THE NIH RECORD

Still The Second Best Thing About Payday

HIGHLIGHTS

U.S. Department of Health and Human Services
National Institutes of Health

September 17, 2002
Vol. LIV, No. 19

Psychiatrists Discuss Divorce, Disruptive Behavior

By Sophia Glezos Voit

If you think rearing children can be difficult, you're not alone, according to Dr. Edgardo Menvielle, who splits his time between Children's Hospital and NIMH on research related to stress and violence in children, and Dr. Regina Smith James, NIMH special expert in research on attention deficit disorders in youth.

But whatever a parent's professional background, he or she needs to know when problem behaviors have crossed the line from occasional defiance and sassiness into pleas for professional intervention, said Menvielle and James, who spoke at separate sessions of the Seminar Café, held for NIH staff at the Neuroscience Center in Rockville.

Dr. Regina Smith James

It isn't always the child who needs the help, though. Disruptive behaviors (opposition, defiance, aggressiveness, etc.) sometimes end when parents get help for themselves—whether to address their own symptoms, emotional conflicts or marital discord, or to improve parenting and communication skills. In other cases, however, it's the child who needs direct intervention, either in the form of psychotherapy, medication or both.

Menvielle, whose recent presentation was on the effects of divorce on children,

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The 'Right Dust'

Zerhouni Plots 'Roadmap for Action' For NIH Future

By Rich McManus

The worst job Dr. Elias Zerhouni ever had was before he entered medical school at the University of Algiers. He took a job with a construction laboratory, testing the strength and durability of concrete and steel bars for large construction projects. Project foremen had been complaining that batches of the company's concrete had been failing regularly, crumbling under heavy loads. Zerhouni set out to discover why.

Dr. Elias Zerhouni

He read books on how to make concrete. An engineer showed him how to analyze sand, rocks and cement. Zerhouni found that, of all the elements in the recipe for concrete, the most important is the fine dust that acts as a binding agent for the larger stones. Without the right volume and type of dust, the

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Exercise Is Key to Breast Cancer Prevention

By Peggy Vaughn

Exercise can play as important a role in cancer prevention as the latest screening tool or chemoprevention drug, said Dr. Leslie Bernstein, professor of preventive medicine at the Keck School of Medicine, University of Southern California in Los Angeles.

Epidemiological studies strongly suggest that just a few hours each week of moderate to vigorous exercise can reduce a woman's exposure to ovarian hormones that cause breast cancer, she said.

"My message is...we have wonderful opportunities in chemoprevention, vaccines, surgical interventions and removal of carcinogens from the environment," she told the audience filling Lister Hill Auditorium on Aug. 1 for the third annual Advances in Cancer Prevention Lecture, sponsored by the National Cancer Institute. "But what's really important, also—and it's mostly free—is that lifestyle can offer important opportunities in the prevention of breast cancer."

Unfortunately, that message is not reflected in the choices made by an American public that is becoming overweight and obese at

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confirmed that marital breakup isn't ever easy on anyone. But when parting parents put children in the middle, work against or undermine each other and compete with one another, they can expect their offspring to suffer—whether emotionally or behaviorally—he said.

"It may seem basic," Menvielle explained, "but it's the quality of the co-parenting or the way parents deal with each other in relation to the child that's going to predict problems, rather than the specific custodial arrangement." The best predictor of a positive outcome for kids, he said, "is when the adults cooperate with each other, at least where the children are concerned."

Dr. Edgardo Menvielle of NIMH recently offered a seminar on the effects of divorce on children.

He added that although research before the last decade showed many negative consequences of divorce on children, more current findings show ongoing marital conflict as the culprit. In fact, he said, some research has indicated that problems in social functioning, emotional adjustment and schoolwork experienced by children of broken families developed 4 to 12 years before the split—implicating marital discord rather than divorce. But children who have pre-existing emotional and behavioral problems are at particular risk in stressful situations such as discord and divorce.

Given this, Menvielle said, some parents do well to enter couples therapy for a brief time, even well after the split, so they can learn strategies for putting their personal feelings aside in the interest of their children's parenting needs.

But there are far less clear-cut causes of bad behavior, which James discussed in her presentation in June on disruptive behaviors—namely, the combination of genetic influences and environmental factors, such as family issues. Signs of a behavioral disorder, she reported, include deceptiveness, hostility, argumentativeness, blaming, theft, aggression toward animals or people, property damage, deliberate annoyance, running away, vindictiveness and/or violation of rules.

"There are still gaps in our knowledge regarding the contribution of the child, the family, peers and the whole school community," James said, "but we do know there's usually a dynamic interaction between the child and the environment" when disruptive behaviors are ongoing.

When behavior problems emerge early and persist, she said, the research suggests that for some children, genetic factors may contribute more than environmental factors, although favorable social influences can be protective.

