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Bertagnolli Presides Over Her Final ACD Meeting

BY DANA TALESNIK

Five weeks before a new Administration would take the helm, NIH Director Dr. Monica Bertagnolli delivered her last report to the Advisory Committee to the Director (ACD), highlighting programs and priorities she hopes will remain embedded in the fabric of the agency.

"All times of transition are challenging, but unwavering commitment to our mission on behalf of the American people grounds us," Bertagnolli told attendees of the two-day, 129th meeting of the ACD, held virtually in December. "We can all move forward with optimism and energy as we navigate changes brought by a new Administration."

Bertagnolli's report to the ACD touted ongoing priorities she has championed and built upon during her time as director—advancing scientific integrity; promoting inclusivity; expanding access to care and revolutionizing data science.

NIH Director Dr. Monica Bertagnolli addresses the ACD last spring. The December meeting was virtual. PHOTO: CHIA-CHI CHARLIE CHANG

"Scientific integrity is a core of what we do at NIH," she said, urging consistent attention and review so that policies are responsive to evolving challenges.

"Ensuring the highest level of scientific integrity, public accountability and social responsibility in the conduct of science is paramount to cultivating trust," Bertagnolli said. NIH's Scientific Integrity Policy, which went into effect in recent weeks, "aims to ensure scientific findings are objective, credible and readily available to the public, and that the development and implementation of policies and programs are transparent, accountable and evidence-based."

Another new policy to enhance biosecurity and dual-use research oversight goes into effect in May. These guidelines, she

SEE **ACD**, PAGE 6

WINDOW OF OPPORTUNITY

Gaucher Disease Provides New Insights into Parkinson's

BY AMBER SNYDER

Dr. Ellen Sidransky

Geneticist Dr. Ellen Sidransky likened her research to a saying by Chinese philosopher Confucius.

"I live in a very small house, but my windows look out on a very large world."

The small house in question is Gaucher disease (GD), a rare condition Sidransky's lab has studied over the past 20 years. Sidransky is a senior investigator in the Medical Genetics Branch and chief of the National Human Genome Research Institute's

SEE **GAUCHER**, PAGE 8

Breaking Barriers and Building Bridges in Medicine

BY JONATHAN GRIFFIN

Dr. John Tisdale

Biomedical engineers and imagers play a critical role in turning medical science into usable medical technology, but they cannot do it alone. Collaboration with other fields is key.

To foster connections between those developing technologies and potential users in the clinic, the National Institute of Biomedical Imaging and Bioengineering (NIBIB)'s Center for Biomedical Engineering Technology Acceleration (BETA Center) organized a day-long meeting on the NIH

SEE **NIBIB**, PAGE 4

CIT's Dr. Sean Mooney (5th from l) celebrates with colleagues at his swearing in. See p. 2.

ALSO THIS ISSUE

Thompson to Discuss Sickle Cell Cures, Equity

Jan. 29

Dr. Alexis Thompson

Dr. Alexis Thompson will deliver the annual Marshall W. Nirenberg Lecture on Jan. 29 at 2 p.m., ET in Bldg. 10, Lipsett Amphitheater.

Thompson's talk, titled "Sickle Cell Disease: Progress and Opportunities for Equity," will cover her work leading clinical research on the groundbreaking gene therapy called lovotibeglogene autotemcel, also known as LYFGENIA, and address challenges in making such transformative treatments more accessible. Developed in collaboration with NHLBI Senior Investigator Dr. John Tisdale, the treatment was one of the two gene therapies approved by the Food and Drug Administration (FDA) in 2023 for treating severe sickle cell disease in adolescents and adults.

Thompson is chief of the Division of Hematology at Children's Hospital of Philadelphia, one of the select treatment centers offering FDA-approved gene therapies for sickle cell disease and beta thalassemia. Certified in pediatric hematology-oncology, Thompson received her MPH in health services from the University of California, Los Angeles, and earned her MD from Tulane University School of Medicine in New Orleans. She was named one of 2021's Exceptional Women in Medicine by *Chicago Magazine* and served as president of the American Society of Hematology.

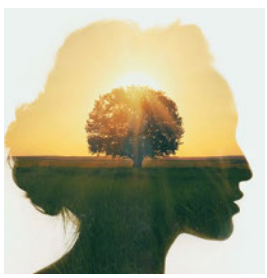
The Nirenberg lecture recognizes outstanding contributions to genetics and molecular biology. Established in 2011, the lectureship honors Marshall Nirenberg for his work deciphering the genetic code, for which he received the 1968 Nobel Prize in Physiology or Medicine.

For those unable to attend in person, the event will be hosted on NIH videocast at https://videocast.nih.gov/watch=55018.

Workshop Will Explore the Art of Intentional Communication

Jan. 22

Join NIH Wellness and the NIH Ombuds Office on Wednesday, Jan. 22 from 11:30 a.m. to 12:30 p.m., ET for a workshop on active listening and conscious communication to benefit your work and personal well-being.



This webinar will highlight and demonstrate the key aspects of being fully present, observant and purposeful in our words and actions with others.

To register for this event, visit bit.ly/4gS5cRy. After registering, a confirmation email will contain the link to join the meeting.

Neuzil, Mooney Take Oath of Office

Dr. Kathleen Neuzil and Dr. Sean Mooney were sworn in as NIH IC directors at a small hybrid ceremony in December.

Neuzil, director of the Fogarty International Center (FIC) and NIH associate director for international research, is an infectious disease and vaccine expert as well as an advocate for healthy equity in the U.S. and abroad. Mooney, director of the Center for Information Technology (CIT), has devoted his career to developing effective, collaborative computing systems for biomedical research.

FIC and CIT senior leaders, family, friends and colleagues gathered in Wilson Hall in Bldg. 1 for the ceremony, led by NIH Director Dr. Monica Bertagnolli, who administered the oaths.

FIC builds partnerships between health research institutes around the world and trains scientists to address global health needs. Neuzil is the first woman to permanently lead FIC since its establishment in 1968, noted Bertagnolli.

As head of CIT, Mooney oversees a $400 million portfolio that includes a world-renowned supercomputer, state-of-the-art networks, cost-effective cloud-based services and advanced collaboration tools.

"Dr. Mooney and Dr. Neuzil have already commenced their impactful work with CIT and Fogarty this year," Bertagnolli said in welcoming remarks. "Their leadership and expertise will undoubtedly drive us toward new achievements and advancements in biomedical and global health research."

