



ABOVE • CFC Halloween party helps launch this year's charity effort. See pp. 8-9.

nih record

Nobel Laureate Schekman Offers NIH His First Post-Prize Talk

At his first official talk after being named one of three winners of the 2013 Nobel Prize in physiology or medicine, Dr. Randy Schekman not only explained his award-winning work to a packed Masur Auditorium on Nov. 4, but also gave the talk he had originally intended to present, before learning of his prize—a detailed investigation of the autophagy pathway, which offers keys to understanding mammalian cellular responses to stress and pathogen infection.

Schekman, professor of cell biology and developmental biology at the University of California, Berkeley, also used his newfound prominence to urge the scientific community to reconsider “where and how we choose to publish our most important work.” The pressure for scientists around



Dr. Randy Schekman speaks at Masur Auditorium.

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Dr. George Koob will join NIAAA in January.

Koob Selected as NIAAA Director

Dr. George F. Koob, an eminent addiction neuroscientist at the Scripps Research Institute, will be the next director of the National Institute on Alcohol Abuse and Alcoholism. NIH director Dr. Francis Collins announced Koob's

selection on Oct. 31. Koob is expected to join NIH in January.

Koob is currently chairman, committee on the neurobiology of addictive disorders, and director, Alcohol Research Center, at Scripps' campus in La Jolla, Calif. He earned his Ph.D. in behavioral physiology at Johns Hopkins University.

SEE KOOB, PAGE 4

For These Are Jolly Good Fellows NIH Soccer Club Enters the Off-Season

By Belle Waring

In the southwest corner of campus, soccer animates the autumn air.

The noon pickup game in the field ringed by sycamores has flourished for some 14 years. And for those who can't get away at lunch, Karl Erlandson, a PRAT fellow with NIGMS, has organized a cadre of evening players.

“It's a good group, no fighting, never. We start fresh every time,” he says.

Two evenings a week, from February until November, up to 25 guys play soccer—known as football outside the U.S.—for 2 to 3 hours, or until sundown.

Summers, they start around 6 p.m., “but now, Nov. 1, we start around 4:30. Today is our last game. So it's time to start running!”

With the help of Shobi Veleri, an NEI research fellow, Erlandson has marshaled a group that's intensely athletic, but cool about it.

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briefs



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NIH...Turning Discovery Into Health



Gates To Give Barmes Lecture, Dec. 2

Bill Gates, co-chair and trustee of the Bill & Melinda Gates Foundation, will deliver the annual David E. Barmes Global Health Lecture, "Why the Future Needs Biomedical Innovation," on Monday, Dec. 2 at 11 a.m. in Masur Auditorium, Bldg. 10. The lecture had originally been scheduled for Oct. 7, but was postponed due to the shutdown of the federal government. Known for his philanthropy, Gates advocates for research and innovation to help people live healthy and productive lives. He is also an outspoken supporter of federal investment in basic scientific research.

Management Lecture Series Continues in December, Now in 8th Year

The Deputy Director for Management Seminar Series, which received outstanding reviews last year from the NIH community, is set to offer another round of leadership and management presentations beginning in December.

The eighth annual series will host speakers known for delivering meaningful insights into workplace concepts, challenges and solutions. The seminars will provide NIH employees the opportunity to advance their knowledge of best practices in a variety of leadership and management issues.

The first seminar will feature Eric Greitens, "Inspiring Leadership in Challenging Times" on Dec. 12 from 11 a.m. to 12:30 p.m. in Masur Auditorium, Bldg. 10.

The series continues in the new year with three more seminars, featuring Shankar Vedantam, "The Hidden Brain" on Feb. 13; Peg Neuhauser, "Breaking Down Silos" on Apr. 17; and Jamie Nast, "Idea Mapping" on June 12. These presentations will focus on leadership development, managing during challenging times, strategies for problem solving and managing organizational change.

Presentations will be available via NIH Videocasting at <http://videocast.nih.gov/> for those who cannot attend or when Masur Auditorium reaches capacity.

Sign language interpreters will be provided. Individuals who need reasonable accommodation to attend should call (301) 496-6211 or the Federal Relay Service at 1-800-877-8339.

For details about the series and to view previous videocasts, visit www.ddmseries.od.nih.gov/.

OHR To Host Virtual Q&A on Leave Policies, Programs, Dec. 5

The Office of Human Resources encourages all NIH federal civilian employees to join it on www.yammer.com on Thursday, Dec. 5 to discuss leave policies and programs. Four 1-hour sessions will provide employees with an opportunity to ask experts questions about:

- Leave Sharing Programs (noon - 1 p.m.)
- Workers' Compensation (1 - 2 p.m.)
- The Family and Medical Leave Act (2 - 3 p.m.)
- General Questions on Leave Types and Use (3 - 4 p.m.)

Participants may post their questions prior to and during the event and experts will be responding during the sessions. The Q&A will continue to be available after the Yam Jam is complete.

To participate in the Leave Yam Jam:

- Go to <https://www.yammer.com/login> and enter your email address and password. If you are new to Yammer, ensure that you use the @nih.gov domain to sign up.
- Type "NIH Human Resources Leave Q&A Group" in the search box. A drop down will appear—click on the hyperlinked text "NIH Human Resources Leave Q&A Group."
- Select the blue "+ Join" box, located on the top right corner of the screen.
- The threads will appear under the conversations tab. To participate, scroll to the appropriate thread, select "reply" and type your question or scenario. Responses will be made in the form of a reply.

If you have any technical issues and/or require assistance in order to fully participate in the Yam Jam, contact Sandra Scarbrough at (301) 435-3654.

Parasitic Disease Specialist To Give Neva Lecture, Dec. 4

Dr. Gary J. Weil will deliver the 2013 NIAID Franklin A. Neva Memorial Lecture. His talk, "The Emergence of Paragonimiasis in Missouri: Clinical Features and Laboratory Aspect," will be held on Wednesday, Dec. 4, at 10 a.m. in Lipsett Amphitheater, Bldg. 10.



Weil is a professor of medicine and of molecular microbiology in the division of infectious diseases at Washington University School of Medicine in St. Louis. His laboratory conducts research on parasitic worms that cause diseases such as lymphatic filariasis and onchocerciasis, also known as river blindness. His work focuses on basic parasite biology, therapeutics development and the advancement and field application of improved diagnostic tests.

In his lecture, he will describe the largest series of U.S. cases of paragonimiasis, a lung infection caused by the parasitic flatworm *Paragonimus kellicotti*. People acquire this infection by eating raw or undercooked freshwater crayfish. In 2009, Weil and colleagues published details of three paragonimiasis cases diagnosed since 2006 in people who had eaten raw crayfish from rivers in Missouri. From 2009 to 2010, another six cases were diagnosed in the state. All nine patients had eaten crayfish while on canoeing or camping trips.

Weil earned his M.D. from Harvard Medical School in 1975. He completed a residency in internal medicine at Yale-New Haven Hospital and then spent 3 years training in NIAID's Laboratory of Parasitic Diseases, followed by a fellowship in infectious diseases at Washington University and Barnes-Jewish Hospital in St. Louis. He has received several NIH grants and is currently principal investigator on the Death to Onchocerciasis and Lymphatic Filariasis project, which is funded by the Bill & Melinda Gates Foundation.

This lecture series honors Neva, a noted virologist, parasitologist, clinician and former chief of the Laboratory of Parasitic Diseases. He helped grow parasitology research at NIH from a small area of focus to a large program now spread among four different NIAID research groups and involving hundreds of scientific staff at laboratories in Bethesda and abroad. He died in 2011.

