Fineberg To Give Shannon Lecture

Dr. Harvey V. Fineberg, president of the Institute of Medicine since July 2002, will deliver the 7th annual James A. Shannon Lecture at 3 p.m. on Wednesday, Oct. 1, in Masur Auditorium, Bldg. 10. His talk is titled, "The National Academies Advice on the Organization of the NIH."

Fineberg served as provost of Harvard University from 1997 to 2001, following 13 years as dean of the Harvard School of Public Health. He has devoted most of his academic career to the fields of health policy and medical decision-making. His past research has focused on the

"NIH History Day' Set, Sept. 22

The first annual "NIH History Day" will be celebrated on Monday, Sept. 22. At 3 p.m., in Lipsett Amphitheater, Bldg. 10, NIH director Dr. Elias Zerhouni will present opening remarks at an NIH History Lecture, which will be given by Prof. Alan Kraut of American University. Entitled "Goldberger's War: The Life and Work of a Public Health Crusader," the lecture will be based on his new biography of Dr. Joseph Goldberger, who demonstrated that pellagra was a dietary deficiency disease.

Before the lecture, at 10:30 a.m. and 1:30 p.m., a limited number of tours of the Stetten Museum's storage facility in Bldg. 13 will be offered (requires preregistration on web site; see below). From noon to 1 p.m., staff from the Office of NIH History

Group Represents NIH Community

New Advisory Board Considers Security Concerns

By Carla Garnett

By the time NIH director Dr. Elias Zerhouni had announced at a June 18 Town Meeting the creation of a new NIH advisory group to consider security concerns, the impact of the NIH Community Advisory Board for Security (CABS) was already being felt—and widely appreciated—every morning by thousands of employees who work on the Bethesda campus.

During the last security alert level escalation (raised May 20, lowered May 30) to Code Orange, for example, workers were greeted with a welcome change: screening at buildings was streamlined as employees no longer passed through magnetometers or had their bags x-rayed. Display of your official NIH ID gained you access to your place of business with nary a delay. The adjustment reflected the counsel and opinions of CABS: Employees would be treated differently than

In Anticipation of Crunch

Committee Carves Out 900+ New Parking Slots

By Rich McManus

As a prescription for the impending parking crunch, NIH's ad-hoc parking advisory committee has identified five new temporary parking areas—grassy fields that can be graveled relatively easily—and has converted to "stacked" parking five existing lots that have not heretofore hosted aisle parking. The newly configured lots debut on Monday, Sept. 22 and create room for more than 900 vehicles. "But we still expect something of a shortfall (in total parking availability) come October, so we are urging employees to consider alternatives to driving every day to work," said Dr. Michael Gottesman, NIH deputy director for intramural research and chair of the parking committee.

The graveled lots—which will return to their natural grassy form once the crunch is over in a year or so, assures Gottesman—are all on the campus's east side and were identified during a late-July bus tour of campus by members of the parking committee. Three
FINEBERG, CONTINUED FROM PAGE 1

process of policy development and implementation, assessment of medical technology, evaluation and use of vaccines and dissemination of medical innovations.

Fineberg helped found and served as president of the Society for Medical Decision Making and also served as consultant to the World Health Organization. Before heading the IOM, he had a long affiliation with it, chairing and serving on a number of panels dealing with health policy issues ranging from AIDS to new medical technology. The IOM advises the government on issues such as vaccine safety, health care delivery and quality, nutrition standards, cancer prevention and management and military and veterans health.

Fineberg also served as a member of the Public Health Council of Massachusetts from 1976 to 1979, as chairman of the health care technology study section of the National Center for Health Services Research (1982-1985) and as president of the Association of Schools of Public Health (1995-1996).

He is coauthor of the books Clinical Decision Analysis, Innovators in Physician Education and The Epidemic That Never Was, an analysis of the controversial federal immunization program against swine flu in 1976. He has coedited several books on such topics as AIDS prevention, vaccine safety and understanding risk in society.

The Shannon Lecture was established in 1997 by the NIH Alumni Association in honor of the NIH director who served from 1953 to 1968; the lecture promotes public discussion of issues affecting the NIH mission.

Camera Club Holds Competition

The annual photo competition sponsored by the NIH Camera Club will be held Tuesday, Oct. 14 in the Bethesda-Chevy Chase Services, 4805 Edgemoor Ln. The building will be open at 6:15 p.m. for registration of entries and judging begins at 7. Contest entry fee is $1 and judging will be done by a panel of three expert photographers from the community. Cash prizes will be given for the top three images in each category and ribbons will be given for honorable mention. The categories are black and white prints, color prints and color slides. Individuals may enter up to four images per category. For more information call Harvey Kupferberg (301) 983-0167 or Margaret Sprott (301) 299-6805.