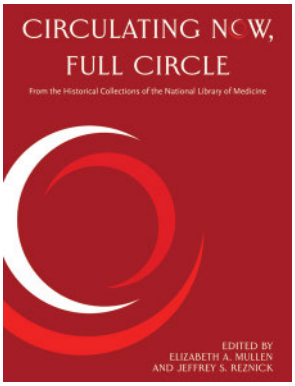
NIH Director Dr. Monica Bertagnolli (in red) swears in two directors: Dr. Sean Mooney (l), CIT, and Dr. Kathleen Neuzil, FIC

From l, FIC Deputy Director Dr. Peter Kilmarx, Neuzil, Bertagnolli, Mooney and CIT Executive Officer Kevin Davis

PHOTOS: MARLEEN VAN DEN NESTE

Circulating Now Comes Full Circle

The National Library of Medicine (NLM) launched its *Circulating Now* blog in 2013 to convey the vitality of medical history in our 21st-century world. In the blog, individuals from various backgrounds and disciplines share stories of their engagement with the NLM collection—which spans 11 centuries, encompasses a variety of digital and physical formats, and originates from nearly every part of the world.



A decade later, and with hundreds of posts published, *Circulating Now* has demonstrated the public's esteem for the NLM collection. *The Washington Post* has called the blog, "varied, lively and sometimes surprising."

A new open-access book, *Circulating Now: Full Circle*, presents a collection of curated posts from the blog, edited by Elizabeth A. Mullen, manager of web development and social media at NLM, and Dr. Jeffrey S. Reznick, senior historian at NLM.

The book features six thematic chapters, each illustrated and introduced with a new and original essay describing the content development and reflecting on the programmatic and intellectual significance of the selected posts. The book creates a new access point for researchers and augments the original blog as a deep knowledge base of searchable information about NLM's collection.

To access the free, digital version of this book, visit: https://collections.nlm.nih.gov/.

Kaplan Discusses Link Between Lupus and Early Cardiovascular Disease Risk

BY STEPHANIE A. MATHEWS

People with autoimmune conditions like lupus are at higher risk of developing cardiovascular disease (CVD) at a young age, but researchers are uncovering clues that could lead to better treatments.

Dr. Mariana Kaplan, deputy scientific director of the National Institute of Arthritis and Musculoskeletal Diseases (NIAMS), discussed the link between autoimmune disorders and CVD risk at the recent Astute Clinician Lecture. The lecture honors U.S. scientists who have observed unusual clinical occurrences and, by investigating them, have opened important new avenues of research.

When someone has an autoimmune disorder, the person's immune system mistakenly attacks healthy tissues. These conditions often cause uncontrolled inflammation in different parts of the body. Clinicians have long observed that many people with autoimmune diseases are more likely to have heart attacks and strokes. This finding led to the realization that inflammation is important in CVD.

To understand how inflammation contributes to early CVD risk, Kapan and colleagues turned their attention to lupus. Previous studies revealed up to a 50-fold increased risk for heart attack in young women with lupus compared to age-matched healthy women.

"I became interested in studying lupus when I was in medical school, and I remember very vividly how a couple of patients developed heart attacks in their 20s and 30s," recalled Kaplan.

Researchers also saw that young people with lupus often had the vascular health of much older patients. Vascular damage and atherosclerosis—the hardening of blood vessels due to plaque buildup—were also more prevalent in young people with lupus compared to healthy controls. Kaplan emphasized that the vascular damage appears to begin early during the course of the disease.

NIAMS Deputy Scientific Director Dr. Mariana Kaplan delivers the Astute Clinician Lecture.

But how does inflammation drive vascular events and CVD risk in lupus? Kaplan and others have uncovered several suspected culprits.

For instance, Kaplan and her colleagues found an imbalance between vascular repair and vascular damage in lupus. People with lupus have elevated levels of a class of signaling proteins called type I interferons, and these proteins negatively affect cells and other factors involved in vascular repair.

> *"We're hoping these discoveries on the role of the immune system and other pathways may help us come up with more targeted strategies."*
>
> -DR. MARIANA KAPLAN

Kaplan also suspects that a class of white blood cells called neutrophils contribute to CVD risk in autoimmune diseases. In lupus, neutrophils form structures called neutrophil extracellular traps (NETs), which can damage blood vessel cells. These NETs can also become trapped in blood vessels and may trigger other vascular complications.

Another culprit may be an abnormality with cholesterol. In the general population, low-density lipoprotein—also known as "bad" cholesterol—is linked to the development of atherosclerosis. But in lupus, an abnormality with high-density lipoprotein—"good" cholesterol—may be to blame.

"Good" cholesterol has potent anti-inflammatory properties and helps to remove "bad" cholesterol from blood vessels. But in lupus, it becomes oxidized, and its protective properties are greatly reduced. Kaplan believes the NETs generated by lupus patients produce factors that oxidize "good" cholesterol and contribute to CVD.

"We're hoping that these discoveries on the role of the immune system and other pathways may help us come up with more targeted strategies. At the end, what we really want are personalized approaches to treat complex autoimmune conditions," Kaplan concluded.

ON THE COVER: *Dr. Stephanie Goff of NCI's Center for Cancer Research (CCR) poses with seven female clinical fellows in an operating room at the NIH Clinical Center in Bethesda, Md. Dr. Goff shares responsibility for the care and management of patients receiving cell-based immunotherapy for the treatment of metastatic solid tumors on protocols established by CCR's Surgery Branch. Also in the photo are Drs. Sadia Ilyas, Meghan Good, Parisa Malekzadeh, Kaitlin McLoughlin, Stacey Doran, Christine Kariya, and Winnie Lo.*

IMAGE: NCI

The NIH Record

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NIH National Institutes of Health
Turning Discovery Into Health

NIBIB's Dr. Manu Platt, second from l, joins colleagues at a poster session.

NIBIB

CONTINUED FROM PAGE 1

campus. The event convened hundreds of engineers, clinicians and scientists from across the world.

NIH Director Dr. Monica Bertagnolli—who is no stranger to engineering, having majored in chemical engineering as an undergraduate at Princeton University—delivered opening remarks that underscored the importance of biomedical engineering as a discipline and called for further utilization of NIH's engineering expertise and resources.

"We can accomplish so much more if our national research community interacts with the intramural investigators based at NIH," said Bertagnolli. "We need to bring your command of physics, biology, chemistry and all your different forms of expertise and associated technologies to benefit people where they are."

The event featured speakers from NIH and other federal agencies, industry, military and academia, who presented on a wide range of topics including engineered tissue models, *in situ* organ imaging, adaptive exoskeletons and portable diagnostics.

The scientific talks kicked off with plenary speaker Dr. John Tisdale, a clinical researcher at the National Heart, Lung, and Blood Institute (NHLBI). He spoke about his career in sickle cell disease research which, over decades of collaboration and dedication, led to the FDA approval of gene therapies for the disease in 2023.

Throughout the day, a mix of established and early-career researchers introduced colleagues from different fields, institutions and countries to their work.

During a panel on innovation, experts from various sectors weighed in on what makes for partnerships that can successfully translate medical technologies from an idea to something that benefits patients' lives. An essential element they discussed was consideration for and input from not only the end users in the clinic, but also the others who will have to interact with a design, such as manufacturers.

From l, Dr. Rashid Bashir, University of Illinois Urbana-Champaign; Dr. Cherie Butts of Biogen; Dr. Vincent Ho, Uniformed Services University of the Health Sciences; Dr. Brad Wood, NIH's chief of interventional radiology and Dr. Peter Pinto, senior investigator in NCI's Urologic Oncology Branch.