The types of disorders usually associated with disruptive behaviors, according to James, are oppositional defiant disorder, attention deficit hyperactivity disorder, mood disorders, and conduct disorder—some of which can co-occur.

Known risk factors in the environment include inadequate parental supervision and monitoring, poor limit-setting, weak bonding between parent and child, ongoing family conflict and/or violence, traumatic life experiences, head trauma and/or negative peer influences.

"The presence of risk factors doesn't mean a child is doomed," James cautioned, "nor does the absence of them signify protection. But although there are no quick, inexpensive and fail-safe solutions, we do have a better understanding of risks for disruptive disorders, and help is available when they do occur."

Treatments for disruptive behaviors include cognitive-behavioral therapy and social-skills training, both of which help the child gain new problem-solving and coping skills, learn how to manage anger more effectively and better tolerate frustration. Family therapy is also a common approach used in helping members better communicate with each other. In some cases, antidepressant and/or mood-stabilizing medications can also be effective. When ADHD is diagnosed, stimulant medications can improve behavior and self-esteem.

For families with children who exhibit antisocial, delinquent or suicidal behavior, James described a home-based intervention called multisystemic therapy that has helped many youngsters avoid hospitalization or incarceration.

For more information about children's mental health issues visit www.nimh.nih.gov/publicat/childmenu.cfm. ■

NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 2002.

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NCI Brings Native Americans to Visit NIH

Representatives of the Cherokee and Navajo tribes and young people from as far away as Alaska met at NIH on July 26 to begin a day of tours, speeches and visiting. In hopes of presenting them with an exciting introduction, the National Cancer Institute hosted 13 inspirational Native American fellows and scholars, joined later in the day by 10 more minority students, all involved in biomedical research or health policy. NCI's Office of Diversity and Employment Programs coordinated the visit.

The guests came from three different summer programs: the Harvard Four Directions Summer Research Program and two programs from the Henry J. Kaiser Family Foundation—the Barbara Jordan Congressional Scholars Program and the Native American Health Policy Fellowships. This is the second year in a row that the diversity office has sponsored such an event but the first year that

NIH deputy director Dr. Ruth Kirschstein (third from l) visits with three Kaiser Family Foundation Native American Health Policy fellows. They are (from l) Helen Pootoogooluk, Mark LeBeau and Herminia "Minnie" Frias.

students from the Four Directions participated. Both of the Kaiser Foundation programs provide their students and professionals opportunities to learn more about national health and welfare policy. The Four Directions Program participants, undergraduate and graduate Native Americans who are interested in becoming physicians or in careers in biomedical research, conduct research with Harvard faculty members and have opportunities to attend seminars and to observe clinical sessions.

Along their tour, they met with NCI director Dr. Andrew von Eschenbach and NIH deputy director Dr. Ruth Kirschstein. "Life's like a trapeze act with swinging rings," said von Eschenbach. "You've got to reach out and grab. In order to get to the higher ring, you have to let go of the last one. Trust that you have something extraordinary to give. Be flexible, optimistic and trust (yourself)."

Kirschstein, who has been at NIH for 46 years, told the students some of NIH's history and how it evolved. "It's a wonderful place to work," she said. She wanted to add one thing to von Eschenbach's advice: "Follow your noses," she said. "If it seems and feels right, even if it seems like a long shot, take it."

The visitors also met with Dr. Yvonne Maddox, deputy director of the National Institute of Child Health and Human Development. They toured the Clinical Center and the National Library of Medicine and lunched with representatives of the National Institute of General Medical Sciences and the National Heart, Lung and Blood Institute. They also heard about NIH opportunities from Presidential Management Interns, the director of the Office of Loan Repayment and Scholarship and an official of the NIH Academy.

"It was a dream of mine to visit the NIH for a long time," said Rachel Okabe, a Native Hawaiian participating in the Four Directions program. "It has exceeded my expectations. Thank you."

'Share the Health' Event Set, Oct. 26

The Office of Community Liaison will hold its fourth annual free community health forum—Share the Health: An Exposition of Health Resources from NIH to Its Neighbors—on Saturday, Oct. 26, from 8:30 a.m. to 3 p.m. at the Natcher conference center. The event features health-related information, lectures, workshops and screenings, with the goal of educating citizens about health promotion and disease prevention.

Community members can have their blood pressure checked; attend seminars led by NIH experts; collect information on the latest research; visit institute-sponsored exhibits; and learn to use the Internet to gather health information (a new web site just for seniors will be featured).

Children and teens can explore the "Drunken Brain," an interactive exhibit including a giant brain model with flashing lights; learn about fire prevention, good nutrition and the hazards of mercury; tour NIH fire and rescue vehicles; see the NIH police canine team in action; and watch the Halloween classic movie *Abbott and Costello Meet Frankenstein*, shown by the National Library of Medicine.