HISTORY DAY, CONTINUED FROM PAGE 1

will be available in public areas of Bldgs. 10, 31 and 45 to talk with people who might have photographs, artifacts or documents to contribute to the collections.

In August, a special web page was posted at http://history.nih.gov to gather information about "NIH families" and to solicit contributions from intramural laboratory staff. NIH staff and alumni with family members who have worked for NIH in any capacity at any time can fill out a form describing their work for the agency. Those working in laboratories are asked to comment on doing science at NIH. The information obtained will be used in later articles in the NIH Record and NIH Catalyst.

All participants may enter the free raffle sponsored by the history office. Prizes include a T-shirt commemorating NIH History Day, a copy of Inventing the NIH, by Victoria Harden, NIH historian, and NIH: An Account of Research in Its Laboratories and Clinics, by Dr. DeWitt Stetten, Jr. and W.T. Carrigan. T-shirts are also available for purchase at R&W stores.

Copies of Kraut's book on Goldberger will be available for purchase prior to the lecture at the FAES Bookstore in Bldg. 10, Rm. B1L101. Kraut will be available to sign books at a reception following the lecture.

Heart Failure and Diabetes

If you or someone you know has heart failure/diabetes, call today for study information: 1-800-411-1222 (TTY 1-866-411-1010).
Cancer Prevention: A European Perspective

The European Prospective Investigation into Cancer and Nutrition (EPIC), the largest prospective nutrition study ever undertaken, is yielding key findings about the relationship between nutrition and cancer. Preliminary results indicate that diet patterns including regular consumption of processed meat are associated with a higher risk of colorectal and stomach cancers, while diets high in fish, fiber, fruits and vegetables are associated with a reduction in the risk of these and upper aero-digestive tract cancers.

The EPIC project, sponsored by the International Agency for Research on Cancer (IARC), part of the World Health Organization, is a result of collaboration among 10 European countries. Begun in 1992, “EPIC currently involves over half a million volunteers for whom we have quite complete questionnaire data on diet, lifestyle and physical activity,” said Dr. Elio Riboli, EPIC project coordinator and chief of the IARC unit of nutrition and cancer.

Riboli presented some preliminary EPIC findings recently during a lecture titled “Cancer Prevention: A European Perspective” on the NIH campus. The talk was featured as the 4th annual Advances in Cancer Prevention Lecture, sponsored by the Division of Cancer Prevention at NCI.

Riboli and colleagues obtained data for the EPIC project that included blood samples, a representative 1-day actual diet analysis, and responses to a diet, lifestyle and physical activity questionnaire. Researchers stored millions of blood samples that will be used to measure a variety of biomarkers of diet, metabolic patterns and exposure to environmental factors.

Riboli was quick to point out that the study of diet is only part of the relationship between lifestyle and cancer. The larger picture indicates that changes in cancer risk can result from obesity, sedentary lifestyle and all related hormonal imbalances. As obesity rates increase throughout the European Union and the rest of the world, associated disease rates may follow. “The projections are absolutely scary,” Riboli said.

The EPIC project provides an opportunity to study the role of nutrition and lifestyle on a larger scale than previously conducted. The size of this study will allow researchers to extract data with high statistical power, and allow for the study of uncommon cancers, Riboli said. “This network has been made possible through a major collaboration around Europe through the goodwill of many experts and colleagues, and I’d like to thank all of them, as well as the 517,000 people who gave us this information.”

In addition to working on the EPIC project, Riboli is one of four principal investigators of the NCI-sponsored Consortium of Cohorts, which is studying the links between genes, the environment and cancer. He will spend the next few months at NCI as a visiting scientist.

Maintain Civility at Work

Sometimes the pace of change either at work or home makes it difficult to maintain balance in the workplace. The following statements may help determine when help is needed to manage conflicts or other stressors that contribute to inappropriate work behavior:

- Are you concerned about how to respond to behavior at work that is less than civil and possibly even intimidating, harassing or verbally or physically threatening?
- Are family and other personal disputes affecting your ability to think clearly and be productive at work, or are you worried that family members or others with hostile attitudes or behavior may make unwanted visits to work to see you?
- Do you believe that you or any of your colleagues are currently experiencing overwhelming feelings of depression or thoughts of suicide?
- Have you seen other behavior changes in yourself or others at work that are cause for worry?