Attendees also had the opportunity to take tours of NIH facilities, including the Instrumentation Development and Engineering Application Solutions (IDEAS) resource, the Vaccine Research Center, and the National Center for Advancing Translational Sciences (NCATS).

Dr. Rashid Bashir, a professor and dean of engineering at the University of Illinois-Urbana Champaign, delivered the final plenary talk, which centered on his lab's development of technologies in several arenas. Bashir's presentation touched on advanced techniques to detect pathogens in dried blood, new biomarkers for sepsis and biohybrid soft robots.

Discussing the many skills and technologies that engineers offer the medical field, Bashir urged for greater unity between the two communities.

"Medicine is one domain where we don't have as easy access. And I think if there was a way to create that, it would just be good for everyone," Bashir said. "There are tremendous opportunities to build many bridges."

For many attendees, this event was their first visit to NIH's campus. And for many, it introduced them to the multitude of channels by which NIH supports medical technology development, including the Intramural Research Program.

"This meeting created the collaborative atmosphere we wanted, but this is just the beginning," said Dr. Manu Platt, NIBIB investigator and director of the BETA Center. "Our goal is for the BETA Center to be a central hub to facilitate meaningful, long-term collaborations between investigators across boundaries within and beyond NIH."

To learn more about and connect with the BETA Center, visit go.nih.gov/90rRqgb.

NIBIB Director Dr. Bruce Tromberg (l) talks with Platt during the event, which drew hundreds of engineers, physicians and scientists to NIH's main campus.

PHOTOS: MARLEEN VAN DEN NESTE

New Program Improves Visitor Access to Campus

BY KATHRYN MARGUY

VISIT NIH

As the world's premiere research institution, NIH welcomes researchers and patients from across the globe to campus to take part in groundbreaking work. To maintain our global partnerships and foster collaboration, while ensuring the safety of our staff, NIH's Office of Research Services (ORS) will launch VisitNIH on Jan. 30. The program will make the logistics of campus access faster and easier, so visitors spend less time at the gate and more time connecting with NIH staff.

VisitNIH, an online preregistration system, will launch later this month.

VisitNIH, part of the Visitor Access Management Initiative (VAMI), is an online portal that allows researchers, patients, vendors and all other visitors to preregister ahead of their trip to ensure a stress-free experience at NIH's campus gates and bypass security lines. The process is highly intuitive and allows visitors to securely enter their necessary documentation in advance.

To ensure the safety and integrity of NIH's vital work, and in adherence with federal visitor protocols, non-U.S. persons will now be required to complete the preregistration process before coming to campus. While U.S. persons (U.S. citizens, green card holders) are not required to preregister, they are encouraged to use VisitNIH to expedite their security processing. NIH staff must extend the invitation to preregister at least 30 days in advance of the campus visit. This lead time enables NIH security teams to properly vet visitors and clarify any discrepancies in their preregistration materials before coming to campus.

How it'll work

To start the process, the NIH host issues future visitors a formal invitation to VisitNIH via email. Staff can monitor the status of their guests' registration throughout the process. Once a guest's registration is approved, both the host and their guests will receive a confirmation email, and guests can expect a seamless campus entry. Advance registration will result in faster entry processing and less confusion for visitors at the gate, especially for on-campus seminars and other large gatherings.

While the preregistration process is designed to simplify visitor access, there may be instances where a visitor arrives without their necessary registration. NIH Police and security staff are trained for such situations and will use common sense discretion to ensure each case is handled with care while upholding safety standards.

VisitNIH protocols will go into place on January 30 as part of a phased rollout. While the initial rollout only impacts Maryland and some D.C.-area NIH campuses, plans are underway to expand VisitNIH preregistration protocols to all NIH campuses ensuring smooth access for patients, researchers and vendors. The VisitNIH system unifies the visitor access process for greater cohesion and security.

"We've worked diligently with [HHS's Office of National Security] ONS to ensure VisitNIH meets our commitment to the legal safety standard and fulfillment of the NIH mission," said ORS Director Colleen McGowan. "We are the last federal agency in the entire federal government to come into compliance. We've taken special care to design a process that works for our nuanced research and security needs."

To that end, special consideration has been taken to allow easier entry for large groups of visitors for symposiums, special delegations, patients and caregivers.

Rolling it out

The VisitNIH planning team met with key stakeholders and held informational sessions with every institute, office and center.

Special training sessions will be held in the coming weeks to walk staff through their responsibilities as hosts and how to navigate the VisitNIH program. The trainings will also cover how to communicate special or expedited visitor registrations. Dates and registration links will be broadcast to staff soon.

In addition to training NIH staff, outreach to visitors and patients is a critical part of the rollout. In the coming weeks, visitors will see VisitNIH signage and receive informational handouts. Additionally, each NIH institute and center will include information in their welcome packets for patients and guests.

Any change in protocol of this magnitude will have its challenges, especially for a staff of over 30,000. "We ask that staff partner with us in a spirit of curiosity and flexibility," said McGowan.

Staff and campus visitors also will find information and updates on security.nih.gov. The site includes explanatory videos, answers to frequently asked questions and access to the VisitNIH staff invitation portal. Any questions or feedback on the program should be sent to VAMI@mail.nih.gov.

ORS has built a system that aligns with federal safety mandates and is attuned to the unique and specific needs of the NIH research community. Ultimately, VisitNIH will unify NIH's campus entry process across all campuses, protecting the research and the collaboration that is a hallmark of our mission.

Rubio Named NIGMS Division Director

Dr. Mercedes Rubio was selected as the new director of the National Institute of General Medical Sciences (NIGMS) Division for Research Capacity Building (DRCB).

Dr. Mercedes Rubio

Rubio, a medical sociologist by training, was most recently a branch chief in NIGMS' Division of Training and Workforce Development, where she managed research training, scientific conferences and research on intervention grants. She also served as program director for the NIH Diversity Program Consortium's National Research Mentoring Network.

DRCB has four major grant components: Institutional Development Awards, Native American Research Centers for Health, Support for Research Excellence and Science Education Partnership Awards. These programs support research, career development and research infrastructure improvements in institutions, states, and jurisdictions that have historically received low levels of NIH support.

"DRCB supports many important programs that fund research and capacity-building initiatives that are key to moving science forward, particularly in under-resourced states and institutions," said NIGMS Director Dr. Jon Lorsch. "Dr. Rubio's vast experience in managing a range of research training and capacity-building programs, coupled with her strong commitment to broadening participation in biomedical research, make her an ideal selection for this role."