For more information call (301) 650-8660 (TTY users should call 1-800-877-8339) or visit http://sharethehealth.od.nih.gov/index.html.

Disability Awareness Expo at CC

The Clinical Center will present a Disability Awareness Expo on Thursday, Oct. 3, from 10 a.m. to 2 p.m. Information booths will be open to the public in the central exhibit area on the first floor of Bldg. 10 and in the Visitor Information Center. Exhibits will feature such topics as disability resources, accommodations, assistive technology and section 508 requirements. Participants are eligible to enter a drawing for two prizes.

Dr. Norman Salem, chief of NIAAA's Laboratory of Membrane Biochemistry and Biophysics, recently won the Supelco-Nicholas Pelick/American Oil Chemists' Society Research award, a major honor for research in lipid chemistry. The award recognizes outstanding original research in fats, oils, lipid chemistry or biochemistry. The 2002 award to Salem is for work that, over 30 years, has explored and elucidated the physiological role and importance of key fatty acids in health and development. In particular, Salem's work has focused on docosahexa-enoic acid (DHA), a long-chain polyunsaturated fatty acid that is present in high concentrations in brain and retinal tissue. DHA and related fatty acids are of key importance in the development of newborns and are present in breast milk; these compounds are not required in, and until recently were absent from, infant formulas.

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an alarming rate. Obesity prevalence increased by 50 percent between 1991 and 1998, she said.

"Even worse, by 1998 more than 21 percent of African-American children, and more than 21 percent of Hispanic children were overweight. More than 12 percent of non-Hispanic, white children were overweight," she said. "We have a tremendous problem we need to deal with."

Studies show that overweight and obesity accounts for 10 percent of cancer mortality among men, 15-20 percent among women and affects the risk of colorectal, endometrial, breast, kidney, prostate and esophageal cancers.

"The issue with obesity is that the gene pool hasn't changed," she said. "The (obesity) epidemic is solely due to lifestyle changes. We don't need to look for genetic causes or intermediate biomarkers."

When Bernstein first started looking at breast cancer risks in the early 1980's, it was already clear that incidence rates increased most rapidly during the reproductive years. Early menarche (first menstruation) and late menopause increased the risk, as did a woman's lactation history and number of births.

Dr. Leslie Bernstein

Studies also revealed a direct correlation between these life events and the total levels of hormone exposure. A study of 200 Finnish schoolgirls that followed them into their 20's and 30's found the earlier the menarche, the higher the levels of circulating estrogen during each menstrual cycle.

"(Menarche) is not just a chronological marker, it doesn't just mark the onset of the exposure to cyclic hormones," Bernstein said. "It also indicates the intensity of hormone exposure during adolescence. It's an effect that persists."

Having been an athlete all her life, Bernstein knew from personal experience that intensive training alters ovarian hormone production. For example, female marathon runners often experience anovulation, where there is still a menstrual flow but the levels of estrogen and progesterone hormones are much lower.

"An athlete has nearly a six-fold risk of being anovulatory," she said. "You might miss a cycle or cycles become irregular. Even if a woman ovulates, if she's an athlete she's likely exposed to lower levels of hormones."

Bernstein decided to test the connection between moderate physical exercise and ovarian function after menarche. She wanted to determine whether or not exercise affected the age at menarche and if it reduced the likelihood of developing breast cancer before and after menopause.

In a cohort study of 210 schoolgirls aged 14-17, she tracked menstrual bleeding and rates of physical exercise for 9 months. She found that girls who exercised moderately for 2 to 3 hours a week were twice as likely to be anovulatory. She conducted a second, larger study of 1,378 elementary school girls and found that 5 hours per week of physical activity delayed menarche.

She next did a case-control study of breast cancer among women aged 40 or younger and tracked the average hours of exercise per week in the 10 years after menarche.

"There was a reduction in risk of breast cancer among women who were most physically active in the first 10 years after menarche," she said. "Then we looked at (exercise rates) over their lifetime. Women who exercised on average about 4 hours per week over their reproductive years had more than a 50 percent reduction in risk in our study."

A similar study of postmenopausal women, aged 55 to 64 years, found a similar reduction in risk when women exercised moderately for about 4 hours a week, she said.

However, the effects of exercise on breast cancer risk were stronger among thinner women or those who had not gained substantial amounts of weight during adulthood.

"The ovaries may have turned off...but a heavy woman becomes her own estrogen factory," she said, since the body converts the testosterone and androstenedione found in body fat into estrogen.

The effects of exercise on breast cancer risk were restricted to women who did not have a family history of breast cancer, she added. In contrast, the effects of obesity were stronger among women with a family history of the disease.

Bernstein laments that only 25 percent of adults, and 27 percent of students, engage in recommended levels of physical activity. She believes getting children to exercise regularly is key to ending the obesity epidemic.