NIH Receives Six HHS Awards

Six NIH individuals/teams were recognized for their outstanding accomplishments at a ceremony at HHS headquarters in Washington, D.C., on Oct. 31. Awards recognized 35 groups or individual employees in five categories for their achievements in 2012.

The Secretary's Award for Meritorious Service went to Diane J. Frasier, director, Office of Acquisition Management and Policy and head of the contracting activity at NIH; and Dr. Wilson Compton, director of the Division of Epidemiology, Services and Prevention Research, NIDA.

Winning the Secretary's Award for Distinguished Service was NIH's pneumonic plague treatment team, which includes NIAID's Dr. Shaohua "Sue" Yuan, Dr. Robert Johnson, Dr. Michael Kurilla, Dr. Judith Hewitt, Dr. Lynda Lanning and Dr. Blaire Osborn. Also on the team were FDA's Simone Shurland, Dr. Elizabeth O'Shaughnessy, Rebecca McKinnon and Dr. Jane Dean.

Three of the five HHS Career Achievement Awards went to NIH staff. The winners were: Karen Donato, acting director, Division for the Application of Research Discoveries, NHLBI, and coordinator, We Can national education program; Dr. Paul Eggers, director, Kidney and Urology Epidemiology Program, NIDDK; and Dr. Yvonne Maddox, NICHD deputy director and champion of issues related to women and children.

Awardees include (top) Diane J. Frasier (l) and Dr. Wilson Compton, (below, from l) Karen Donato, Dr. Paul Eggers and Dr. Yvonne Maddox.



HHS Secretary Kathleen Sebelius (sixth from l) presents award to the NIH pneumonic plague treatment team, which includes (from l) Simone Shurland, Dr. Shaohua "Sue" Yuan, Dr. Elizabeth O'Shaughnessy, Dr. Robert Johnson, Dr. Michael Kurilla, Dr. Jane Dean, Dr. Judith Hewitt, Dr. Lynda Lanning and Dr. Blaire Osborn. Not shown is Rebecca McKinnon.

PHOTOS: CHRIS SMITH/HHS

KOOB

CONTINUED FROM PAGE 1

“With his distinguished reputation and vision, I am confident that George will encourage innovative ideas in the basic neurobiology of addiction and will be dedicated to bridging the gap between our understanding of alcohol abuse, alcoholism and addiction and developing new, targeted treatments,” said Collins.

Koob’s early research interests were directed at the neurobiology of emotion, with a focus on the theoretical constructs of reward and stress. His contributions have led to the understanding of the anatomical connections of emotional systems and the neurochemistry of emotional function. Koob also is one of the world’s authorities on alcohol and drug addiction. He has contributed to the understanding of the neurocircuitry associated with the acute reinforcing effects of drugs of abuse and more recently on the neuroadaptations of these reward circuits associated with the transition to dependence.

As NIAAA director, Koob will oversee a \$458 million budget, which primarily funds alcohol-related research in a wide range of scientific areas including genetics, neuroscience, epidemiology, organ damage, prevention and treatment. The institute also coordinates and collaborates with other research institutes and federal programs on alcohol-related issues and national, state and local institutions, organizations, agencies and programs engaged in alcohol-related work.

“I look forward to applying evidence-based science to the challenges unique to alcohol including understanding, preventing and treating binge drinking, alcoholism, fetal alcohol syndrome, alcoholic liver disease and the contribution of alcoholism to myriad other medical/psychiatric disorders,” said Koob. “I also look forward to promoting the science of addiction and applying it to our understanding of alcohol use disorders and co-abuse of other drugs such as tobacco.”

“We look forward to having Dr. Koob, a renowned leader in alcohol and addiction science, take the helm at NIAAA,” adds Dr. Kenneth Warren, who has served as NIAAA’s acting director since 2008.

In his announcement, Collins noted Warren’s “exemplary and dedicated service” as NIAAA acting director. “Ken ably led the NIAAA for 5 years, and those years have been full of uncertainty and change,” Collins said. ●



NIAAA acting director Dr. Kenneth Warren was praised for his “exemplary and dedicated service” by NIH director Dr. Francis Collins. “Ken ably led the NIAAA for 5 years, and those years have been full of uncertainty and change,” Collins said.



NIDA Event Challenges Myths About Drug Abuse

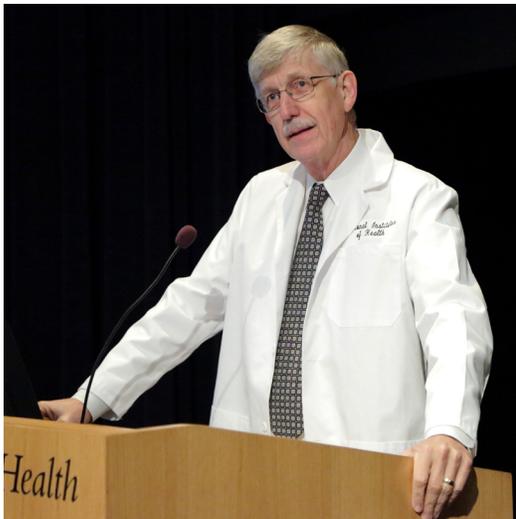
The National Institute on Drug Abuse intramural research program hosted an event with the Mentor Foundation USA on Oct. 30 in an effort to “Shatter the Myths” about drug abuse. Nearly 200 high school students attended the event at Johns Hopkins Bayview Medical Center in Baltimore. The goal was to give teenagers a forum to learn about the dangers of drug abuse, ask questions and get scientific answers while listening to speakers share their stories about substance abuse. On hand were NIDA scientific director Dr. Antonello Bonci (r) and Stephanie Rawlings-Blake (l), mayor of Baltimore. “Shatter the Myths” is the theme of NIDA’s annual National Drug Facts Week, to be held Jan. 27-Feb. 2, 2014. For more information, see <http://drugfacts-week.drugabuse.gov/>.



Liang Discusses Liver Disease Research

Dr. T. Jake Liang, chief of the Liver Diseases Branch, NIDDK, recently discussed medical advances in liver research at the 1st International Rally for Liver Disease Awareness in Washington, D.C. The rally, held in advance of the American Association for the Study of Liver Diseases’ Liver Meeting 2013, sought to increase public attention to the growing worldwide burden of liver disease.

PHOTO: KRYSTEN CARRERA



NIH director Dr. Francis Collins addresses attendees at first annual NIH Clinical Fellows Day.

Collins Advises NIH Fellows to Persevere When Going Gets Rough

By Eric Bock

Stick with it. That's the principal advice NIH director Dr. Francis Collins gave attendees at the first annual NIH Clinical Fellows Day held Oct. 25. He shared lessons he learned during his clinical fellowship with 130 clinical fellows in Lipsett Amphitheater.

In 1981, Collins, trained as an internist, and with a Ph.D. in physical chemistry, became a clinical fellow in human genetics at Yale School of Medicine. He initially studied a new cloning vector that was supposed to allow purification of large segments of human DNA. At first, the fellowship did not go as planned. "The project was a disaster. After 6 months, I had to abandon the entire idea, and I had nothing to show for it," Collins said. But he stuck with research—and 3 years later, he published his first paper in human molecular genetics.

"I tried to learn from my mistakes. I had to ask myself how did this happen? What should I have thought about earlier?" Collins remembered. "Happily, the next project went a lot better." He advised fellows to be on the lookout for rare cases with no treatments. Often rare diseases shed fundamental light on human biology. During his fellowship, Collins met Meg Casey, a young woman who carried the diagnosis of Hutchinson-Gilford progeria syndrome, an exceedingly rare progressive disorder that causes children to age rapidly. Progeria affects roughly 250 children worldwide.