Prior to becoming a branch chief at NIGMS, Rubio was a section chief in the Division of Clinical Innovations at the National Center for Advancing Translational Sciences, where she managed Clinical and Translational Science Award (CTSA) grants and oversaw CTSA consortium-wide clinical and translational science workforce efforts. Before that, she managed grant portfolios at NIGMS and the National Institute of Mental Health. She has contributed her expertise on several NIH-wide efforts, including the Advisory Committee to the Director's working group on the physician-scientist workforce, the Training Advisory Committee and the UNITE-E Committee implementation team.

Rubio earned her bachelor's degree in sociology from California State University and her Ph.D. in sociology at the University of Michigan, where she also performed postdoctoral research at the Institute for Social Research and School of Nursing.

ACD

CONTINUED FROM PAGE 1

explained, strengthen oversight on pathogens research to promote innovation while mitigating risks.

Expanding access to care

"We must bring the benefits of research to all Americans regardless of where they live," Bertagnolli said. "We know that meaningful engagement between communities and researchers is essential and leads to higher quality science, engenders trust in science… and focuses research on the issues most important to diverse communities. Without this, we run the risk of only serving the few, and we are here to serve everyone."

A major initiative now underway to expand care across the country—a project born out of ACD input—is CARE for Health, NIH's new primary care-based research network that connects providers and patients to research. The two-year pilot program supports three university-based hubs that will partner with rural communities and other underrepresented populations to test treatments for pain, drug addiction and gout.

Inclusion and diversity, which resonated throughout the meeting, are themes that permeate initiatives across the agency. The committee heard from Dr. Marie Bernard, chief officer for scientific workforce diversity, who retired at the end of December. She reflected on recent efforts such as Engagement and Access for Research-Active Institutions (EARA), which aims to address disparities in research opportunities and outcomes.

"You need unique perspectives at the table to get the best science," Bernard reiterated.

Rep. Steve Womack, r, (R-AR) meets with Bertagnolli (l) and Sen. John Boozman, second from l, (R-AR), during a recent tour of the River Valley and Northwest Arkansas. "It was inspiring to see how the entire community—academic institutions, public health departments, health care providers, businesses, and state and federal government—all play a critical role to make health better for everyone," Bertagnolli said, of this experience, during the ACD meeting.

PHOTO: THE OFFICE OF REP. STEVE WOMACK

Responsive to the mission

Day one of the ACD meeting included budget and legislative updates, and scientific reports from intramural researchers. Throughout the day, Bertagnolli updated the ACD on progress toward implementing the committee's recommendations.

In recent months, the Scientific Management Review Board (SMRB)—which makes recommendations to the HHS secretary and NIH director on establishing or consolidating NIH institutes, centers and offices—got a reboot. The board is currently evaluating NIH's current structure, including recent congressional proposals on reorganization.

And the Novel and Exceptional Technology and Research Advisory Committee (NeXTRAC) continued efforts to collect public input on scientific, safety and ethical issues associated with emerging biotechnologies. The committee held focus groups with rural and urban communities around the country.

"We're serious about turning feedback into action," said Dr. Lyric Jorgenson, NIH associate director for science policy.

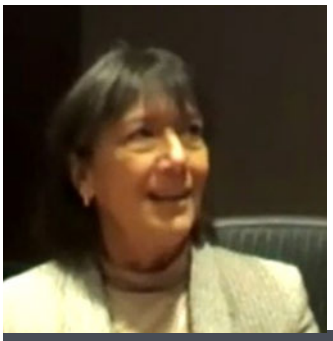
Attention also turned to addressing the concerns of people with disabilities. An ACD working group had recommended removing the language "reducing disability" within NIH's mission statement. A public Request for Information indicated more input is needed before finalizing a new mission statement.

Adam Politis, acting senior advisor for

Members of the ACD from across the country participate virtually in the dialogue.

disability research, said research continues to address medical, health, social and environmental factors affecting persons with disabilities. At NIH, he said, it's a priority to ensure facilities and technology are made accessible so everyone can use them.

Bertagnolli underscored the need to "move forward with new technology in a responsible way so everyone benefits."



Bertagnolli (l) listens to scientific reports from Dr. Keenan Walker on neurodegenerative diseases and Dr. Kaitlyn Sadtler on tissue repair after traumatic injury.

Using data for discovery

A new ACD working group is evaluating information technology and cybersecurity at NIH. Efforts are underway to enhance NIH's standing as a trusted data broker. Discussion continued about the committee's vision for the National Library of Medicine to become a platform for biomedical discovery and data-powered health.

"We have been working to implement a cross-agency initiative that would provide a focus for privacy-protected use of data collected from the clinical care environment to generate evidence required for decision-making to improve health," Bertagnolli said. There are initiatives across the agency, she noted, to consolidate data-reporting and safeguard the information, so that patients can control how and why their data is used.

One large initiative involving patient data is RECOVER, an ongoing program to study and treat Long Covid. "We've made progress in understanding risk factors, the broad range of symptoms, the impact of vaccination and health disparities," Bertagnolli said. "We've amassed and shared data from patient cohorts, conducted pathobiology studies and we've begun clinical trials."

> *"You need unique perspectives at the table to get the best science."*
>
> -DR. MARIE BERNARD

The deidentified data generated so far, from sites across the country, is spurring collaboration and discovery while informing future studies. This is just the beginning, she promised.

Dr. Sarah Read, deputy director of the National Institute of Allergy and Infectious Diseases, detailed ongoing efforts to launch RECOVER-TLC, which will focus on clinical trials of candidate treatments for Long Covid. So far, hundreds of candidate interventions have been submitted to the RECOVER-TLC public portal for consideration for further testing. These agents include antivirals, immunomodulatory agents, neurological agents and others.

NIAID Principal Deputy Director Dr. Sarah Read describes RECOVER-TLC, NIH's effort to study and treat Long Covid.

The program aims to develop clinical trials with adaptive design "to stop what isn't working early and quickly take on new, promising candidates." Read also stressed the importance of involving people living with long Covid in every step of research design and implementation.

Fighting cancer

Dr. Kimryn Rathmell, National Cancer Institute director, discussed the ongoing impact of Cancer Moonshot, which has transformed cancer science and "shaped incredible advances and opportunities for progress." Since its inception, the effort has significantly advanced immunotherapy as a treatment approach, expanded early-detection capabilities and enabled major progress in childhood cancer treatments.

Rathmell highlighted patient-driven efforts, particularly in diagnostics, that are saving lives.

A decade ago, when Cancer Moonshot began, "it was fairly uncommon to do a large-panel genetic test on a patient's tumor," Rathmell said. "It was almost unheard of to do whole exome sequencing or full genetic sequencing. Those are things we do routinely today, and we would not have been ready to offer those, to understand the best practices to be able to interface with patients, had we not taken this step very early on."

Focusing on basic science

Basic science, Bertagnolli said, underlies all research across NIH.

"When any [of the many] critical biological programs that ensure optimal functioning of our bodies are thrown out of balance, disease results," she said. "A heuristic model for describing these programs reminds us of the value of fundamental research as it addresses underlying principles that span multiple organ systems and multiple diseases."