"By promoting physical activity, we not only impact breast cancer, but also colon cancer and possibly endometrial cancer," she said. "We can look towards lifestyle, in particular physical activity and the reduction of obesity, as important targets for cancer prevention." ■

Volunteers Needed

An NIH study is seeking individuals currently taking an anti-depressant (Wellbutrin). Participants will be asked to donate 4 tablespoons of blood for routine screening and evaluation of platelet function. The visit will be no longer than an hour and compensation is provided. Call Donna Jo McCloskey for more information, 496-5150. ■

Theater Group Presents Checks—In the photo above, Mary Ann Williamson (l) and Alice "Frankie" Smyth (second from l) of the Bethesda Little Theatre present a check to Dr. Lauren Wood (c) and Dave Smith for Camp Funshine, a program of Special Love Inc. for children who have HIV. Also pictured is Mary Graham (fourth from l) of the theatre group. Below, Williamson (l) gives a check to Deborah Dozier-Hall (second from l) of the Clinical Center social work department. The money is for the Patient Emergency Fund, administered by the social work department. Also shown are Smyth and Graham, officers of the Bethesda Little Theatre.

Distinguished Teacher To Be Named

The winner of the 2002 NIH Distinguished Clinical Teacher's Award will be named at Clinical Center Grand Rounds, held from noon to 1 p.m. on Wednesday, Sept. 25 in Lipsett Amphitheater, Bldg. 10. The award is the highest honor bestowed collectively by the clinical fellows on a senior clinician, staff clinician or tenure-track/tenured clinical investigator for excellence in mentoring, teaching and research.

The award has been presented annually, since 1985, to an individual who has demonstrated excellence in both mentoring healthcare professionals and teaching them on issues related to direct patient care, and made outstanding contributions to the advancement of clinical research.

Clinical fellows from nine institutes nominated 14 individuals for the honor.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture Series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Terry Sejnowski on Sept. 25, speaking on the topic, "The Dynamic Brain." He is HHMI investigator and professor, Salk Institute for Biological Studies, University of California, San Diego.

On Oct. 2, Dr. Michael E. Goldberg will lecture on "The Physiology and Psychophysics of Visual Attention." He is David Mahoney professor of brain and behavior, departments of neurology and psychiatry, and Center for Neurobiology and Behavior, Columbia University College of Physicians and Surgeons.

For more information or for reasonable accommodation, call Hilda Madine, 594-5595. ■

NIAAA acting director Dr. Raynard Kington presents NIAAA's Deputy Executive Officer Linda Hilley with the third annual Martin K. Trusty Excellence in Management Award at the institute's annual employee picnic at Clarksburg, Md.'s High Point Farm.

The Trusty award—named for a former NIAAA executive officer—was established by the institute to recognize long-term, outstanding commitment to and excellence in the management of institute programs and administration. In presenting the award, Kington noted Hilley's simultaneous service as acting budget officer and grants management officer as an example of her contributions to NIAAA. "Her managerial and technical skills have contributed enormously to the successful performance of the mission of NIAAA over the past 20 years," he said.

At the annual NIGMS awards ceremony recently, acting director Dr. Judith Greenberg (second from l) recognized three employees with the NIH Award of Merit. Traci Melvin (l), a personnel management specialist in the Personnel Management Branch, was cited for her dedication and exemplary service to the institute's personnel and ethics programs. Sue Thompson (second from r), a secretary in the Office of the Director, was cited for consistent, exemplary performance and team spirit in assisting the OD and NIGMS as a whole. Jim Onken (r), chief of the Office of Program Analysis and Evaluation and assistant director for resource allocation and analysis in the Division of Extramural Activities, was cited for developing and implementing innovative strategies to manage the NIGMS research and research training operational budget.

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concrete lacks strength.

Zerhouni presented his findings to the company, which selected a new quarry for its sand dust and soon realized that the young employee's hypothesis had been correct. Concrete no longer broke under stress, and the company could avoid the costly process of demolishing substandard batches. But it took someone willing to dig deep, and deal with the fine particles to solve the problem.

Zerhouni poses for one of his new official portraits on the lawn of Bldg. 1.

PHOTOS: BILL BRANSON

These days, five months into his post as the 15th director of NIH, Zerhouni is again acquainting himself with the fine particles, this time of a $27 billion agency. By immersing himself in the small parts of the institutes—by late August he had been to nearly half the 27 institutes and centers and impressed many IC directors with his quick grasp of their issues (see sidebar), not to mention the many individuals he has surprised with his warmth—Zerhouni hopes eventually to mold a stronger, more enduring NIH.

