Franklin, Andrew Ishizuka, Whitney Thompson and Geoffrey Lynn.

physical and mental break from their usual busy work days.

“It’s a nice way to break up the work day and enjoy this gorgeous day,” said Michelle Holshue, a clinical nurse running with NIAID’s Clinic 8 HAART & Soles. “Plus we’re getting exercise and being healthy.”

The NIH Institute Relay was hosted by the R&W, original members of the NIH Health’s Angels Running Club and ORS.

### Top 10 Finishers

NIA Baltimore ‘A Team’	13:56
Brawny Brains	14:00
No Income and Happy	14:25
The Figgdom	14:49
NIA Baltimore ‘B Team’	14:50
Pushing Our Gluteus to the Maximus	14:56
Happy Impassable Victors	15:09
Not A Machine	15:42
Distortion Products	16:10
Catch Herpes If You Can	16:12

## Commissioned Corps Holds Promotion Ceremony

At the 11<sup>th</sup> annual promotion ceremony held recently, 19 Commissioned Corps members were honored for their achievement. NIH principal deputy director Dr. Lawrence Tabak and Acting Deputy Surgeon General Scott Giberson attended.

Tabak congratulated officers being promoted and extolled the Public Health Service Commissioned Corps mission to protect, promote and advance the health and safety of our nation.

Giberson expressed his gratitude both to family members and NIH leadership for their commitment and support of the PHS mission. He implored newly promoted officers to be proud of their role in protecting and advancing the nation’s health. He said the officers should continue to serve and lead by example with honor and humility.

There were many smiles, hugs and congratulatory pats on the back as the new rank was placed on each officer’s shoulders. The following officers were promoted in these categories:

**Medical**—promoted to Commander: Stephen Hewitt (NCI)

**Veterinary**—promoted to Commander: Evan Shukan (NINDS)

**Pharmacy**—promoted to Captain: David Diwa (NIAID)

**Nurse**—promoted to Captain: Chad Koratich (CC), Kelly Richards (NCI); promoted to Commander: Margaret Bevans (CC), Amy Chi (NHLBI), Leorey Saligan (NINR), Kimberly Scott (CC), Leslie Wehrlen (CC); promoted to Lieutenant Commander: Candice Cottle-Delisle (NCI), Ashleigh Hussey (NIAID); promoted to Lieutenant: Tyhis Coates (CC), Natasha Kormanik (NCI), Raven McGlotten (CC), Leslie Poudrier (CC)

**Health Services**—promoted to Commander: John Hubbard (NIDA); promoted to Lieutenant Commander: Cornelius Moore (NHLBI)

**Engineer**—promoted to Lieutenant Commander: Leo Gumapas (OD).

## Gea-Banaclache Named 2013 Distinguished Clinical Teacher

*Dr. Juan Gea-Banaclache (c) accepts congratulations after receiving the 2013 Distinguished Clinical Teacher Award, presented by the NIH fellows committee. The honor*

*was conferred prior to Grand Rounds on Sept. 11 in Masur Auditorium. At left is Clinical Center director Dr. John Gallin and at right is Dr. Abbas Ali, chair of the award committee. The award recognizes Gea-Banaclache’s contributions to mentoring health professionals, teaching and clinical research. He is chief of the NIH Infectious Disease Consultation Service. Currently, he studies the infectious complications of stem cell transplant.*



PHOTO: BILL BRANSON



## BARBERS

CONTINUED FROM PAGE 1

### Above:

Barbers Chuck (l) and Earl Sartor flank customer Jim DeLeo, who calls the CC barbershop “the most relaxing place in the CC.”

PHOTOS: BELLE WARING

already sick and racked in pain,” Earl explains, “you got hair falling out, and you scratch it; sometimes it bleeds and then you have more chance of getting an infection.”

For these vulnerable patients, the staff may recommend a haircut.

“Sometimes patients hold onto their hair, and by the time we cut it, the scalp can be mighty tender,” Earl continues. “With all that other stuff you’re going through, having a tender head is not very comfortable...Some patients are here for months. Or years. So we adapt.”