"I felt very much like I wanted to do everything possible to help her, but there was very little anyone could do and very little known about



The day included a town hall meeting featuring panelists (from l) Dr. Frederick Ognibene, director of the Office of Clinical Research Training and Medical Education; Dr. Robert Lembo, deputy director of that office; Dr. David Henderson, Clinical Center deputy director for clinical care and associate director for quality assurance and hospital epidemiology; and CC director Dr. John Gallin.

PHOTOS: ERNIE BRANSON

this disease," said Collins. Casey passed away before the cause or any hope of a treatment could be discovered.

Years later, in 2001, Scott Berns, a White House fellow, introduced himself to Collins at a reception. Berns told Collins that his son had progeria. Berns and his family visited Collins at NIH. Collins believed that advances in technology could make it possible to find the progeria gene. Two years later, Collins's research team found the gene. And just 4 years after that, a clinical trial was initiated—with results published last year that show benefit from the treatment.

"As physician-clinicians, you have a chance to combine clinical experience with laboratory science. That can be a great joy," he said.

Collins ended his talk by noting the importance of collaboration. "Science doesn't work as a lonely enterprise," he said. "Make friends, seek out mentors, look for the chance to team up with others."

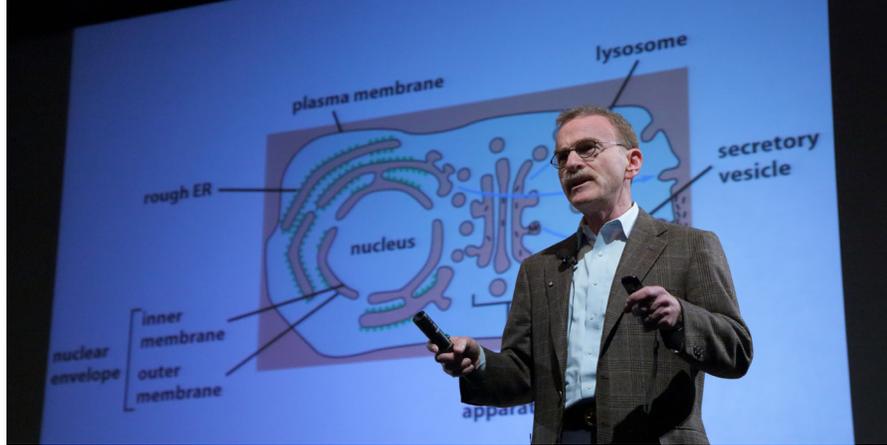
The day-long event also included career tips from successful NIH investigators, a fellows town hall meeting, a review of resources available to clinical fellows and a recounting of the origins of NIH's response to the AIDS epidemic. 📍

NIDDK Scientist Emeritus Bennett Honored

NIDDK scientist emeritus Dr. Peter H. Bennett (r) received the first Harold Hamm International Prize for Biomedical Research in Diabetes from the Harold Hamm Diabetes Center at the University of Oklahoma on Oct. 28 in recognition of his groundbreaking diabetes research over the past five decades. Shown with Bennett are David L. Bore (l), president, University of Oklahoma; and Harold Hamm, chairman and CEO of Continental Resources, Inc., lead benefactor of the diabetes center.



PHOTO: HAMM DIABETES CENTER



SCHEKMAN

CONTINUED FROM PAGE 1

Above: Schekman thanked NIH for supporting him “through thick and thin” since 1976, and expressed gratitude that the recent shutdown of the federal government did not derail his NIH talk.

PHOTOS: ERNIE BRANSON

the world to publish in just three so-called “high-impact” journals—*Cell*, *Nature* and *Science*—is not only corrupting the nature of scientific inquiry, he argued, but also is a technological leap backward toward an era when magazines, rather than the Internet, ruled academic publishing.

“Why rely on the print model, with its limited amount of space, in the 21st century, when most scientists read journals online?” he asked.

Pressure to publish in just a few journals, which offer a dubious quality known as “impact factor,” is harming the scientific enterprise by diverting scientists from the goal of producing quality science to the goal of placing a paper in a top-three journal, where only around 5 percent of submissions are accepted. At that rate, success is “just a lottery,” he said.

Schekman produced a memo published in April by the Chinese Academy of Sciences showing that cash payoffs are being offered simply for getting into prominent journals. A paper in *Science* is worth about \$33,000, which goes into a scientist’s pocket, not his or her lab, he said.

“Some scientists in China are making more than half their salaries” in payoffs for papers, he said, labeling this practice “bribery...It is an offensive and alarming trend that reinforces bad behavior.” Schekman was also humorously indignant that payoffs for papers in a journal he used to edit—*Proceedings of the National Academy of Sciences*—earn only \$5,000.

He urged the audience to sign the San Francisco Declaration on Research Assessment (DORA, <http://am.ascb.org/dora/>), which aims to improve the ways in which the outputs of scientific research are evaluated. DORA has already garnered some 9,000 signatures, he said. He also urged scientists to submit papers to online journals such as *e-Life*, where articles are not restricted by length, incur no page charges, are accessible to all rather than to a paying subscribership and are edited by active investigators.

“Don’t only focus on traditional journals,” Schek-

man counseled. “Their limitations are artificial by the standards of the 21st century.”

Schekman thanked NIH for supporting him “through thick and thin” since 1976, and expressed gratitude that the recent shutdown of the federal government did not derail his NIH talk. Noting that his Nobel prize was awarded during the shutdown, he quipped, “It’s a good thing the Swedish government didn’t shut down at the same time.”

Schekman’s lecture, hosted by the NIH Cell Biology and Metabolism Program, can be viewed at <http://videocast.nih.gov/summary.asp?Live=13289>.—Rich McManus

Introducing the NIH Voluntary Leave Bank

The Office of Human Resources announces open enrollment for the NIH Voluntary Leave Bank Program for all NIH federal civilian employees. Open enrollment for the 2014 membership period runs Nov. 18 – Dec. 17. The membership period will begin on Jan. 12, 2014. The Leave Bank is a pooled bank of donated annual and restored leave, available to members experiencing medical emergencies. It offers income protection to members who have exhausted all of their leave and are affected by a personal or family medical emergency or condition.

The Leave Bank is distinguished from the NIH Voluntary Leave Transfer Program (VLTP) in that instead of donating directly to an employee, the Leave Bank collects leave donations in a bank and distributes the leave to bank members once they are approved to be leave recipients.

To become a member for the 2014 membership period, an employee must agree to contribute one pay period’s worth of annual leave accrual during the open enrollment period. Employees can both join the Leave Bank and donate leave by logging into the Integrated Time and Attendance System (ITAS). Once enrolled, members will automatically be re-enrolled the following year, unless they take action during an open enrollment period to opt out.

In addition to the required contribution amount for membership, employees may also contribute excess annual leave at the end of the year to the Leave Bank or to a VLTP participant. Donations are also submitted in ITAS.

More information about this new benefit can be found at <http://hr.od.nih.gov/benefits/leave/vlbp>.

Questions may be directed to the NIH Leave Bank office at (301) 443-8393 or LeaveBank@od.nih.gov.

digest

Gabapentin May Treat Alcohol Dependence

The generic anticonvulsant medication gabapentin shows promise as an effective treatment for alcohol dependence, based on the results of a 150-patient clinical trial of the medication. Conducted by scientists supported by the National Institute on Alcohol Abuse and Alcoholism, the study found that alcohol-dependent patients using gabapentin were more likely to stop drinking or refrain from heavy drinking than those taking placebo. Gabapentin is already widely prescribed to treat pain conditions and epilepsy.