"After being a [construction] consultant, I said 'That's a great job, but I think I like research better, in the lab," Zerhouni recalls. "That was before I decided to go to med school. I had wanted to be an engineer because I was good at math and physics...I worked [construction] for 6 months, and it was good money, but I didn't like the engineering aspect. I liked more the research aspect. My experience was to test, to test, to test and ask 'Why is it failing?' That's when someone said, 'You know, you should go into research—you seem to ask the questions rather than implement the solutions.' That's what convinced me to go into medicine, actually."

Business Before Pleasure

As the Labor Day holiday weekend approached, Zerhouni was not preparing to enjoy a few days of windsurfing or boating at his house fronting the Chesapeake Bay. Rather, he was planning for the NIH director's annual Leadership Forum, a traditional exercise he embraced for its opportunity to identify priorities in conjunction with the IC directors, build consensus and "really go into depth" on the major issues confronting NIH. An unabashed lover of the water—he grew up on the Mediterranean Sea and spent hours of every summer day swimming and diving with friends (he can hold his breath for nearly 3 minutes, and is still able to dive to depths of 30 or 40 feet and linger for up to half a minute)—Zerhouni nonetheless put aside pleasure to focus again on leading NIH, an activity he says takes all of his time, postponing even the radiological research projects he hopes one day to pursue here.

"I think it's important initially, when you take on a new job, to focus 100 percent on the new job, build teams, have appropriate interactions with the IC directors and all of the management team, set up some operating principles, and become also a spokesman for NIH, across many constituencies," he said. "That requires 100 percent commitment and focus."

The forum, he said, would enable him to define a "roadmap for action" that he had been thinking about for the previous three months, and which would cover the next 3-5 years of NIH's future. Focus groups composed of both intramural and extramural scientists helped set an agenda that was to include such topics as: access to research resources, databanks, bioinformatics, molecular libraries, clinical research networks—"a whole slew of issues that seem to be multidisciplinary, requiring

'How's the New Director Doing?'

At the end of a half-hour interview with the *Record*, NIH director Dr. Elias Zerhouni proposed something unorthodox: "Maybe the thing you should do is talk to other people about what they have seen of me over the past three months...I think it's more interesting than me speaking...After all, how much can you get out of a 30-minute interview? Maybe you want to ask the IC directors and some people around here, 'How's the new director doing?'"

"It is impressive to see how quickly Dr. Zerhouni has become knowledgeable regarding the quality and loyalty of the NIH senior staff," observed Dr. Yvonne Maddox, deputy director of NICHD and recently NIH deputy director as well. "In doing so, he has re-instilled a tremendous amount of confidence among staff. He seeks their counsel, gives them significant responsibility and lets them get their jobs done."

Said Dr. Michael Gottesman, NIH deputy director for intramural research, "Dr. Zerhouni has been a very quick study, absorbing huge amounts of NIH lore and policy and adeptly adding his own, unique perspective. He has impressed everyone by his grasp of both basic science and clinical research, and his goal is to maximize the return on the public's investment in the NIH. He understands the important contributions made by the NIH intramural program and has encouraged intramural scientists to take full advantage of the opportunities afforded by the resources in the intramural program. He favors facts over opinions, and all of his decisions so far have been data-driven. All in all, an outstanding beginning."

"In my opinion, Dr. Zerhouni is doing an excel-

teamwork. How do we encourage that, and more importantly, what new areas of science do we need to focus on that have a lot of promise to them, but may need NIH encouragement? Systems biology is one, biological engineering, mathematics of model systems—those are the issues...My philosophy is that every institution and its people have a certain amount of energy, and you don't want to diffuse it—try to be all things to all people—but try to focus it strategically on the things that will make the most difference."

Zerhouni said the briefings he has been getting at his fact-gathering visits to the ICs have been an inspiration as he learns the ropes at NIH. "It's been terrific, actually. I have to say that the quality of the presentations, the discussions, the people—it's just outstanding," he said. "I'm very pleased to walk around and meet people, and get a sense of the challenges and the opportunities for the institution."

lent job as the new NIH director," said NIDCD director Dr. James Battey, whom Zerhouni has tapped to lead a new NIH task force on embryonic stem cell research and related issues. "He has taken the time to listen closely to his colleagues at NIH about research opportunities, and has actively sought input from the research community. Based on this broadly-based input, I am confident he will chart a course for NIH that will capitalize on the many opportunities and compelling needs of the biomedical research community."

"Dr. Zerhouni has rapidly proven himself to be a knowledgeable and highly capable leader," noted Dr. Francis Collins, director of NHGRI. "His command of basic and clinical biomedical research is impressive, and he has a real vision for the future of NIH. Furthermore, he has already demonstrated remarkable skills in organizational leadership. We are fortunate indeed to have such an inspiring and dynamic new director."