One example is the ABCD Study, which National Institute on Drug Abuse Director Dr. Nora Volkow discussed on day two. The long-term study examines how substance use and such environmental factors as lead exposure, sleep, anxiety and video games affect adolescent brain cognitive development.

Day two of the ACD also included updates on Alzheimer's disease research, Henrietta Lacks (HeLa) cell line genome data access and the Accelerating Medicines (AMP) partnership.

As Inauguration Day approaches, as the next chapter soon unfolds, Bertagnolli said, "I believe any administration can get behind our goal of serving the people who need us."

Gaucher

CONTINUED FROM PAGE 1

(NHGRI) molecular neurogenetics section. She recently spoke as part of the NIH Neuroscience Seminar series.

GD is a recessively inherited lysosomal storage disease affecting an enzyme called glucocerebrosidase (GCase). This malfunction is encoded by a single gene called *GBA1*.

Lysosomes are organelles within cells that use enzymes to break down biological waste. The enzyme GCase digests a lipid called glucocerebroside. Lysosomes are particularly abundant in a type of white blood cell called macrophages and, when GCase cannot break down its target, the macrophage progressively fills with the undigested glucocerebroside lipids. Patients experience a toxic accumulation of glucocerebroside in the liver, spleen and blood marrow, causing a wide array of signs and symptoms.

Sidransky's past work led to the discovery that a rare subset of patients with GD, as well as some asymptomatic carriers of variants in the *GBA1* gene, develop Parkinson's disease (PD).

But how does this knowledge help researchers better understand PD? Sidransky became interested in the connection between the two diseases in the mid-90s when one of her patients with GD developed features of PD. Could glucocerebrosidase deficiency play a role in the development of PD, Sidransky wondered?

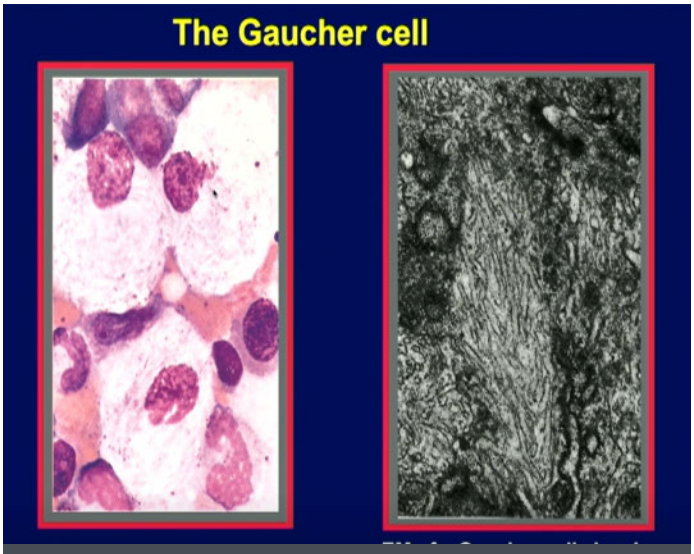
The lab's next step was a genotyping study comparing individuals with PD to healthy controls. Remarkably, individuals with PD were over five times more likely to carry a variant in in the *GBA1* gene. A subsequent study of patients with dementia with Lewy bodies (DLB) showed a similar phenomenon.

"Variants in the Gaucher gene are now the most commonly known genetic risk factor for Parkinson's disease and Lewy body disorders," said Sidransky.

What causes this association? There are two prevailing theories—involving a gain- or loss-of-function role for GCase—but Sidransky does not believe there is one single cause.

"The story has to be a lot more complicated," she said. "We clearly needed new tools and strategies."

The lab's first step was to establish cellular models using human cell lines generated from patients with GD and PD; they selected dopamine-producing (dopaminergic) neurons via induced pluripotent stem cells (IPSC) as their model of choice. They also needed to develop a method to measure GCase activity inside of lysosomes. They have produced three so far: a GCase antibody that only shows up in the lysosome, a lysosomal probe and a small tag made of amino acids.



Evidence of Gaucher disease shown in the cells in a bone marrow smear (l) and the lysosome of a single cell. At left, the nuclei of the cells (dark pink) are pushed to the side by the lipid-filled lysosomes. These classic "Gaucher cells" have a wrinkled, tissue-paper appearance, as shown by the tubular structures in the lysosome in the second image.

Sidransky's lab has a clinical study of patients with GD and Gaucher carriers with and without PD at the NIH Clinical Center.

One longitudinal study is looking to determine if they can find early clinical and imaging features predictive of parkinsonism in patients with *GBA1* mutations. Studying a group of patients with both GD and PD, they found that some, although not all, have early motor and non-motor findings, and may have earlier and more significant cognitive impairment.

Another longitudinal study followed patients considered at-risk for PD, who either had GD or were carriers. Most also had a family history of PD but, interestingly, only one of the 125 at-risk participants evaluated developed PD.

Sidransky would like to see further longitudinal studies in this area with larger cohorts. Based on her current findings, she said, "it seems like most GD patients are not on a Parkinson's trajectory," which is certainly good news for her patients.

"How do we explain this very low penetrance?" Studies thus far indicate that *GBA1* mutations are a risk factor for PD, but it seems that there are other factors at play that have yet to be discovered. Sidransky believes genomic approaches will be a valuable addition to clinical evaluations in elucidating these risk factors.

One promising area of study is sibling pairs, in which one sibling has GD alone and the other has both GD and PD. Genomic studies might reveal alleles that are protective against or serve as risk factors for PD. Sidransky's lab has a small ongoing study with 10 sibling pairs.

The connection between GD and PD may be helpful for advancing treatments for both conditions. Current treatments for GD—enzyme replacement therapy and substrate reduction therapy—do not cross the blood-brain barrier. Sidransky's lab is looking for ways to help therapeutics cross into the brain.

One contender is a GCase "chaperone," a small molecule that helps GCase fold properly and reach a lysosome, restoring the full biologic process. This method may ultimately be cheaper and more efficient than the current GD therapeutics and may prove useful in PD treatment as well. Working with collaborators from the National Center for Translational Sciences, they have identified some promising candidates to pursue.

"This emphasis on new tools has provided us with new opportunities" for treating GD and PD, Sidransky reflected. Additionally, she said, studying a rare disorder can have wide-reaching benefits.

"Studies on a rare disorder can come together in many different ways and provide a window into complex disorders that can ultimately be translated into new therapies for both disorders," she concluded.

A recording of the lecture can be found at https://videocast.nih.gov/watch=55322.

Abnormal Prenatal Blood Test Results Could Indicate Hidden Maternal Cancers

NIH researchers found previously undetected cancers in 48.6% of pregnant people who had abnormal results for prenatal cell-free DNA (cfDNA) testing used to screen for chromosomal disorders in the fetus. Cancers included colorectal, breast, lung and pancreatic cancers, as well as lymphoma, cholangiocarcinoma and renal carcinoma.