A report of the study, led by Dr. Barbara J. Mason of the Scripps Research Institute in La Jolla, Calif., appeared in the Nov. 4 *JAMA Internal Medicine*.

Earliest Marker for Autism Found in Young Infants

Eye contact during early infancy may be a key to early identification of autism, according to a study funded by the National Institute of Mental Health. Published Nov. 6 in the journal *Nature*, the study reveals the earliest sign of developing autism ever observed—a steady decline in attention to others' eyes within the first 2 to 6 months of life.

“Autism isn't usually diagnosed until after age 2, when delays in a child's social behavior and language skills become apparent,” said NIMH director Dr. Thomas Insel. “This study shows that children exhibit clear signs of autism at a much younger age. The sooner we are able to identify early markers for autism, the more effective our treatment interventions can be.”

Typically, developing children begin to focus on human faces within the first few hours of life and they learn to pick up social cues by paying special attention to other people's eyes. Children with autism, however, do not exhibit this sort of interest in eye-looking. In fact, a lack of eye contact is one of the diagnostic features of the disorder.

Study Shows Significant Weight Loss 3 Years After Bariatric Surgery

NIH-funded researchers found that adults had significant weight loss 3 years after bariatric surgery, with the majority losing the most

weight during the first year. A separate study in teens found few incidences of complications in the first 30 days after bariatric surgery. The studies are part of the Longitudinal Assessment of Bariatric Surgery (LABS) and Teen-LABS, both funded by the National Institute of Diabetes and Digestive and Kidney Diseases. Results appeared online Nov. 4 in the *Journal of the American Medical Association* and *JAMA Pediatrics*, respectively.



NIH-funded researchers found that adults had significant weight loss 3 years after bariatric surgery, with the majority losing the most weight during the first year.

More than one-third of U.S. adults are obese, defined as having a body mass index or BMI of 30 or higher, and almost 17 percent of youth are also obese. Severe obesity is a BMI of 35 or more in adults and teens. BMI measures weight in relation to height.

LABS found that adults who had either Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding had significant weight loss 3 years after surgery, with the majority losing the most weight during the first year. Teen-LABS found that 30 days after surgery short-term complications were low, which researchers view as important information to help doctors and families better evaluate the risks and benefits of the procedure.

Candidate Vaccine Developed Against RSV

An experimental vaccine to protect against respiratory syncytial virus (RSV), a leading cause of illness and hospitalization among very young children, elicited high levels of RSV-specific antibodies when tested in animals, according to a report in the journal *Science*.

Early stage human clinical trials of the candidate vaccine are planned. Scientists from the Vaccine Research Center, National Institute of Allergy and Infectious Diseases, built on their previous findings about the structure of a critical viral protein to design the vaccine. The team was led by Dr. Peter Kwong and Dr. Barney Graham.

In the United States, RSV infection is the most common cause of bronchiolitis (inflammation of small airways in the lungs) and pneumonia in children less than 1 year old and the most common cause for hospitalization in children under 5. Worldwide, it is estimated that RSV is responsible for nearly 7 percent of deaths in babies ages 1 month to 1 year; only malaria kills more children in this age group. Others at risk for severe disease following RSV infection include adults over age 65 and those with compromised immune systems.

“Many common diseases of childhood are now vaccine-preventable, but a vaccine against RSV infection has eluded us for decades,” said NIAID director Dr. Anthony Fauci. “This work marks a major step forward. Not only does the experimental vaccine developed by our scientists elicit strong RSV-neutralizing activity in animals, but, more broadly, this technique of using structural information to inform vaccine design is being applied to other viral diseases, including HIV/AIDS.”—compiled by Carla Garnett



Leading the CFC kickoff were (from l) Keith Lamirande, executive officer, NIAAA; Dr. Kenneth Warren, acting director, NIAAA; Patty Stonesifer, president and CEO of Martha's Table; and NIH director Dr. Francis Collins, who inspired the crowd to continue giving even in a tough year.

PHOTO: ERNIE BRANSON

Charitable Giving Makes a Comeback at CFC Kickoff

By Shuly Babitz

More than 450 NIH employees gathered under gray skies and white tents in front of Bldg. 1 to support the NIH Combined Federal Campaign at the Kickoff Comeback event on Nov. 7.

Organized by the National Institute on Alcohol Abuse and Alcoholism, this year's lead institute for the CFC, the event was originally scheduled to take place the day after the government shutdown began. The CFC committee at NIAAA rescheduled the event as soon as the government reopened to keep momentum for the campaign building.

The quick turnaround in rescheduling the event reflects this year's CFC campaign theme "Make It Possible."

"It's a great theme that represents how every contribution you make helps a charity create a real difference in people's lives and for causes around the world," explained Keith Lamirande, NIAAA executive officer and campaign manager for the NIH CFC, who also hosted the kickoff presentations.

"It's this same spirit that inspired us to make this kickoff event possible—and today's great turnout shows the very real resolve of the NIH community to continue supporting the CFC despite the challenges presented by the shutdown," he said.

NIH director Dr. Francis Collins also thanked the crowd for persevering despite the shutdown.

"Our sense of 'we're going to get back to work' has never been greater," he said, encouraging staff to keep the energy of the day's event going throughout the campaign.

Collins also emphasized that any staff member can contribute to the CFC. "Whether you're a manager, a computer tech, a scientist, an admin-

istrator—your contribution counts," he said.

To keep donations flowing despite the interruption of the shutdown, the Office of Personnel Management agreed to extend the campaign by a month, so employees now have until Jan. 15, 2014, to make a contribution. This will help NIH meet its goal of \$2.2 million for the year.

Dr. Kenneth Warren, acting director of NIAAA, is optimistic that NIH will reach this year's goal. In his remarks to the crowd, he emphasized "the long tradition of giving" at NIH and its role as "the largest contributor to the CFC within both the Department of Health and Human Services and in Montgomery County."

He encouraged staff to continue this tradition and "bring renewed enthusiasm, inspiration and generosity" to the campaign.

The event's keynote speaker was Patty Stonesifer, president and CEO of local charity Martha's Table and a founding CEO of the Bill and Melinda Gates Foundation. Martha's Table provides food, clothing and educational programs for the poor in Washington, D.C.

Creative Costumes Mark CFC Halloween Fest

The Halloween spirit, the spirit of charitable giving and actual festive and ghoulish spirits in costume—all came together on Oct. 31 in (shall we say) spirited force for the R&W's annual Halloween event to support the Combined Federal Campaign. More than 500 employees attended the gathering on the Bldg. 31 patio, hosted by R&W President Randy Schools, Kallie Wasserman and the R&W team.



Furlough Swamp Monster (Shirley Flottum of OD)

Under a large tent, employees sampled food vendor goodies and visited charity tables sponsored by Special Love, Friends of the Clinical Center, Children's Inn at NIH, Foundation for the National Institutes of Health, Thurgood Marshall Academy, PetConnect Rescue and Bethesda Cares.

About 50 people came in costumes that added to the fun, fear and in some cases, hilarity.

Stonesifer, who described herself as “an NIH fan,” emphasized the parallel missions of her organization and NIH.

“We share the value that everyone deserves the opportunity for a healthy and productive life,” she said.

Her agency, like hundreds of others, “relies on the CFC to fund the basics we need to ensure education and opportunity” for the many people it serves. She explained that \$1 out of every \$6 they raise comes from workplace campaigns such as the CFC.

While acknowledging this is a hard year to give, she thanked employees for “the energy and commitment you’re already bringing to the campaign.”

That excitement was also reflected in the event’s charity fair, attended by more than 30 CFC charities.

Lauren Stabert, annual giving and special events manager for the Children’s Inn at NIH, staffed a table at the fair.