Adds NIAID director Dr. Anthony Fauci, "I have been very favorably impressed with Dr. Zerhouni, both as a person and as a talented scientist/administrator. He has quickly grasped the complexities of the job, has shown leadership, insight, energy and conviction, and importantly, he is a very enjoyable person to work with."

Concluded Charles Leasure, Jr., NIH deputy director for management and chief financial officer, "He appears to be the perfect person for the times—an outstanding scientist and physician who recognizes the need to apply the latest management theories and techniques to make the best use of the resources given to us by the taxpayers as NIH tries to prioritize future research efforts."

Changes in OD and Recruitment

With respect to the Office of the Director, Zerhouni said he's mulling some eventual changes. "I'm really thinking through that," he said. "At this point I have not made up my mind yet...Change for the sake of change is not something that I encourage. I want to identify what are the right things to do." He envisions an OD that works more closely with the ICs, communicates more effectively with the outside world, and that adopts a decision-making process that is more cogent and less taxing on staff.

Director plans new roadmap.

Of several vacancies at the top of some institutes, he said, "One of the most, if not the most important jobs of a director is to recruit the best and brightest as heads of institutes and centers. I consider that probably my highest priority...It is not good to leave institutes without permanent leadership for too long a time...I think we'll be making some announcements pretty soon. I'm very pleased by our ability to attract some outstanding candidates to the NIH. It's taking me some personal effort and many, many phone calls, but I think that's what you need—you need to create a sense of excitement and positive energy so that the best people out there will consider a leadership position at NIH. After all, being an IC director is an outstanding opportunity for someone who would want to make an impact on science."

Town Meeting Series Planned

To improve morale on campus, Zerhouni has proposed a series of "town hall" meetings, the first of which is scheduled for Masur Auditorium at 1 p.m. on Friday, Oct. 4. "For an organization as large as NIH, town meetings need to be regular events," he said, "where the leadership of the institution communicates with the members of NIH and the community at large. It's a chance to share challenges and opportunities, have questions asked. I am very much in favor of an open and interactive style of management. Good communications helps morale, helps everyone continue their outstanding commitment to the NIH. I'm impressed with the culture here of dedication to the NIH mission by everyone...I believe the NIH director should not be a remote figure. After all, transparency in who you are, what you do and where you intend to go is very important not only for morale, but for effectiveness

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Director's Town Meeting, Oct. 4

On Friday, Oct. 4, NIH director Dr. Elias Zerhouni will host his first NIH Town Hall Meeting in Masur Auditorium, Bldg. 10, from 1 to 2 p.m. It will be an opportunity for him to communicate his vision for NIH and address issues of importance to the community. The session will follow with a question and answer period. Visit http://townhallmeeting.nih.gov to submit your ideas for what might be addressed at the meeting if you have not done so yet. All NIH employees are invited to attend. Seating will be available on a first-come, first-served basis. Sign language interpretation will be available and accommodations can be made for persons needing special assistance. The event also will be videocast and can be viewed from your office computer at http://videocast.nih.gov. For more information contact Carol Jabir at jabirc@od.nih.gov or 496-1776.

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of the organization. So I intend to communicate, communicate, communicate."

Addressing NIH relations with its parent Department of Health and Human Services, Zerhouni said that, particularly after a period of growth, it's important to "harmonize interactions between various functions...So far we've had a very open dialogue in areas of public affairs and legislative affairs...Departmental and government-wide activities need to be coordinated, but there are activities that are NIH-specific that need to be preserved at NIH, and they will be preserved. You need the proper balance between centralization and decentralization."

To achieve a so-called "soft landing" after the doubling of the NIH budget during the past 5 years, Zerhouni said he would advocate as strongly as he could to defend the value of continued investment in biomedical research. "The opportunities in science have never been greater. My job is going to be to make that point."

Zerhouni is concerned that "public recognition of the agency is not as high as one would think. And yet, all of the major advances in health care, and in discovery, over the past 30 years have come from NIH." He wants to promote NIH as being in the vanguard in health care and research progress.

'Communicate, Communicate, Communicate'

Zerhouni emphasizes his reliance on clear communication.

Whether or not Dr. Elias Zerhouni knew he was mimicking Joseph Pulitzer's journalistic admonition, "Accuracy, accuracy, accuracy," or perhaps real estate's maxim, "Location, location, location," he nonetheless offered his own advocacy—in memorable triplicate—for communications.

"The best scientists are great communicators," he said. "I have not known a great scientist who was not a great communicator...When you have to compete for your grants and your programs, you have to be a very good communicator because you need to convince people. I really believe that the best science is served by the best communication. To not communicate as a scientist means that maybe you don't know or understand your science well enough to communicate it well. What you understand well can be communicated well. It's a matter of not just discipline but obligation to the public for scientists to communicate both the excitement of science, the prospects of science and the accomplishments of science. This belief in communication is something I've had all along."