PHOTO: ANDREY_POPOV/SHUTTERSTOCK

The screening test analyzes placental DNA fragments circulating in the maternal bloodstream to identify an extra chromosome or to determine the baby's sex. The study appears in the *New England Journal of Medicine*.

In addition to fetal DNA, cfDNA testing detects DNA released from the mother's red blood stem cells and, occasionally, abnormal DNA that may result from an undetected cancer in the asymptomatic pregnant person. NIH's ongoing IDENTIFY study (Incidental Detection of Maternal Neoplasia through Non-invasive Cell-Free DNA Analysis) seeks to learn more about abnormal cfDNA test results that could indicate potential cancers.

For the current analysis, researchers performed cancer screening of 107 IDENTIFY participants using whole body magnetic resonance imaging (MRI), standard medical diagnostic tests and cfDNA sequencing. A total of 52 participants were diagnosed with cancer. For this group, the authors found that whole body MRI was the most effective method for detecting cancer. Standard diagnostic techniques, such as taking a medical history, assessing symptoms and physical examination, were of limited use in identifying a participant's cancer or its location.

Other abnormal cfDNA results were attributed to fibroids (benign uterine tumors), placental chromosomes that differed from fetal chromosomes and clonal hematopoiesis in the mother (a precancerous state that can lead to blood cancers). The researchers noted the need for additional studies to validate cfDNA sequencing patterns that could indicate cancer in this young, pregnant population without obvious clinical symptoms.

Long-Term Exposure to Air Pollution Linked to Blood Clots

A large NIH-funded study found that greater exposure to long-term air pollution was linked with increased risks for blood clots that can occur in deep veins. If untreated, these clots can block blood flow and cause serious complications, even death.

PHOTO: LANA ELCOVA/SHUTTERSTOCK

The study included 6,651 U.S. adults who were followed for an average of 17 years between 2000 and 2018. Participants lived in or near one of six major metropolitan areas: New York, Baltimore, Chicago, Los Angeles, Minneapolis and Winston-Salem, N.C.

Throughout the study, 248 adults developed blood clots in deep veins that required hospitalization. The likelihood of this outcome was linked to anywhere from a 39% to a more than two-fold increased risk based on long-term exposure to three different types of air pollutants.

Blood clots in deep veins, collectively known as venous thromboembolism (VTE), include deep vein thrombosis, which occurs when a blood clot forms in a deep vein of the limbs or an internal organ, and pulmonary embolism, which occurs when a blood clot breaks off from a deep vein and travels to the lungs.

Exposure to air pollution has long been associated with cardiovascular and respiratory diseases. While previous research has also suggested a link to VTE, this is the largest, most comprehensive U.S. study to report that association with three different types of air pollutants.

This included exposure to tiny air pollution particles equal to or less than 2.5 micrometers, which can be inhaled from a variety of sources. Participants with greater overall exposure to this type of air pollution had a 39% increased associated risk for VTE compared to people exposed to lower levels. People with increased exposure to oxides of nitrogen and nitrogen dioxide, pollutants most often found from vehicle exhaust, had a respective 121% to 174% increased risk.

To reach these findings, the researchers analyzed the relationship between patients hospitalized for VTE and levels of air pollution collected through extensive biweekly community-level monitoring—including samples taken from the homes of participants. They then compared those with the highest exposure levels to those with the lowest exposure. They also conducted multiple analyses to control for variables associated with VTE.

VTE affects up to 900,000 Americans each year. Many cases occur after surgery, but other factors, including age, long periods of inactivity, heart disease, pregnancy and genetics can increase risks.

Reported Drug Use Among Adolescents Remained Low in 2024

After declining significantly during the Covid-19 pandemic, substance use among adolescents has continued to hold steady at lowered levels for the fourth year in a row, according to the latest results from the NIH-funded Monitoring the Future Survey. These recent data continue to document stable and declining trends in the use of most drugs among young people.

PHOTO: MONKEY BUSINESS IMAGES/SHUTTERSTOCK

Reported use for almost all measured substances decreased dramatically between 2020 and 2021, after the onset of the Covid-19 pandemic and related changes like school closures and social distancing. In 2022 and 2023, most reported substance use among adolescents held steady at these lowered levels, with similar trends and some decreases in use in 2024.

The Monitoring the Future survey is conducted by researchers at the University of Michigan and funded by NIDA. The survey is given annually to students in 8th, 10th, and 12th grades who self-report their substance use behaviors over various time periods. The survey also documents students' perceptions of harm, disapproval of use and perceived availability of drugs. The survey results are released the same year the data are collected.

When breaking down the data by specific drugs, the survey found that adolescents most commonly reported use of alcohol, nicotine vaping and cannabis in the 12 months prior to the survey, and levels generally declined from or held steady with the lowered use reported over the past few years.

Dr. Richard Miech, survey team lead, said, "Kids who were in eighth grade at the start of the pandemic will be graduating from high school this year, and this unique cohort has ushered in the lowest rates of substance use we've seen in decades."

NIH's COSWD Bernard Retires

BY ERIC BOCK

Dr. Marie Bernard

NIH Chief Officer for Scientific Workforce Diversity (COSWD) Dr. Marie Bernard retired on Dec. 31, after 34 years of federal service, including 16 at NIH.

In her role, she led NIH's effort to diversify the biomedical research workforce by developing a vision and comprehensive strategy to expand recruitment and retention and promote inclusiveness and equity throughout the biomedical and behavioral science research ecosystem.

"Dr. Bernard has been an exemplar for fostering an equitable workplace at NIH and at the institutions we fund," said NIH Director Dr. Monica Bertagnolli. "Her passion and dedication for bringing together diverse perspectives to drive transformative change and achieve scientific excellence will be greatly missed."

In 2020, former NIH Director Dr. Francis Collins appointed Bernard acting COSWD following the retirement of Dr. Hannah Valantine, who served as NIH's first-ever COSWD. The position was created after the Biomedical Research Workforce Diversity Working Group of the Advisory Committee to the Director called for a new position entirely dedicated to diversity. After a nationwide search, Bernard was named to the position permanently in 2021.

"It's been great to have been COSWD. It's pulled together my experiences as an academic researcher and an NIH administrator," Bernard said. "I'm most proud of the people I've had an opportunity to work with—from my COSWD team to the allies who are ensuring we have a broadening of perspectives. We established excellent projects that should broaden participation in science. I am particularly pleased with the Engagement and Access for Research Active Institutions initiative. By focusing on institutions that have not received much NIH funding, the initiative should help ensure more perspectives and scientific foci in NIH funded research – imperative for moving the health of our nation forward.

Scientists should expose themselves to different points of view to reduce blind spots in their research. Colleagues from different backgrounds are going to approach problems from different perspectives, Bernard noted. Many times, their solutions wouldn't occur to a person who does not have their lived experiences.

Both of Bernard's parents were practicing physicians in Oklahoma. Growing up, she had no plans to follow in their footsteps. During her undergraduate studies at Bryn Mawr College, she realized she had a talent for chemistry and enrolled in medical school at the University of Pennsylvania.