“CFC donations are our bread and butter. We rely so heavily on CFC donations to help us provide so many of the services for families of children who

are NIH patients. This is a great opportunity for us to get the word out about who we are,” said Stabert.

The fair gives NIH’ers a chance to meet representatives of a wide range of organizations they can choose to support.

“The charity fair is great because it really allows you to learn about organizations that you may have never heard of before,” said Jun Moy, a grants specialist at the National Institute of General Medical Sciences.

Chris Browne, a program analyst at NIGMS, also found the charity fair helpful.

“I liked getting to talk directly to the charities and learning more about their missions and how to get involved,” he said.

Participants also enjoyed a musical performance by the Sweater Set, a local folk duo and two-time winner of a Washington Area Music Award.

Another big draw was the variety of D.C. area food trucks. Participants enjoyed lunch and dessert from food trucks including Curley’s BBQ, Ledo Pizza, Holy Crepes and Ben & Jerry’s.

“The whole atmosphere here—with the speeches and the music and everything—it was great,” said Moy.

Margaret Williams, a loaned executive to the HHS CFC, agreed that “the event was awesome and really kept our focus on where it needs to be, which is simply, you always win when you give.”



Velma from Scooby Doo (Verma Walker of OD)

Winners of the costume contest, several of whom took on the “furlough theme challenge,” include: A classic Plague Doctor, who held that “The furlough was like a plague on our house” (Ron Neumann of the Clinical Center); Sharknado (Kristin Steinnagel of NICHD); a Furlough Swamp Monster (in charge of our payslips!) (Shirley Flottum of OD); Velma from Scooby Doo (Verma Walker of OD); the G-nomes (Gloria Butler, Anita Whitehurst, Jeanette Smith, Ellen Rolfes, Trevor Blake, Jackie Felix, Jimmy Do of NHGRI); and the Furlough Fortune Teller, who unfortunately was out of work because she didn’t foresee the government shutdown (Dana McCray of NINDS). For more photos of costumed NIH’ers, visit cfc.nih.gov.

At right are the G-nomes (from l) Gloria Butler, Anita Whitehurst, Jeanette Smith, Ellen Rolfes, Trevor Blake, Jackie Felix, Jimmy Do of NHGRI.

PHOTOS: BILL BRANSON



Above are (from l) Sharknado Kristin Steinnagel of NICHD, Furlough Fortune Teller Dana McCray of NINDS and Plague Doctor Ron Neumann of the Clinical Center.





SOCCER

CONTINUED FROM PAGE 1

Members of the NIH Soccer Club include (front, from l) Karl Erlandson (NIGMS), Sanjoy Khan (NHGRI), Minh Nguyen (NIDCR), Antonino Baez-Rogelio (NIDDK). At rear are (from l) Tolga Barker (NIAID), Jerome Roger (NEI), Seong-In Hyun (NIAID), Lars Boeckmann (NCI), John Pooley (NCI), Ezequiel Nazer (NIDDK), Josh Bungler (Henry M. Jackson Foundation for the Advancement of Military Medicine), Ameer Taha (NIA) and Shobi Veleri (NEI).

PHOTO: KARL ERLANDSON

“We run until we’re tired and then we play goal- ie, and we hope we have the same number of players on both teams,” Erlandson says. “We didn’t even start keeping score until the Russians came. A lot of them are programmers and they’re into numbers.”

With the exception of one local extramural post-doc, the players are intramural chaps. “And we’ve had many women play,” says Erlandson. Do they call him Captain Erlandson?

“Yeah,” he quips ironically, “captain of the email list. We have an online sign-up, from a pool of 140 guys. At least a third are active players.”

So is this a Ph.D. thing? “It’s not that kind of game,” says Erlandson.

“One time,” says Veleri, “a bus driver joined us.” The field is next to lot 41, where the shuttles park at end-of-shift.

Anyway, soccer is the sport of the world. NIH Soccer Club players hail from Canada, France, South Korea, Germany, England, the U.S., Argentina, India, Mexico, Russia, Italy, Brazil, Panama, Japan, China, Senegal and Peru. Over 270 million people play worldwide—male and female, registered and unregistered.

Our NIH players tend to be unregistered.

“There used to be so much green space here at NIH,” says Erlandson. “Now there are so many buildings. We played in the mud...We tried to play at night...and on that green patch between Bldg. 31 and 33, but the police didn’t like it.”

While Erlandson began playing in graduate school, Veleri grew up with the game.

“I started in India,” Veleri says. “We made a ball

out of twine. Getting a [soccer] football was not easy.”

As untenured fellows, he and Erlandson are due to leave NIH within the next 6 months to a year. They’ll pass the torch to someone else to manage the club sign-up.

“Here, the game is fluid, revolving and it’s fun to meet new people,” says Erlandson.

“To bring people in is easy. It’s a simple thing.”

Yet the life of a young scientist is not simple and can be uncertain. It’s not easy to find funding, to publish and to get tenure.

On the field, all that disappears.

“Most of the time, in science, if we lose, we don’t take it easy,” says Veleri. “In soccer, you learn to win and lose and take it easy.”



NHLBI’s Leonard Honored by Society

Dr. Warren J. Leonard, NIH distinguished investigator, chief of NHLBI’s Laboratory of Molecular Immunology and director of the institute’s Immunology Center, recently won the honorary lifetime membership award from the International

Cytokine and Interferon Society. The award is made to individuals who have made substantive contributions to the field. Leonard has been at NIH since 1981, first at NCI, then NICHD and NHLBI, where he has worked since 1992. His lab focuses on the biology, signaling and molecular regulation of a key family of cytokines—the interleukins—with studies ranging from basic molecular mechanisms to human disease.



milestones

partners across NIGMS, NIH, the government and the broader community, as well as to have benefitted from the able leadership of Dr. Koroshetz." Those partners will be essential players as Brown seeks to help improve the care of anyone in need of emergency treatment.

For more information visit www.nigms.nih.gov/About/Overview/OECR.



Brown Takes Reins of NIH Emergency Care Research Office

Since he came to NIH this summer, Dr. Jeremy Brown has listened—a lot. As the first permanent director of NIH's Office of Emergency Care Research, his initial goal is to chart the most effective course for the relatively new office. To do that, he's engaging clinicians, researchers, policymakers and professional organizations from coast to coast to get their input on national challenges in the field and how best to address them.

Conditions that require emergency care include heart attack, stroke, traumatic injury, burns, allergic reactions, bone fractures, infections, drug overdoses, bleeding, asthma, poisoning, psychiatric or neurological problems and ill-defined, symptom-based medical complaints such as difficulty breathing or severe pain in the chest, spine or abdomen—basically anything that would be treated in an emergency department. Among the issues affecting research in this field is getting informed consent from patients who may be unconscious or severely injured.

Brown is an emergency medicine physician and clinical researcher who most recently was an associate professor of emergency medicine and chief of the clinical research section in George Washington University's department of emergency medicine. Prior to that, he was an attending physician at Beth Israel Medical Center and an instructor at Harvard Medical School. Brown earned his medical degrees from University College Hospital Medical School in London and completed a residency in emergency medicine at Boston Medical Center.

He replaces NINDS deputy director Dr. Walter Koroshetz, who served as OECR's acting director from its inception.

Established in 2012 and housed in NIGMS, OECR is a focal point for basic, clinical and translational emergency care research and training across NIH. Rather than funding grants, the office's role is to coordinate, catalyze and communicate about NIH funding opportunities in emergency care research and foster the training of future researchers in this field.