If the answer to any of these questions is “yes,” then you may want to call CIVIL, the team of experts that promotes civil behavior in the NIH workplace. The phone number is C-I-V-I-L (2-4845); TTY 402-9499. Anyone can call CIVIL. CIVIL will help you sort through the issues, determine the next steps toward solving the problems, and work to promote a safe and productive work environment. For more information, visit the CIVIL web site at http://civil.nih.gov. If you believe you or others are in immediate danger, then you should always call 911 first.

Dr. Elio Riboli
are in the immediate vicinity of the National Library of Medicine: on the front lawn, or Pike side, of the library, beside Center Dr.; adjacent to the vehicle inspection tent on the library’s back lawn; and just north of there, adjacent to Bldg. 32. Two larger lots will lay roughly on either side of the Metro station: the larger one, with space for 171 cars, is just north of Bldg. 17, a Pepco electrical power substation, and behind Bldg. 21; a slightly smaller lot will occupy the old natural amphitheater that used to host NIH’s Outdoor Film Festival, behind Stone House (Bldg. 16).

Existing parking lots that have not yet been staffed by attendants from Colonial Parking, Inc., but will soon be used for stacking are: lot 41B-C; the Pl level of the ACRF garage; lot 10H on the south side of the Clinical Center; lot 21B, known colloquially as “the pit,” near Bldg. 21; and 31B, just outside the B-wing entrance to Bldg. 31. These newfound parking slots are but one of a host of solutions to a temporary crunch— to be ameliorated by the construction of new parking garages by late 2004—brought on largely by new construction on campus, including erection of the two new parking garages. According to Stella Serras-Fiotes, director of facilities planning with the Office of Research Facilities, construction of the stormwater management facility, the North Drive vehicle entrance and Lab 33 with its 1,250-car garage is scheduled to begin in late September and will eliminate over 800 parking spaces near Bldg. 31. Construction of the 900-car MLP-9 near Bldg. 10 will begin in December and cut another 200 spaces.

Just after Labor Day, the parking committee added 200 parking spaces at Mid-Pike Plaza and extended shuttle bus hours serving that lot; added 200 NIH-dedicated spaces to the Twinbrook Metro lot; extended shuttle bus hours to both Executive Plaza and Rockledge rental buildings; and designated as “campus drop-off points” four areas—the Bldg. 31 lots near Garden Dr. and Cedar Ln., the entrances at Wilson Dr. and the Pike and South Dr. and Old Georgetown Rd., and the “kiss-and-ride” lane near the Metro station.

The Transhare program of subsidized public transportation for NIH’ers has grown to 4,600 subscribers, reports Tom Hayden, transportation planner in the Office of Research Facilities. “There isn’t any ceiling on the number of employees who can take advantage of this option, so we always welcome more,” he said.

He urged that, during this time of increased construction on campus, employees “be very vigilant to look out for pedestrians and bicyclists. And they should also tune their radios to 1610 AM for the latest parking information.”

Gottesman said his committee is working closely with the executive officers at each institute and center to consider more use of telework and telecommuting, whereby NIH’ers can either work from home or from offsite hubs connected by computer to campus. They are also examining broadening the availability of Alternative Work Schedules, which ease the number of days employees must report to campus. The group has even looked into how NIH schedules its meetings, to determine whether more flexible scheduling can result in fewer campus visits.

“People need to realize that if they can change their schedules just a little bit, it will make a huge difference” in reducing parking pressure, Gottesman said. His committee has suggested that each employee who currently drives to work find an alternative at least once every month. “And if only half the employees use alternative modes twice as often, that’d be great too,” he quips. “We’re going to see how committed people are” to solving the parking squeeze communally. “We’ll also be keeping a close eye on what’s happening,” he added, suggesting there could be tougher alternatives in the offing if the current appeal to NIH’ers’ sense of civic virtue fails.

“We really want to discourage the sense that, ‘Oh, NIH will take care of the problem—I don’t have to do anything myself.’”