An Appetite for Fun

Turning to his hobbies, the director avidly described a lifelong love affair with the water. "I started diving when I was probably 3 years old...I grew up by the water. I spent probably 5 or 6 hours per day in the water when I was a kid. From age 12 to 19, I was a competitive swimmer. From 10 o'clock in the morning I was in the water til 3 in the afternoon—like the kid who was swimming with Flipper (the dolphin star of a 1960s TV show) all the time. I was also spearfishing—that was my hobby. Then when I grew up and had a little more means, I began recreational scuba diving, not wreck-diving or deep-diving. I trained all my kids to scuba dive, too...My daughter, she's the best of the group."

He spent an August vacation simply enjoying the pleasures of a waterfront home. "I love crabs," he said. "My wife hates them, but I love 'em, so I take her share." Playing music on the lute is probably his second favorite pastime, he said, chiefly Spanish and Moorish tunes "from where I grew up." Of his home country, he said he rarely returns to Algeria "because it is very troubled—maybe once every 2 or 3 years I'll have a trip."

Before the interview began, Zerhouni posed for NIH photographers on the lawn of Bldg. 1; these would be the official photos of the NIH director. The director's aides had been worried about the photographers' plans to have Zerhouni stand atop a picnic table, in order to get the best angle of him with Bldg. 1 in the background. What if he fell and got hurt? Would he look ridiculous? Discounting their concerns, Zerhouni simply said, "Let's do it," mounted the table without pause, and posed—chin up, chin down, somber and grave, jovial and amused, arms crossed, arms at his side—whatever the photographers asked of him. Game to do whatever he needed to in order to get the job done, even if it kicked up a little dust. ■

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NHGRI Deputy Director Jordan Retires

After 30 years of service to NIH, Dr. Elke Jordan, deputy director of the National Human Genome Research Institute, retired on July 1. She secured her place in NIH history as an integral leader of the Human Genome Project.

Her contributions to the HGP began in 1988, when Jordan became director of the Office of Human Genome Research, responsible for laying the foundation for the infrastructure of the HGP at NIH. In 1989, she became deputy director of the National Center for Human Genome Research, which launched the HGP in 1990. She managed early sequencing pilot projects on organisms such as yeast and the roundworm, and administered the grants that funded the groundwork for technology that would eventually tackle the mapping and sequencing of the human genome.

"Elke set up the office literally and figuratively. She did all the initial hiring and gave direction to the project," said Jane Peterson, associate director of the Division of Extramural Research at NHGRI. "James Watson [first director of the HGP] came to D.C. only a few days a month and she directed the entire enterprise when he wasn't there. It's hard to convey how important she was to this project," Peterson said.

Born in Gottingen, Germany, Jordan earned her bachelor of arts degree in 1957 from Goucher College and her Ph.D. in 1962 from Johns Hopkins University. She was a postdoctoral fellow at Harvard University from 1962 to1964 and again at the University of Cologne, Germany, from 1964 to 1968. Her research was in molecular biology of the bacteriophage lambda and in regulation of galactose metabolism in *E. coli*.

In 1968, Jordan accepted a position as research associate at the University of Wisconsin, Madison, and from 1969 to 1972 was a research associate at the University of California, Berkeley. In 1972, she began her NIH career as a grants associate. From 1973 to 1976, she was coordinator for collaborative research in the virus cancer program at the National Cancer Institute.

From 1976 to 1978, Jordan was a program administrator in the Genetics Program Branch at the National Institute of General Medical Sciences and was deputy director of the branch from 1978 until 1981. During this time she was instrumental in starting Genbank, initially a contract managed by NIGMS. The early controversies surrounding Genbank proved to be good training for her later work on the HGP.

In 1981, she became acting associate director for program activities at NIGMS and in 1982 shed the "acting" role. In this post, Jordan coordinated all extramural activities of NIGMS, supervised grants management and review, allocated the budget, managed the advisory council and chaired numerous trans-NIH committees dealing with extramural management and staff training.

Jordan stayed at NIGMS until 1988 when she received a call from then NIH director Dr. James Wyngaarden, asking her to become director of the Office of Human Genome Research; scientists in the community had recommended her. Not knowing what to expect, or whether anything would ever come of the highly controversial genome project, she decided to take the plunge.

Dr. Elke Jordan recently retired as deputy director of NHGRI.

Within a year, the office became an NIH center with the authority to award its own grants, requiring a major expansion of staff and new administrative systems to manage the task. The budding institute was constantly on the move—physically and intellectually—trying to keep up with the changing circumstances and emerging opportunities in genomics.

"It's been exciting," said Jordan of her genome efforts. "I have worked with wonderfully talented and dedicated people, both NIH staff and scientists around the world. We broke a lot of new ground and were initially met with a great deal of skepticism. There were many rough spots along the way, but everyone was determined to make it work and so we were successful in the end."