"It's a big mission for a very small office," Brown says. "But we are fortunate to have many energetic

OHR's Lenowitz Wins Causey Award

By Jan Ehrman

It's an honor that anyone who works in human resources would be proud to attain. Phil Lenowitz, deputy director of the Office of Human Resources, recently received the 4th annual Causey Award, given by Federal News Radio (1500 AM) for contributions "above and beyond the call of duty" in the human management field. He was credited with "creating and developing initiatives beneficial to minorities, veterans and disabled workers."

Lenowitz, a three-time winner of the NIH Merit Award and a 2012 recipient of the NIH Director's Award, was surprised by the commendation.

"I was sitting in a staff meeting when one of my colleagues broke the news. I really thought it was some kind of joke," Lenowitz recalled. "We have a great jokester in the office and I thought it came about through him."

The award, given annually in the name of Mike Causey, the long-time federal news journalist noted for his reports on pay, benefits and workforce management issues, was decided on by a panel of experts in human relations, as well as staff members from Federal News Radio.

Lenowitz has been deputy director of OHR, which includes some 375 employees, since 2004. Before joining NIH, he held personnel management positions with the Department of Veterans Affairs in five different VA Medical Centers and, from 1998 through 2002, was a supervisory HR management specialist with the National Institute of Environmental Health Sciences. Long before his NIH career, he was a stock trader on the Philadelphia Stock Exchange for 10 years.

One of his proudest achievements has been helping implement and carry out NIH's efforts to hire and retain older workers. In acknowledgement of that effort, NIH recently became the first federal agency to be named AARP's Best Employer for Workers over 50. "It's no secret that we place a certain emphasis on hiring older workers. In fact, about 47 percent of our current staff are age 50 and older," he noted.

Lenowitz also was a co-creator and oversaw establishment of the NIH Federal Career Intern Program (known as administrative fellows), which translated into 100 hires in the first year of operation. Further, he has been instrumental in developing and overseeing special programs for employees with disabilities, minorities and veterans at NIH.

"Phil is a critical member of the leadership team here at NIH and has routinely demonstrated his dedication to the NIH mission and the workforce that supports it," said OHR Director Christine Major. "I am thrilled he has been recognized for some of his outstanding achievements and couldn't be prouder to have him on my team."

The team is what it's all about, explained Lenowitz. Individual awards are nice, he said, and "I may be the one that is recognized, but for every successful project, I have a wonderful team of employees supporting me in the mission."

Lenowitz says he feels fortunate to be working at an agency that is as well respected and accomplished as NIH. "Employees stick around here on average about 5 years after they are eligible for retirement. So we must be doing something right."





Dr. Stephen Chanock was recently appointed director of NCI's Division of Cancer Epidemiology and Genetics and an NCI scientific director.

Chanock Appointed Director of NCI Division

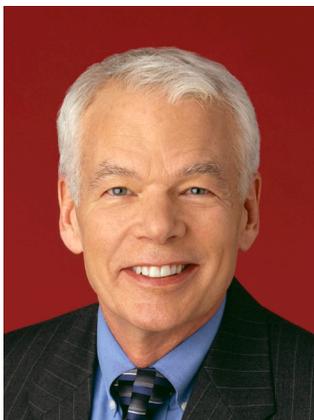
Dr. Stephen Chanock was recently appointed director of NCI's Division of Cancer Epidemiology and Genetics and an NCI scientific director. He takes over from DCEG's founding director Dr. Joseph F. Fraumeni, Jr., who stepped down in July 2012 after reaching a career milestone of 50 years at NCI, and Dr. Margaret Tucker, who served as acting director.

Chanock is an internationally recognized expert in cancer epidemiology and genetics. He has been a leader in the discovery and characterization of cancer susceptibility alleles by genome-wide association studies and whole genome sequencing. He had been chief of DCEG's Laboratory of Translational Genomics since 2007.

He received his A.B. from Princeton University and his M.D. from Harvard Medical School. Prior to joining DCEG, he served as a tenured investigator in the genomic variation section of NCI's Pediatric Oncology Branch. From 2012 to 2013, he was acting co-director of the NCI Center for Cancer Genomics.

Chanock has received a number of awards for his scientific contributions and is an elected member of the Society for Pediatric Research, American Epidemiology Society and the Association of American Physicians. Since 1995, he has served as medical director of Camp Fantastic, a pediatric oncology camp that is a joint venture of NCI and Special Love, Inc.

Chanock follows in the footsteps of his father, the late Dr. Robert M. Chanock, who was an internationally recognized expert in pediatric infectious diseases and vaccine development who spent his career at NIAID.



Dr. John "Jack" Killen, Jr., retired this fall.

PHOTO: RHODA BAER

NCCAM and NIAID Senior Leader Killen Retires

By Ellen O'Donnell

Dr. John "Jack" Killen, Jr.'s many achievements during a 32-year NIH career were celebrated recently.

From 2008 to his retirement Sept. 30, he served as deputy director of NCCAM. His experience in designing, implementing and managing multidisciplinary clinical research programs and his interests in chronic conditions and complementary health approaches made this a natural fit.

His work at NCCAM began in 2003, when he became head of the Office of International Health Research. He later became acting director of the Division of Extramural Research and of the Office of Policy, Planning and Evaluation before taking on the deputy directorship.

"I cannot overstate the positive impact that Jack has had on NCCAM, and, I believe, on the broader scientific research enterprise on complementary and integrative health approaches," said Dr. Josephine Briggs, NCCAM director. "He has been an indispensable leader in developing NCCAM's strategic direction, building our research enterprise and ensuring that we always meet the highest NIH standards of rigor. Jack brought to our planning processes a clear understanding of the need for research on non-pharmacological approaches for symptom management, particularly for chronic pain, and the huge potential impact of NCCAM's investing in this area. As my 'right hand,' he has been a wonderful partner in developing a new vision for our center."

Killen's work at NIAID is also esteemed across NIH. From 1987 to 2001, he was deputy director and then director of the institute's Division of AIDS. He later served as associate director for research ethics for NIAID and head of the NIAID Office of Biodefense Research. During his tenure in those positions, he had a leading role in the evolution of NIH's HIV/AIDS research programs. This was a period of incredible scientific advances. Among his many contributions was the central role he played in NIAID's efforts to bring people with HIV/AIDS and members of their communities into active participation in the research enterprise, an undertaking widely recognized to have strongly shaped scientific progress and affected the clinical biomedical research landscape.

"Jack was an extraordinarily valuable member of the NIAID leadership team during two critical periods in the institute's history: the early years of HIV/AIDS, and after 9/11 and the anthrax attacks," said Dr. Anthony Fauci, NIAID director. "He helped us establish new or expanded research programs and then tackled the enormous challenges they posed with perseverance, creativity and intelligence. In doing so, he not only performed an exceptional service to medical research, he also helped make the world a healthier and safer place."

Killen also served as head of the international research section of the department of clinical bioethics at the Clinical Center from 2001 to 2002. He began his NIH career at the National Cancer Institute, working with multicenter clinical trials and anticancer drug development, eventually leaving NIH for 1 year to be medical director of Washington's Whitman-Walker Clinic (1986-1987).

The NIH Merit Award, the NIH Director's Award, the Public Health Service Special Recognition Award, the PHS Superior Service Award

and the Senior Executive Service Meritorious Executive Rank are among Killen's many honors and awards.

Briggs added, "I am very pleased that, post-retirement, Jack will continue working with us at NCCAM, as a consultant and in tandem with our new deputy director, Dr. David Shurtleff."

NIAMS's Gourley, Mentor to Trainees, Retires

By Sara Rosario Wilson

Dr. Mark F. Gourley, former director of the Rheumatology Fellowship and Training Branch, NIAMS, recently retired after two decades of federal service. He also oversaw clinical care at the NIAMS Community Health Center (CHC), a medical research program in the Washington, D.C., region that provides health care services to people affected by arthritis, lupus and other rheumatic diseases.