Gottesman wants to engage the entire NIH community in a common effort that will yield benefits to all. His committee is in the midst of a media campaign to alert employees to commuting options. This includes flyers on vehicle windshields and in office hallways, regular email updates, stories in the Record and a special parking web site at http://parking.nih.gov. He also encourages submission of potential solutions from the many bright minds on campus. “Every idea we’ve discussed in our committee has in some way echoed concerns that have come to us via emails and calls from employees,” he said. “We’re getting a lot of good ideas.”
NIDCR Team Creates Mouse Model of Disease

A team led by scientists at NIDCR has created a mouse model with tooth defects similar to those of people with dentinogenesis imperfecta III, a hereditary disorder in which the teeth can wear down to the innermost pulp. Dr. Ashok Kulkarni and his colleagues created the animal model by “knocking out” the dentin sialophosphoprotein (DSPP) gene, thought to be responsible for coordinating the mineralization, or maturation, of a tooth’s dentin. The researchers recently reported their findings in the Journal of Biological Chemistry.

The DSPP knockout animals are the most recent addition to a long list of mouse models created by the NIDCR functional genomics unit and gene targeting facility headed by Kulkarni. “The goal of our lab is to characterize the precise functions of candidate genes involved in development and disease,” he said.

“Many genes have been identified, but the exact in vivo functions of only a few have been described.”

The group, and its many collaborators, is credited with developing mouse models for hereditary dental defects, including the first animal model for a tooth-specific gene called amelogenin. Their other models include those for autoimmune and neuro-degenerative disorders and Fabry disease. Created in collaboration with Dr. Roscoe Brady’s group at NINDS, the Fabry model has proved valuable to researchers in developing new treatment strategies for this often-fatal metabolic disorder.

“Active collaboration across disciplines, both inside and outside NIH, was the key to all these projects,” said Kulkarni. “And everyone benefits. Because when you study disease processes at the molecular level, what you learn can be applied to a variety of diseases and disorders that affect many organs and tissues.”

NIH Orientation Fair, Sept. 24

The 4th annual NIH Orientation Fair will be held Wednesday, Sept. 24 from 10 a.m. to 1 p.m. in Bldg. 10’s B1-level exhibit area. Based on the theme “Ask Me About the NIH,” the event will showcase the wealth of professional and personal services that are available to NIH trainees and employees.

The fair will give all participants a concise and complete grasp of campus resources, making employees more capable more quickly and enriching their experience here. Visit more than 50 booths with representatives from the NIH Library, Office of Animal Care, NIH Federal Credit Union, parking and police, Work/Life Center, Occupational Safety and many others. Sign up for email distribution lists, pick up giveaways and get answers to your questions.

The fair is sponsored by the Office of Education, Office of Research Services and Work/Life Center. Sign language interpretation will be available. Individuals who require this or other accommodation should call the Office of Education at 496-2427.

‘Globalization, Justice and Health’ Conference

The Clinical Center department of clinical bioethics, the Fogarty International Center and the World Health Organization will host a conference, “Globalization, Justice and Health,” on Nov. 3-4 at the Wyndham Hotel in Washington, D.C. The meeting will bring together leading thinkers on international trade, distributive justice and health care systems. The goal is to develop a framework that is essential to ensuring that the forces of globalization promote, rather than endanger, the health of individuals throughout the world.

Day one will examine key interconnections among globalization, income and health, as well as related issues of international distributive justice and international law. The second day will cover intellectual property rights, international trade in health services and privatization of the health sector from the standpoint of health systems and policymakers.

Speakers include Jeffrey Sachs, Columbia University; Julio Frenk Mora, Secretary of Health, Mexico; Uwe Reinhardt, Princeton University; David Dollar, World Bank; Angus Deaton, Princeton University; and Richard Wilkinson, Nottingham University. Web site and online registration are available at http://www.bioethics.nih.gov/globalization.html. Contact Carol Coy, (301) 562-2341, ccoy@kra.com, for more information.
Dr. Michael Steinmetz has joined the Center for Scientific Review as scientific review administrator for the central visual processing and the cognitive neuroscience study sections. He comes from Johns Hopkins University, where he has been since receiving his Ph.D. in physiology from Michigan State University in 1982. In postdoctoral studies at JHU, he studied visual perception in the posterior parietal cortex. He continued these studies in JHU's department of neuroscience. Steinmetz's research has shown that the posterior parietal cortex is responsible for redirecting visual attention. Before coming to CSR, he and his colleagues founded a private institute within JHU, the Zanvyl Krieger Mind/Brain Institute, which conducts research on the neural mechanisms of higher brain functions.

SECURITY CONCERNS, CONTINUED FROM PAGE 1

visitors even at higher alert levels.