Ambulatory patients who are cleared to leave the nursing units can visit the shop. Otherwise, the Brothers Sartor “go upstairs” to the patients, including those on contact isolation and in critical care. Chuck even recalls a patient in a coma: “His mother wanted his hair cut.”

For patients in financial need, a social worker may provide a voucher that meets the cost. Barber services are also available to visitors and employees. The clientele includes women and children.

“Every military person has to have their hair cut,” Chuck says. “I was going upstairs with my clippers to see a patient, and this [Commissioned Corps] officer said, ‘Do you all cut hair here? Do you do ladies?’”

“If you’ve got hair,” Earl says, “we’ll cut it. If it’s just 5, 6 inches, and you just want us to frame your face, we can do that. But if it’s over 6 inches, you want a stylist.” (The NIH beauty shop, adjacent to the barbershop, is temporarily closed.)

Barbers (from the Latin *barba*, “beard”) are members of an ancient profession. From the Middle Ages into the 19th century, barbers were surgeons, bloodletters and dentists. That lineage survives in the helical barber’s pole of red (for surgery) and white (for barbering). In the U.S., a blue stripe was added, perhaps to match the colors of the national flag.

This symbolic apparatus once had a treatment function. During bloodletting, whether by lan-

cets or leeches, basins mounted on the pole’s base and summit were used “to collect blood,” says Earl, “and other materials.”

“Barbers used to pull teeth,” says his brother, “all for the health and welfare of the community.” Chuck, who’s been with NIH for 6 years, is a master from the old school. He not only cuts hair; he can shave with hot lather and a straight razor.

But there’s more to it than the snipping and shaving. Licensed barbers are also trained to examine the scalp.

“Absolutely,” says Earl. “That’s what the comb-through is for. When you first sit in the barber chair, he’s looking for imperfections, lumps that the comb might not ride through, moles. And so he might comb your hair several times before he even turns the clippers on, because he’s doing a little research.”

Do they come from a family of barbers?

“We come from a family of baldheaded guys,” he quips. “No, Chuck started in this first. And I thought it was a good extension of what I used to do: draw all the time.”

So there’s an art to barbering? “After a person gets a good haircut, they would say so, especially if they go to [a chain salon],” Earl says. “[Those places] are an assembly line, nothing personal about it. But this is not an exact science.” True, especially when people don’t know what kind of haircut they want. To make folks look their best, the barber must pay attention to facial features.

At best, this professional assessment has a nurturing quality, or, at least, empathy; and perhaps this is why many men confide in their barbers.

“You’d be surprised,” says Earl. “Money. Relationships. Nothing new under the sun.”

Chuck adds: “Sometimes a man will come in, get in the chair, and I’ll say, ‘Your wife told you to get a haircut, didn’t she?’ And he’ll bust out laughing.”

“When a patient is getting chemo,” Earl chimes in, “I tell him, don’t worry about your hair. Your only job is to feel better and once you feel better, hair is really not that important. No one is ever going to ask you for your hair.”

Jim DeLeo, chief of the CC scientific computing section, enters the shop and settles in. “This is the most relaxing place in the CC,” he says. “We discuss philosophy. I learn a lot about life here.”

Historically, barbershops have been where men gather to socialize and converse. Why not choose to work in the community, rather than NIH?

“For me,” says Earl, “it’s the clientele and the one-

on-one service to the patients...and you get to know people for an extended period of time.

“It’s run by the R&W, which provides recreational and patient services. If it was a barber shop on the street, you would have to convince the other barbers to do a charity. But it’s good for your heart to help somebody else. Nothing makes you feel better than a good haircut.”

Barber services are available by appointment at (301) 496-3019. 📞



*High schoolers learn about NIH science.*

## High Schoolers Learn About STEM Careers

Nine Magruder High School students recently completed a “Summer Career Exploration Experience” pilot program where they learned about NIH research, scientific tools and careers in science and medicine. The goal of the program was to expose underrepresented minority students from a local high school to biomedical research and inspire them to pursue careers in science.