A graduate of Tulane University Medical School, Gourley completed his internal medicine residency at the University of Wisconsin in 1988. During medical school, he completed a 9-week immunology rotation at NIH. "I was so taken with the magnitude of how wonderful the NIH academic environment was that I knew continued training at NIH was my calling," he said.

Gourley developed an interest in lupus when he became a rheumatology fellow at NIAMS in 1988 and trained with experts in the field. After completing his 2-year fellowship and then struggling to conduct research with limited funding, he became a senior fellow, which transformed his lab career into a clinical one. Gourley conducted a large randomized controlled clinical trial comparing three treatment arms (cyclophosphamide, methylprednisolone and the combination) in patients with lupus nephritis. The trial results, which were published in the *Annals of Internal Medicine* in 1996, set the standard for clinical trials and lupus treatments used to this day.

He left NIH in 1996 to establish D.C.'s first lupus clinic at Washington Hospital Center, where he served as attending rheumatologist. Gourley credits this experience with helping expand his clinical skills immensely. The clinic continues to treat patients today.

In 2002, Gourley returned to NIH, this time

as a clinician at NIEHS. "It was an exciting opportunity to get back to clinical research, and I jumped on it," he recalls. His work at NIEHS focused on investigating the environmental causes of autoimmune diseases.

In 2007, Gourley returned to NIAMS—the institute he calls home—to serve as director of the Rheumatology Fellowship Program. As a former fellow himself, he brought a unique perspective to the program, elevating it to the top-notch training environment it is today. "Gourley was instrumental in raising the standards of this program and he has been a trusted mentor and advisor to our fellows," said clinical director Dr. Richard Siegel.

"Mentorship is incredibly important at the NIH," says Gourley. He is grateful to those who mentored him throughout his career. Guiding young rheumatology fellows and watching them develop are the most rewarding aspects of his career. "To me, there is no greater thrill than watching them grow and flourish," he said.

"His work with the CHC expanded this outreach clinic to provide state-of-the-art care and access to clinical research to a large underserved population in the area. Gourley's clinical acumen and empathetic care for hundreds of patients in his career at NIAMS have been an inspiration to us all," Siegel noted.

Gourley intends to continue mentoring young scientists after his retirement. He will serve as a special volunteer and assist in teaching the NIAMS rheumatology fellows, as well as aid the new program director during the leadership transition. When asked to give advice to young people wishing to pursue a career in science, Gourley stressed that science is a truly exciting career, but it requires self-determination and focus. "You need to think outside the box, dream the impossible dream and be really creative," he said. "Never give up on the dream, and with time it will develop and come true."



NEI Deputy Scientific Director Sohraby Retires

NEI deputy scientific director Dr. Sarah Sohraby has retired from NIH. She provided administrative oversight to the NEI intramural research program, making sure "the science flowed," as she put it. "I made sure our scientists' needs for personnel, supplies, equipment, space, animals and other resources were met in the best possible way." She said coordinating these activities was akin to weaving an elaborate carpet with all levels of the institute contributing essential threads.

Sohraby came to NEI in 2006 from the Université libre de Bruxelles (Belgium) where she served as chair of the department of biomedical sciences. Her research investigated the regulation of epithelial ion transport in lung- and kidney-derived cells in culture. She also chaired the department of physiology at the University of Lubumbashi in the Republic of Congo. At both institutions she taught physiology to medical students.

"Dr. Sohraby will be remembered as a community builder," said Dr. Sheldon Miller, who directs the NEI intramural research program. "She was a catalyst for collaboration within the intramural community and worked very hard to bring everyone—especially fellows—into the fold."

Sohraby, who said she cares deeply about people and sees teaching as her passion, also oversaw the NEI intramural training program. She instituted measures to help trainees develop as scientists and acquire skills to become more competitive in the workplace. Sohraby's contributions to scientific training were recognized twice with an NIH Director's Award, in 2010 and 2012.

She is returning to academia in Belgium and has plans to continue lecturing in the Congo.



CSR's Dr. Jean Hickman served NIH for 57 years before retiring in 2008.

CSR Retiree Hickman Mourned

Dr. Jean Hickman, a Center for Scientific Review scientist who led the way for many female scientists, died Aug. 26 at her home in Washington, D.C.

After 57 years of service to NIH, she retired in 2008 as scientific review officer for CSR's tropical medicine and parasitology study section. In 2003, she was recognized for an exceptional career with awards from the NIH director and the Department of Health and Human Services.

"Jean will be fondly remembered for her commitment to advancing the biomedical issues she has worked on over many years," said Dr. Alexander Politis, chief of infectious diseases and microbiology. "She generated extraordinary respect from the scientific community."

Upon learning of Hickman's death, many of her former reviewers sent tributes. "She was really a legend in her time," said Dr. Scott Landfear, professor at Oregon Health and Science University. "She was incredibly dedicated to the field and was a constant source of encouragement during thick and thin. She made everybody feel great about being part of the team."

Hickman received such tributes well before she retired. The American Society of Tropical Medicine and Hygiene convened a scientific seminar in her honor in 1999 and issued her a certificate of recognition for "meritorious contributions toward the control of tropical diseases." The society also held a special symposium in her honor in 2002.

"Jean made major contributions to the globally important area of research that involved eukaryotic pathogens through her remarkable dedication to managing the review of grant applications," said Politis. "In a study section meeting, she reminded me of the E.F. Hutton commercial: When Jean Hickman talks, reviewers listen."

Dr. John Pugh, who worked closely with Hickman, recalled the generous way she shared her knowledge of the parasitology and vector biology research communities and her passion for movies, mystery novels and BBC dramas. "We had wonderful conversations that were fueled by a seemingly endless supply of candy she kept in her office," he said.

Hickman came to NIH in 1951 as a GS-5 biologist in the Laboratory of Physical Biology in what was then the National Institute of Arthritis and Metabolic Diseases. She soon became a chemist there, continuing in this position for the next 7 years as she pursued a Ph.D. from

Georgetown University. She received her degree in 1957.

After 30 years as a bench scientist, Hickman moved into the Arthritis Extramural Program in 1984. A year later, she joined the Division of Research Grants, now CSR. She was hired to coordinate the review of grant applications for the tropical medicine and parasitology study section.

Hickman showed the same level of dedication in her personal life. She spent many years caring for her beloved sister, Irma Hickman, and their mother. And she was known for her love of animals. She fed neighborhood cats in her backyard for decades and took it upon herself to have the strays neutered.

Hickman is survived by her nephews and their wives Carl and Bonnie Ford, James and Claire Ford; and by her nieces Nicole Laskau, Arielle Laskau and Megan Ford.



NCI's Harford Receives AACE Honor

The American Association for Cancer Education recently presented the Margaret Hay Edwards Award, its highest

honor, to Dr. Joe Harford of NCI's Center for Global Health at its annual meeting in Seattle. The award was established to honor sustained outstanding contributions to cancer education. Edwards was an NCI employee who was instrumental in establishing peer-reviewed cancer education support mechanisms.

Harford was recognized for his work in capacity building for cancer control internationally. His efforts have focused on low- and middle-income countries (LMICs) and include NCI support starting in 1998 of LMIC participants in NCI's Summer Curriculum in Cancer Prevention. Harford has also supported and participated in capacity-building educational activities ranging from cancer registration to palliative care for individuals from LMICs. He also serves in a leadership role within the Global Education and Training Initiative of the Union for International Cancer Control.