At Jordan's retirement reception, Dr. Francis Collins, director of NHGRI, said, "When history is written about the Human Genome Project, Elke's contribution will be interwoven in its pages. It must be wonderful to see a project as important as this one from its inception to seeing the initial goal of having the human genome sequence virtually completed. In April 2003, we will have completed the final version of the sequence, and Elke will be one of the people we have to thank for it."

Being part of the HGP, Jordan said, has been the highlight of her career. "I started college the same year the structure of DNA was solved and learned about it in my biology classes. From then on it has just been one revolution after another: identifying the triplet code that translates DNA sequence into protein, recombinant DNA, PCR, DNA sequencing, microarrays. And now we are in the genomics age and will see biology from a completely new perspective. It is truly awe-inspiring."

Jordan's contributions to NIH will not end with her retirement. She recently started working at the Foundation for the NIH to create partnerships with outside organizations to support various projects. ■

NIDA's Roger Brown Dies, Fostered Neuroscience Program

Dr. Roger M. Brown, associate director of neuroscience in NIDA's Division of Neuroscience and Behavioral Research, died June 13, of cancer, after a short illness. At NIDA for more than 20 years, he fostered the use of neuroscience tools for the study of drug dependence and addiction and oversaw the growth of the NIDA's neuroscience program, now a predominant focus of the institute's research. He also initiated and developed NIDA's program to research pain and develop nonaddicting analgesics.

NIDA's Dr. Roger M. Brown was among the first to recognize the role of the dopamine system in the rewarding properties of drugs of abuse.

"Roger had many close long-time colleagues at NIDA," said Nancy Pilotte, chief of NIDA's Pharmacology, Integrative, and Cellular Neurobiology Research Branch. "Everyone acknowledges that there has been no major advance in this field that Roger didn't have a hand in."

In the early 1980s, Brown was among the first to recognize the role of the dopamine system in the rewarding properties of drugs of abuse. This observation became a cornerstone of the neurobiological understanding of drug abuse. It opened the door to the wider concept of disturbed neurotransmission as a central mechanism of drug dependence and addiction.

Brown's involvement with neurotransmitters began in the early 1970s, when he worked in the Goteberg, Sweden, laboratory of Dr. Arvid Carlsson, who was to win a Nobel prize in 2000, in part for his pioneering work on dopamine. Subsequently, Brown joined the NIMH intramural research program and collaborated with Dr. Patricia Goldman-Rakic to measure the brain distribution of a class of chemical compounds that includes many of those now recognized as neurotransmitters. Their finding of markedly uneven distribution was a decisive early clue that different neurotransmitters serve different functions.

"In our lab, Roger was known for setting the gold standard for trustworthiness in word and deed," said Dr. Mortimer Mishkin, chief of NIMH's section on cognitive neuroscience. "Later, when he moved to NIDA, he was unfailingly generous with advice and assistance. We, and the field, have lost a champion."

Brown's preferred professional designation, "research neuropsychopharmacologist," reflected the breadth of his training and his drive for an integrated understanding of all aspects of drug responses—chemistry, the brain and behavior. Adept at analyzing complex interactions among those factors, he could also bring a convoluted wrangle over the interpretation of a rodent study back to earth by amiably declaring, "What I want to know is, what's in it for the rat?"

As an administrator, Brown backed a wide variety of research approaches and was particularly receptive to proposals incorporating innovative techniques. Among the techniques whose promise he quickly grasped and encouraged were the use of microdialysis to measure the regional concentrations of neurotransmitters in the brain as indicators of the functional importance of brain chemicals, and the use of radioactive ligands to map neurotransmitter receptor sites in discrete brain areas.

Brown's first assignment at NIDA, in 1979, was to organize a neuroscience program at the institute. From 1983 to 2000, he was supervisory pharmacologist and chief of the Neuroscience Research Branch. In 2001, he was awarded the J. Michael Morrison Award of the College on Problems in Drug Dependence "for outstanding contributions in scientific administration relating to drugs of abuse."

Brown was a person with many interests. His fascination with Mayan culture led him to acquire property in Belize, where he looked forward to growing orchids and pursuing a longtime interest in herbal medicines in retirement.

One of his last contributions to NIDA was his strong advocacy of a room that he described as "a place for staff to go to learn about neuroscience...a quiet place for concentration, away from phones and hassle of the office." When NIDA's Neuroscience Resource Room became a reality last year, Brown donated many books and journals from his private library.

NIDA will celebrate Brown's life and contributions on Sept. 18 with reminiscences by colleagues and dedication of the Roger Brown Memorial Library in the Neuroscience Resource Room. On May 14-15, 2003, NIDA will convene a symposium in Brown's honor. Investigators who conducted research with grants administered by Brown will speak about the programs and discoveries he helped nourish. ■

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