The 4-week program included students shadowing post-baccalaureate mentors in various laboratories, interactive sessions with veterinary technicians, learning about the range of career options available to nurses and learning about rehabilitation medicine.

The Office of Human Resources’ Corporate Services Division and the scientific and medical recruitment forum developed the program to foster high school students’ interest in STEM disciplines. The pilot kicked off in January 2013 with students from Magruder meeting NIH scientists and post-baccalaureate science interns. The program is part of a larger effort to recruit and retain underrepresented minorities by encouraging students to pursue careers in science in alignment with NIH diversity task force recommendations.

For more information on bringing one of these students into your laboratory, contact Dr. Mario Cerritelli at (301) 496-9978 or Dr. Clement Asiedu at (301) 827-9148.

## Get the Latest on Dietary Supplements

*By Dana Steinberg*

Thousands of different dietary supplements line store shelves, from vitamins and minerals to herbal products, fish oils and probiotics. Looking for the latest information on supplements? NIH’s Office of Dietary Supplements (ODS) and the National Center for Complementary and Alternative Medicine have new or updated resources to help you navigate the supplement maze.

ODS and the National Library of Medicine recently teamed up and launched an online Dietary Supplement Label Database ([www.dslid.nlm.nih.gov](http://www.dslid.nlm.nih.gov)) where you can look up the ingredients on the labels of about 17,000 different dietary supplements. This free, searchable database gives researchers, consumers and health care providers useful product information from the label including dosage, health claims and cautions. NIH will continue to update the database with the goal of including most of the more than 55,000 dietary supplements sold in this country.

For information on the go, check out NIH’s free updated mobile app: My Dietary Supplements (MyDS). To access the app, which is not currently available in the app store, visit [myds.nih.gov](http://myds.nih.gov) and then save the app icon to your smartphone or tablet.

The app lets you keep track of the supplements you take. Search for specific products, manufacturers and ingredients. It’s a particularly handy tool for when you’re in a store or at the doctor’s office. Another great feature of the updated version is the ability to create multiple user profiles.

“My friends track their parents’ supplements usage to tell their doctors what they’re taking and also to help buy their supplements at the store,” says Carol Haggans, a registered dietitian and consultant to ODS.

For even more information, NIH provides dietary supplement fact sheets, with separate versions for researchers and consumers, at <http://ods.od.nih.gov/fact-sheets/list-all/>. ODS and NCCAM also publish results of new clinical research on supplements as it becomes available. “We’re interested in good science, regardless of the outcome,” says Craig Hopp, NCCAM program director. “We share results of whether the supplement works and we’ll let you know if it doesn’t.”

ODS and NCCAM advise anyone taking supplements, even vitamins, to tell their health care provider which ones they’re taking. Some have side effects or can interact with medicines or interfere with medical conditions. Says ODS director Dr. Paul Coates, “Speak to your health care providers about products of interest and decide together what might be best for you to take, if anything, for your overall health.”



## Annual Leave: Use or Donate It

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used or donated by the end of the current leave year—Saturday, Jan. 11, 2014. Your bi-weekly Leave and Earnings Statement tells you how much annual leave you must use or donate. You and your supervisor are jointly responsible for ensuring that any “use or donate” (formerly “use or lose”) leave is officially scheduled in ITAS not later than Saturday, Nov. 30. If you or your supervisor have questions about “use or donate” leave, contact your administrative officer.

### H7N9 Avian Flu Vaccine Candidate Begins Testing Nationwide

Researchers at nine sites nationwide have begun testing in humans an investigational H7N9 avian influenza vaccine. The two concurrent phase II clinical trials, sponsored by the National Institute of Allergy and Infectious Diseases, are designed to gather critical information about the safety of the candidate vaccine and the immune system responses it induces when administered at different dosages and with or without adjuvants, substances designed to boost the body's immune response to vaccination.