Harford is the first NCI employee to receive this award since Edwards herself was given the inaugural medal in 1986. 📌



feedback

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

Feedback: A couple of years ago there was a rumor that NIH was building a new child care center to help with the child care needs of its employees. I have yet to see any more news, nor have I seen any construction related to a child care center on campus. When can we, the employees of NIH, expect to see this new child care center? Many of us are tired of waiting!

Response from the Office of Research Services and Office of Research Facilities: The design plans for the new NIH Northwest Child Care Center are almost complete. This child care center, with a planned capacity of 170 children, will break ground in early 2014 and open in spring of 2015 on the corner of Center Dr. between the Children's Inn and the NIH Fire Station. The program will serve children ages 6 weeks through 5 years.

Feedback: Recently, in MLP-9, drivers have begun to drive the wrong way again, particularly on the top floor. They lunge for parking spaces and ignore the pedestrians or the "no right turn" sign. Is there some way to report them to the NIH Police so they can respond in a timely manner? It doesn't rise to the level of a 911 [call], but I'm afraid it's going to get worse again. Sadly, there is another set of parkers who drive the wrong way out in the evening. They park close to the "entrance" and reverse to exit quickly rather than drive around the one-way circle. They are also a hazard, particularly at the bottom of the ramps, where they then turn right (despite signage!) to exit the garage against the flow of traffic.

Response from the Division of Police, ORS: Thank you for bringing this to our attention. The NIH Police recognize the serious safety concerns that these violations pose. If you witness a violation, contact the NIH Police non-emergency line at 311 (if on an NIH phone) or (301) 496-5685. Officers will follow up with appropriate enforcement action.

Feedback: There is no longer a full length sidewalk along the right side of South Dr. from Memorial Dr. toward the Clinical Center. There are instances where people are heading in the

direction of the Clinical Center and are walking on the right side of the road along Convent, rather than the sidewalk on the left side. This creates a hazardous situation. If I recall, the sidewalk was removed in order to make the intersection near the Clinical Center safer, but this counteracts that position. Can anything be done about this, like putting the sidewalk back in and adding a railing to keep people on the sidewalk?

Response from ORF: Thank you for your question. The sidewalk was eliminated in order to improve pedestrian safety at the intersection between South Dr. and Service Dr. West (the intersection southeast of the south entrance to the Clinical Center complex). This intersection used to have 4 crosswalks, requiring drivers to monitor pedestrians from too many directions, as well as monitor other drivers. A dangerous pedestrian accident illustrated this point, so the Office of Research Facilities and the Office of Research Services, with the assistance of a traffic consultant, developed options to improve the safety of this and other intersections. Options were presented to the NIH facilities working group and the NIH community advisory board for security.

The selected option is one that has been employed in other locations, such as in downtown D.C. Specifically, we determined that the safest solution was to channel pedestrians into only 2 crosswalks, enabling drivers to focus better with fewer possibilities for human error. Now, all pedestrians along South Dr. are requested to walk on the sidewalk on the south side of South Dr.

The other factor that was taken into consideration is that the previous sidewalk along the south portion of Bldg. 9 had abrupt elevation changes and also serves as a loading dock, creating potential hazards for pedestrians due to trucks backing up. The third factor is that Bldg. 9 will be demolished soon, and for pedestrian safety, the demolition activities will eventually require pedestrians to refrain from walking there. When the demolition is complete, pedestrian traffic will be reassessed and a sidewalk will likely be constructed there. Eventually, however, NIH hopes to build an Animal Research Center on this site, which will have an active loading dock, so yet another assessment will take place at that time.

A similar approach—channeling traffic from 4 crosswalks to 2—was also employed at the intersection of South Dr. and Center Dr. (where the anchor is located) and has improved pedestrian safety.

ORF and ORS are always interested in suggestions regarding pedestrian safety, so if anyone has any suggestions, feel free to contact the ORS Information Line at (301) 594-6677 or orsinfo@mail.nih.gov.

Feedback: I arrive at work very early in the morning, through the Metro entrance, while it is still dark. This is usually when a lot of the deer are moving about campus. There are at least 5 bucks around this area alone and an untold number of does. Along with the other deer in different areas on campus, this will lead to a huge population increase and more chances of interactions with cars. If you have seen the huge antlers on some of the males, that is something I'd like to avoid. What is NIH going to do as the population continues to increase?

Response from ORS: NIH has and is again reevaluating various approaches to manage the ever-growing white-tailed deer population on campus. Currently, and in years past, the Office of Research Services has consulted with Humane Wildlife Services, the USDA Animal and Plant Health Inspection Service Wildlife Services and the state of Maryland to evaluate and provide recommendations for herd management. Some of the recommendations include landscaping modifications to make the campus less hospitable for the deer.



Scenes from the Army Ten-Miler (from l): Lcdr. Evan Shukan (l) and Capt. Shelley Hoogstraten-Miller, both members of the Commissioned Corps at NIH, are energized after another successful ATM; runners from the PHS teams after completing the race; and Capt. Jason Woo (FDA) runs with a PHS flag for a portion of the 10-miler.

NIH Officers Organize PHS Runners for Annual 10-Miler

Did you know that the Army Ten-Miler (ATM) is one of the largest 10-mile races in the world? Two Commissioned Corps officers at NIH are committed to ensuring a Public Health Service presence in this annual event, which completed its 29th year on Oct. 20. Capt. Shelley Hoogstraten-Miller (NHGRI) and Lcdr. Evan Shukan (NINDS) have organized PHS teams for the ATM for the past 4 years, with an increasing turnout each year.

Nearly 100 PHS officers ran the ATM this year. Some traveled from as far as Alaska to participate in the race, which had an overall registration of 35,000 runners from all 50 states, the District of Columbia and several countries. The mission of the ATM is to promote the Army, build *esprit de corps*, support fitness goals and enhance community relations by providing a venue for various uniformed services to compete. Runners not only represent the seven uniformed services of the United States, but also include large contingents from the Canadian and Swiss armies.

A highlight of the event is the support and participation of flag officers in the corps. Acting Surgeon General Boris Lushniak; Radm. Nicole Lurie, assistant secretary for preparedness and response; and Radm. Newton Kendig, assistant director, health services division for the Bureau of Prisons, ran in the race. Seven flags were carried by PHS runners for the entire 10-mile course: Lushniak was accompanied by officers carrying a U.S. flag, PHS flag and two-star flag. Other officers took turns carrying the four additional PHS flags.

In addition to the runners, a host of PHS officers, family and friends also volunteer to support the team and cheer participants along

the way each year. The course begins at the Pentagon and runs through the monuments and sights of Washington, D.C.

Hard work rarely goes unnoticed and two significant accomplishments were earned. The PHS men's masters team, which includes Shukan, won second place overall and included runners from several agencies across the government. Hoogstraten-Miller and Shukan were also presented with the Surgeon General's Exemplary Service Medal for their efforts in promoting fitness for the corps and for organizing the PHS ATM teams for the past 4 years. 🏆



NIDA Director, Leaders Meet Dalai Lama

NIDA director Dr. Nora Volkow (seventh from l) participated in *Mind and Life XXVII: Craving, Desire and Addiction*, a conference of the Mind and Life Dialogues between the Dalai Lama and other leading scientists and philosophers. The meeting, which took place at the Dalai Lama's private residence in Dharamasala, India, brought together contemplative practitioners, Buddhist and Christian scholars and leading scientific researchers to achieve new understandings that may ultimately lead to improved treatment of the root causes of craving, desire and addiction. Volkow gave an overview titled "The Role of Dopamine in the Addicted Human Brain," which described addiction as a disease and detailed the latest in neuroscience.