She completed her residency training and served as chief resident at Temple University Hospital and School of Medicine. Bernard then became a faculty member in the General Internal Medicine Section at the same university. During her time there, she treated young, healthy patients with ailments such as upper respiratory and urinary tract infections.

Bernard found, though, that she preferred treating older patients. "Whenever I saw an older adult, I felt really energized, because it challenged my skills," she explained. "What's intriguing to me is how complicated these cases are. You must think not only about the disease they're presenting with, but also their genetics, functional status, social support system, lifestyle habits and exposures."

Bernard with Dr. Francis Collins

PHOTO: CHIA-CHI CHARLIE CHANG

Shortly after starting at Temple, her boss asked her to write a grant application in geriatrics. To do so, Bernard had to speak with Bernice Parlak, the head of the Pennsylvania Geriatric Education Center. Parlak told Bernard, "I will give you information if you participate in our training program," which was a year-long training program prior to widely available certified geriatrics training programs.

"It was an epiphany," she said. "There's so much more to geriatrics than hypertension, diabetes and heart disease."

After completing this training experience, Bernard moved back home to become a faculty member at the University of Oklahoma (OU) College of Medicine. While there, NIH funding supported her research on the nutrition and function of older adults before they were hospitalized with a serious illness. She also was the founding chair of the Donald W. Reynolds Department of Geriatric Medicine at the OU College of Medicine—the third such department in the United States.

A decade later, she began thinking of the next step in her career. A couple of colleagues who previously worked at NIH encouraged Bernard to apply for the deputy director position at the National Institute on Aging (NIA). She was hired in 2008.

"NIA Director Dr. Richard Hodes was a great leader and mentor. He gave me agency to pursue things that were of interest," said Bernard. "When I started, I told him I was interested in smoothing the pathway for future scientists and ensuring there's a broad variety of perspectives that are brought forward."

As deputy director, Bernard co-chaired the Inclusion Governance Committee, which ensured the appropriate inclusion of individuals in clinical studies, including by sex, race, ethnicity and age. Her efforts led to the development of the Inclusion Across the Lifespan Policy.

She also led the Women of Color Committee of the NIH Working Group on Women in Biomedical Careers. In addition, Bernard helped to develop the NIA Health Disparities Research Framework, which outlines four key levels of analysis related to disparities research–environmental, socio-cultural, behavioral and biological.

"I got a chance to understand how NIH works," she said. "There's no way I could've done that had I stayed in Oklahoma."

"The path to becoming a successful, NIH-funded scientist is not direct," she said. "Instead, it's a winding path full of setbacks. Aspiring researchers must have a clear vision of what they want to accomplish and persevere toward that when faced with adversity."

"It's been a privilege to work at NIH," Bernard concluded. "I'm in the middle of all the knowledge generation. If I didn't have a day job, I could spend all day listening to wonderful lectures by Nobel laureates and near laureates. My colleagues are hardworking and highly motivated. They could work elsewhere for more money, but they choose to work here."

OER's Columbus Retires

BY DANA TALESNIK

Megan Columbus

Megan Columbus, director, Division of Communication and Outreach for NIH's Office of Extramural Research (OER), retired in December after 34 years of federal service.

"I started at NIH as a temp when I wasn't sure what I wanted to do in life," recounted Columbus, whose first job at NIH was in the National Institute of Alcohol Abuse and Alcoholism.

"I had the pleasure of having a number of wonderful supervisors who let me explore. They supported and pushed me to develop in areas where they saw promise. I was very lucky to have them looking out for me, increasing my responsibilities, and offering me promotions," said Columbus.

One supervisor at NIAAA encouraged her to

participate in "one of NIH's many outstanding leadership development programs." As part of that program, she did a rotational assignment in OER. Shortly thereafter, in 1999, she joined the OER staff and has been there ever since.

Columbus has had a number of interesting roles in OER. She started as a special assistant to the director of the Office of Policy and Extramural Research Administration, focused on Vice President Al Gore's Reinventing Government initiative. When a project emerged to transition NIH away from a paper-based grant application process to electronic, federal-wide application forms, OER named Columbus program manager of this massive endeavor.

"At one point, we had dozens of working groups on which over 300 people across NIH were participating to try and figure out how to make this work," she said.

The effort to transform NIH's grant submission process required developing and exercising change management, communications, and project management skills well beyond what she had ever done before.

"It took time, and there were bumps in the road, but we successfully transitioned NIH and some of our sister agencies to a fully electronic grant application process." The epic effort won her and colleagues many awards and was even the subject of a Brookings Institution case study on leadership.

Columbus has had a variety of roles involving eRA, the electronic system to process grants, including founding their first planning office, supporting their communication needs and serving as program manager for eRA servicing of other agencies.

And then a new opportunity arose. "In 2007, OER leadership decided to establish a communications office. And they asked me, 'do you want to set this up?' So we did, initially while I continued to manage e-submission of grant applications. The director of communications has been my gig ever since."

Under her leadership, OER's centralized communications office has grown to a full services shop: web development; legislative and media affairs; outreach; extramural staff training and more. Their office started one of the first blogs at NIH, now called "Open Mike," which reaches more than 300,000 readers. "I love that we could use the blog as a way to give the public some insight into the NIH leadership's perspective, and to offer a new vehicle for hearing comments from the public," Columbus said.

"For me, one of the greatest blessings of working in OER was the opportunity to work with and learn from Megan," said OER Director Dr. Michael Lauer. "During her 34 years of service, she emerged as one of NIH's leading lights. Megan developed an exemplary communications and outreach operation which in many ways emerged as the face of NIH.

"I remember early in the pandemic, Megan thought we should prepare and release a video with messages of caring and assurance. That idea turned out to be spot on and went a long way toward helping us—NIH staff and hundreds of thousands of extramural researchers—get through a difficult time."

Columbus said she is grateful to OER for "the opportunities to think creatively and to problem-solve in a way that meets the needs of both the government and those in the grants community."

To her successor, she offered this advice: "Your team is your most valuable asset. Pave the way to allow them to shine and succeed. Work hard but keep it fun."

Columbus holds a BA in international relations from Bucknell University, has professional certifications in information technology management and loves to travel around the world. Just after college, she worked for a small nonprofit doing international development assistance.

"I realized that unless I'm in the country, it would be just fundraising most of the time and that wasn't so fun," Columbus said.

As she was figuring out her path, she decided to spend time learning about leadership in the great outdoors, backpacking in the Painted Desert, telemark skiing and living in quinzhees—snow cave igloos—caving and white-water kayaking as part of the National Outdoor Leadership School. She did all of these things, then began her federal career.

"The lessons I learned working with teams in the wilderness served me well as I transitioned to leading teams at NIH," she said.

In retirement, Columbus plans to continue her extensive volunteer work, play more and travel.

"I love NIH, both the mission and the people," she said. "I wanted to retire so I could be open for whatever comes along next."