Human cases of H7N9 influenza first emerged in China in February 2013, with the majority of reported infections occurring in the spring. As of Aug. 12, 135 confirmed human cases, including 44 deaths, have been reported by the World Health Organization. Most of these cases involved people who came into contact with infected poultry. Although no H7N9 influenza cases have been reported outside of China and the virus has not demonstrated sustained person-to-person transmission, there is concern that it could mutate to pose a much greater public health threat.

"H7N9 avian influenza virus—like all novel influenza virus strains to which people have not been exposed—has the potential to cause widespread sickness and mortality," said NIAID director Dr. Anthony Fauci. "We are now testing a vaccine candidate with and without adjuvant in an effort to prepare for and, hopefully, protect against this possibility."

The two clinical trials, which will enroll healthy adults ages 19 to 64, will evaluate an investigational H7N9 vaccine developed by Sanofi Pasteur.

### Versatile Proteins Could Be New Target for Alzheimer's Drugs

A class of proteins that controls visual system development in the young brain also appears to affect vulnerability to Alzheimer's disease in the aging brain. The proteins, which are found in humans and mice, join a limited roster of molecules that scientists are studying in hopes of finding an effective drug to slow the disease process.

"People are just beginning to look at what these

proteins do in the brain," said lead investigator Dr. Carla Shatz of Stanford University. "While more research is needed, these proteins may be a brand new target for Alzheimer's drugs."

She and her colleagues report that LirB2 (pronounced "leer-bee-2") in humans and PirB ("peer-bee") in mice can physically partner with beta-amyloid, a protein fragment that accumulates in the brain during Alzheimer's disease. This in turn triggers a harmful chain reaction in brain cells. In a mouse model of Alzheimer's, depleting PirB in the brain prevented the chain reaction and reduced memory loss.

The research, funded in part by the National Eye Institute, the National Institute on Aging and the National Institute of Neurological Disorders and Stroke, was reported in the Sept. 20 *Science*.

### Brain May Be Hard-Wired for Chronic Pain

The structure of the brain may predict whether a person will suffer chronic low back pain, according to researchers who used brain scans. The results, published in the journal *Pain*, support the growing idea that the brain plays a critical role in chronic pain, a concept that may lead to changes in the way doctors treat patients. NINDS supported the research.

"We may have found an anatomical marker for chronic pain in the brain," said a senior author of the study, Dr. Vania Apkarian of Northwestern University's Feinberg School of Medicine.

Scientists have thought the cause of low back pain could be found at the site of injury. However, recent studies suggest that the brain may be more involved with chronic pain.

Apkarian and his colleagues scanned the brains of 46 people who had low back pain for about 3 months before coming to the hospital but who had not had any pain for at least a year before.

The researchers scanned the subjects' brains and evaluated their pain with doctor's examinations and questionnaires 4 times over a period of 1 year. About half of the subjects recovered at some time during the year; the other half had pain throughout, which the researchers categorized as persistent.

Previously, the Apkarian laboratory showed that the volume of grey matter in the brains of the same subjects who had persistent pain decreased over the same year. Grey matter describes the area of the brain where the central bodies and branched antennae, or dendrites, of nerve cells reside. They also showed that brain activity could be used to predict whether a subject recovered or experienced persistent pain.



*Researchers at nine sites nationwide have begun testing in humans an investigational H7N9 avian influenza vaccine.*



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

**Feedback:** Is anyone monitoring the flow of vehicle, bicycle and pedestrian traffic at the newly designed employee entrance at North Dr.? Since the entrance re-opened, I have had several close calls with employee vehicles switching lanes without looking after turning into the entrance from 355, pedestrians entering from the bus stop on 355 without stopping and looking and bicycles just passing through to the right of the driveway without stopping. The security booth blocks the view from the left and the bicycle path crosses the driveway while making the turn into campus to the right. Something bad is going to happen!

**Response from the Office of Research Services:** After your inquiry, the NIH Police launched additional monitoring of this entrance. Based on their findings, they were able to see, firsthand, many of the problems you have identified along with some new concerns and recommend the following resolutions.

There are no lane markers on the entire driveway leading up to the location of the card readers. Without these markers, drivers could potentially, arbitrarily and unsafely, switch lanes. As a solution, NIH will ask contractors to paint a lane divider down the center of the roadway.

Pedestrians are leaving the bus stop and entering the vehicle lanes without looking where they are going. Although there is a crosswalk at this location, it is not painted with large white lines and hashes as would be customary for the rest of the campus. As a solution, NIH will ask contractors to properly paint the crosswalk to encourage safer behavior for both pedestrians and drivers.

Finally, bicycles are indeed passing by North Dr. without stopping. According to Maryland Vehicle Law 21 1209 d, bicyclists have the right-of-way when they are in designated bike lanes. Although there is a designated bike path crossing North Dr. represented by brick pavers, there is nothing else in place that would alert drivers to the fact that this is a bike lane and a driver would need to yield at this location. As a solution, NIH will support installation of additional signage specifically instructing motorists to yield to bicyclists.

**Feedback:** On a Monday at 5 p.m., I left my car

on the main campus and rode with my husband and friend to attend an event downtown. We returned to campus after 11 p.m. to retrieve my car. Unfortunately for us, I didn't think to direct them through the Metro entrance. Instead, we drove through the Commercial Vehicle Inspection Facility entrance normally reserved for visitors. I told the attendant I was there to pick up my car and told him where it was parked. He scanned my badge and told me to wait in the car. He then told my husband and friend to exit the car while it was searched. The attendant then told them to empty their pockets, produce ID and wait 20 minutes to have visitor passes (with photos) issued to them. Why do we waste the taxpayer's money issuing visitor passes to people who are not visiting the campus? Why do we insist on this process when they can enter on foot via the Metro or by car at the Kiss 'n Ride lot? By scanning my badge, doesn't NIH create a record of me entering the campus after hours? Doesn't that scan link to the NED or an ORS system to reveal my work location and whether I have access to the main campus buildings in order to pose a threat? As it turns out, I work off-campus in an administrative job and was on campus that day for a late meeting. Could the guards be educated/trained to perform an initial risk assessment and waive the requirement to issue a visitor pass to people who accompany an employee? If it wasn't dark at that hour, I could have walked to my car and driven off campus in the same amount of time it took to create visitor passes. If NIH does not wish to allow employees to drive 5 minutes to retrieve a car parked legitimately, perhaps it could keep a golf cart or ATV at the station in order to permit an attendant to drive employees to their destination. On the plus side, the attendants were very nice and respectful and we were polite and cooperative (albeit frustrated).

**Response from ORS:** In reading this inquiry, it appears that the employee wanted to bring some visitors on to campus via the Commercial Vehicle Inspection Facility. Although this feedback inquiry has what appears to be conflicting information in it, the basic premise still remains that all visitors are required to go through a minimum level of security screening before gaining admittance to the NIH main campus, regardless of whether they are being accompanied by an NIH employee or entering campus alone and irrespective of the amount of time the visitors anticipate being on campus. This remains the case whether they are entering campus in a vehicle or as a pedestrian.

If employees know they will have visitors accompanying them to NIH, with at least 24 hours advance notice they can apply for an Advance Accompanied Visitor Pass ([www.security.nih.gov/staff/Pages/AAVP.aspx](http://www.security.nih.gov/staff/Pages/AAVP.aspx)). This process allows NIH to conduct background screening in advance of the visit, saving time and allowing visitors accompanying an employee to enter through any open employee or visitor entrance.

This inquiry also provides a suggestion that NIH provide a golf cart or ATV at the inspection station so a guard could drive an employee to his/her destination on campus. NIH does not view this as a wise use of resources. NIH operates shuttles during normal business hours to facilitate the movement of employees and patients on and off campus.

**Feedback:** At the vehicular entrance to campus at Old Georgetown Rd. and Lincoln Dr., there is a plastic speed bump right before the badge reader. No other entrances have a speed bump right before the badge reader. As I have a stick-shift car, it is inconvenient to slow down for the speed bump, then speed up to get to the badge reader, all while getting out my badge for the badge reader. This speed bump should be removed.