Sustainability Superheroes Honored at Annual Ceremony

BY SUSAN COSIER

National Institute of Environmental Health Sciences scientists and staff working to improve energy efficiency, reduce carbon emissions and make laboratories more sustainable were celebrated recently at a Sustainability Superheroes reception.

More than 160 individuals were recognized for efforts to reduce waste, address energy use, and make NIEHS labs more efficient.

"We have a history here at NIEHS of being the first," said co-host J'Ingrid Mathis, executive officer and associate director for management at NIEHS. "We were the first in HHS to prepare a climate resilience plan, the first to have a net-zero energy building, and this year will be the first year that our annual electricity use will be 100% carbon free."

Dr. Darryl Zeldin, NIEHS scientific director and event co-host, added, "From pollution prevention to conserving and generating renewable energy, to hands-on implementation of new greening initiatives, today's awardees are working diligently to reduce the institute's environmental footprint."

NIH Green Labs

NIH Green Labs awards honored labs exhibiting a commitment to compliant waste prevention, management, and recycling; cold storage best practices; water conservation; sustainable procurement; and fostering collaboration and engagement.

NIEHS Green Researchers

The Green Researcher awards went to individuals committed to safe, sustainable lab practices, and fostering collaboration and engagement in the environmental arena.

NIH Freezer Challenge

Cold storage of biomedical samples is necessary for research, yet older freezers can use as much energy each year as an entire U.S. household.

"Freezers deserve additional focus when it comes to helping further our sustainability goals," said Kerri Hartung, NIEHS sustainability coordinator.

NIEHS Special Recognition

Awarded projects included a solar canopy installation, electric vehicle shared-use charging program, and pilot projects to boost recycling of gloves and pipettes.

HHS Green Champions

NIEHS projects recognized include NIEHS Refrigerant Management Plan; NIEHS Rall Building Roof Replacement/Refurbishments; NIEHS Transportation Reduction of Soiled Animal Bedding and NIEHS Recycling Program Innovation.

NIEHS awardees pose together at reception. **PHOTO: STEVE MCCAW/NIEHS**

Analyst Makes Sound Choice to Work at NIH

BY DANA TALESNIK

For years, Keith Tittermary worked full time conducting and directing musicals in community theaters. He loved this work, but it wasn't quite paying the bills.

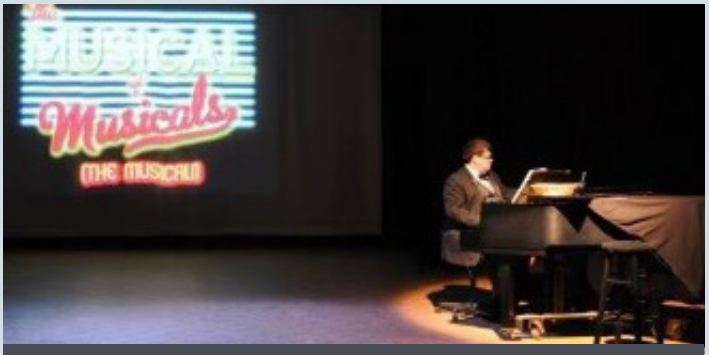
Tittermary with his son Kai, who is now 7

A trained pianist, Tittermary holds a degree in musical theater from the Catholic University of America. After college, he played in pit orchestras for touring shows coming through town such as *Ragtime* and *Rent*. He also was directing and conducting musicals at American University and Howard Community College. But even while supplementing that income by giving private piano and vocal lessons, he was living paycheck to paycheck.

"I made a barely survivable living," he recounted.

Tittermary "Dreamed a Dream" of a better "Tomorrow," believing there's a "Sunny Side to Every Situation." A pivotal moment in his career came in 2010.

That year, Tittermary was considering moving to California. He'd been accepted to San Diego State's graduate program for musical theater. But he also had applied for a job at NIH in the National Institute of Allergy and Infectious Diseases. When NIH selected him, he took the job. Even though the position was entry level, he recalled it still paid considerably more than his musical gigs combined. He was grateful to find that stability.



Tittermary playing piano in "Musical of Musicals, the Musical" with the Damascus Theatre Company at the Sandy Spring Friends School in 2015

And yet, he couldn't bring himself to entirely give up on his musical passion. Tittermary still played in shows on the side. He just couldn't commit to full runs anymore since he could no longer do matinees. He would take gigs playing in the pit for a dinner theater or in evening productions of shows such as playing piano in Olney Theater's *Fiddler on the Roof*.

It turned out, a skill he'd developed years earlier would ultimately enable him to rise through the ranks at NIH. About 20 years ago, he and several friends founded a theater school. Though it no longer exists, at the time, he'd taken on the role of managing its finances.

"When I came to NIH, I thought, 'Maybe finance is something I might want to pursue," he said.

Tittermary began networking with budget analysts at NIH. When a position opened at NIAID, he took it. He then went to graduate school and earned two master's degrees in finance. Now, Tittermary works in NIH's Office of Extramural Research in a leading role.

"I found a home here at NIH, a family," he said.

Tittermary is still working in music as a side career. For the past decade, he has been giving voice lessons on Sundays, and occasionally directs musicals at the Levine School of Music. He also plays piano in some shows. He recently wrapped up a run directing *Sweeney Todd* in Rockville and is getting set to direct *Merrily We Roll Along* at the Arts Barn in Gaithersburg, which opens in March.

"I always say when I retire from government, I might go back and do music full-time again," he said. For anyone interested in giving musical theater a try, Tittermary said, "There are so many theaters in the area producing really good shows. There are a lot of opportunities to do theater here. You just have to find them."

NIH Federal Credit Union Turns 85

This year, the NIH Federal Credit Union (NIHFCU) celebrates 85 years of service.

On January 11, 1940, when nine federal employees pooled $75 and began transacting business out of a shoebox, the NIHFCU was born. From a cramped 5'x6' space in Bldg. 1 (shared with the NIH telephone operator) to today's advanced mobile banking technologies, the NIHFCU has enjoyed a fascinating history.

Rick Wieczorek, NIHFCU's president & CEO, said, "Eighty-five years of continuous operation is a remarkable achievement reserved for only the soundest of financial institutions. At our Rockville headquarters, we proudly display one of NIHFCU's first financial statements from 1940. As we celebrate our anniversary, this treasured document is as meaningful as ever, as it provides a daily reminder of NIHFCU's humble beginnings and the spirit, legacy and positive impact it has, and will continue to have, on the lives of so many.

"On this occasion, I am so proud of our dedicated employees, and engaged volunteer Board and Committee members, who work tirelessly to ensure that our 'Banking With Heart' mission remains alive and well. I also want to thank our loyal members who trust us with their financial needs. We are grateful and privileged for the continued opportunity to serve."

The NIHFCU thanks all its members–past and present–for their loyalty and contributions to the credit union's longevity and success. Visit www.nihfcu.org for related news and special announcements throughout the year.

nih 85 FEDERAL CREDIT UNION 1940-2025