**Response from ORS:** While the speed bumps may be inconvenient, they add a needed safety measure. They were installed at the Lincoln Dr./Old Georgetown Rd. and North Dr./Rockville Pike entrances and will remain due to greater concerns for police officer and security guard safety and protection of resources at those locations.



*The Tree of Hippocrates, a campus landmark since its planting in 1961, was felled Sept. 14.*

PHOTO: RICHARD WYATT

## 'Tree of Hippocrates' Felled, Replacement Due Soon

After testifying since 1961 to NIH's endorsement of the Hippocratic Oath, the Tree of Hippocrates—a gift of the Embassy of Greece—and its stump were removed on Saturday, Sept. 14. The tree had been in failing health since 1990, and did not re-leaf this past spring, said Lynn Mueller, NIH landscape architect.

"The trunk was mostly hollow and rotten," he said. "Four new cloned replacement trees are expected to arrive in late October or early November. The National Library of Medicine [near which the original tree was planted] is planning a rededication for the new tree but has not set a date yet. The NLM tree will be planted in the same place as the original tree. Another will be planted in front of the Clinical Research Center and the other two will go into one of our reforestation areas as back-up should any of the first two fail."

Identical brass plaques will be placed at the NLM and CRC trees following their plantings, Mueller added.

On hand at the felling was Dr. Richard Wyatt, deputy director of the Office of Intramural Research. He took photos of the removal. "NLM is storing large pieces of the remaining tree for future use," he said. "The replanting will be a milestone event."

The cloned replacements will arrive from a northern Michigan nursery and currently stand about 6 feet tall.

According to legend, ancient Greek physician Hippocrates taught students under the original sycamore, cuttings from which provided the NIH tree. The replacements were cloned at the Archangel Ancient Tree nursery in Copemish, Mich.



*The 2013 SGI class meets NINR director Dr. Patricia Grady (front, second from l).*

## NINR Genetics Institute Class Graduates

NINR director Dr. Patricia Grady recently welcomed 25 graduate students, faculty and clinicians to the institute's Summer Genetics Institute (SGI). A month-long, interdisciplinary training program, SGI provides participants with a foundation in the latest theoretical models, clinical applications and leading-edge technologies for genetic- and genomic-based research. The goal, Grady said to trainees, "is to effectively and efficiently enhance your skills in molecular genetics for use in research, teaching and clinical practice."

Trainees arrived with a basic grasp of genetics via a primer NINR provides. They hit the ground running, splitting their time between hands-on lab sessions and classroom lectures from national experts conducting linkage and association studies, gene-environment investigations and epigenetics and expression research. The curriculum also includes sessions exploring scientific and ethical questions about genetics, genomics and health and how genomic data is translated into practice and policy.

To balance the intensity of the training, NINR builds in opportunities to explore the campus. For instance, the class of 2013 enjoyed a tour of the Clinical Center and the chance to hear a Wednesday Afternoon Lecture Series talk. Some trainees also found time to tour the National Library of Medicine and attend other trans-NIH events.

Trainees praised SGI, often citing it as career-changing.

"Based on what I learned at the SGI, I would like to explore inflammatory pathways of gene expression and how they relate to risk for stroke," one participant noted. "The information I learned at SGI is crucial to my future studies of the relationship of genetic and inflammatory markers on the development of radiation dermatitis of the breast in women of color," said another. "The opportunity to network with NIH researchers and my SGI classmates was invaluable to my career."

In concluding remarks, Grady noted the class of 2013 will join "more than 250 SGI alumni already playing a role in advancing genetics and genomics research—disseminating findings, integrating new knowledge into nursing school and other curricula and helping shape the policies and clinical practices of the emerging field of personalized, or precision, health care. Your hard work here will not only enhance your expertise, but also strengthen and deepen the contributions nursing science can make to these efforts."

The application period for SGI 2014 will open in mid-November 2013. To learn more, visit [www.ninr.nih.gov/Training/SGI](http://www.ninr.nih.gov/Training/SGI).—**Andria M. Cimino**