Though simple, that kind of change was critical, recalled Dr. Robert Desimone, NIMH scientific director and CABS chair. It was also central to what the board undertook as its first task. In order to fulfill its mission to represent the NIH community in security matters and provide Zerhouni with advice, CABS needed to understand the principles and goals of the NIH security program.

First on the short list of tenets was that NIH would adhere to all of the post-9/11 security regulations for federal installations. As CABS members quickly discovered, there were quite a few rules. “In our first few months we were getting a lot of regulations from a lot of different sources—Department of Homeland Security, HHS, Justice,” noted Desimone. “Some of the material was not specific, just general guidelines. Most of the regulations left a lot of room for interpretation and areas where we could customize them for NIH. That was important.”

Desimone credited the campus’s security personnel as well for making necessary adjustments as soon as possible. “A lot of the improvements to processes they quickly figured out on their own. NIH is a unique campus. We’re almost like a city, a federal city, with all of its complexities. We have to apply judgment.”

High on the list of the security program’s considerations was protecting the campus from “weaponized vehicles,” Desimone said. Although no one wanted to give up the freedom to come and go on campus at whim, no one wanted to leave the campus vulnerable either. CABS members were briefed on reasons NIH needed to be further secured than in past ages. Erection of a fence came to be more of a federal requirement, so CABS encouraged development of thoughtful policies “for life at NIH in a post-fence environment.”

NIH has also received a little-known bonus from its increased security, Desimone pointed out. “One of the nice offshoots of this has been that there has been a drop-off in crime on campus,” he said. There have been fewer thefts—about a 50 percent decrease in each year—since the new security measures were put in place.

According to the NIH Police Branch, there were 696 larceny/thefts reported on campus in 2000. In 2001, larceny/thefts reported were down to 364; in 2002, they were down to 178; and from January to July 2003, just 76 had been reported.

Improved communication is another high priority for CABS. Employees may have noticed recent emails detailing the emergency evacuation process and the shelter-in-place guidelines. Board members strongly supported the timely distribution of such messages to the entire NIH community, citing the benefits of an informed and prepared workforce.

Most recently, input from CABS has been instrumental in refining the website at http://security.nih.gov, which in addition to addressing such issues as cyber security and mail-handling, now offers current security updates, describes in detail how NIH will operate under each of the five alert colors, and fleshes out the agency’s other emergency plans. Now, an NIH-community radio station (1610 AM) is able to give up-to-the-minute news about traffic and parking, which will be helpful at all times, not just in emergencies.

But Desimone doesn’t want the communication to be only one way. He encourages NIHers to contact him or any CABS member with ideas, suggestions and comments on improving and coping with NIH security. “I’m most pleased that the new web site will make it very easy for people to send comments,” he said.

CABS is composed of 14 people including IC directors, deputy directors, scientific directors, executive officers and other senior NIH staff, plus the chief and deputy chief security officers for NIH. Members—all of whom were appointed by Zerhouni—include chair Desimone, Linda Adams (NHGRI), Dr. Duane Alexander (NICH), Dr. Carl Barrett (NCI), Dr. Thomas Gallagher (OD), Maureen Gormley (CC), Dr. Michael Gottesman (OD), Alan Graeff (CIT), Dr. Richard Hodes (NIA), Robert Hosenfeld (OD), Dr. John La Montagne (NIAID), Chick Leasure (OD), Dr. Eugene Major (NINDS), Dr. Norka Ruiz-Bravo (NIGMS), Stephen Ficca, NIH chief security officer and Arturo Giron, deputy chief security officer.

Asked why he was appointed to chair the board, Desimone joked, “Probably because I was one of the most vocal complainers.”

Currently CABS, which has curbed its meeting schedule from once a week to twice a month, is tackling several concerns that have cropped up recently. The board has strongly endorsed a Clinical Center suggestion for establishment of a dedicated entrance to campus for patients. In addition, the board is still analyzing just how “life after fence” will be for a community accustomed to a great amount of freedom and open space.

“I certainly have a much greater appreciation for security now,” Desimone concluded. “Everything is a compromise in some way. We have to find ways that allow us to continue to operate in an efficient manner, to perform the NIH mission and still stay safe.”
With depression as the second leading cause of disability worldwide, says Dr. Husseini Manji, chief, Laboratory of Molecular Pathophysiology, NIMH, "It's just as important to know about the symptoms and treatments of mood disorders as those of cardiovascular disease and cancer."

Manji—who will address NIH staff at a noontime lecture Thursday, Oct. 2 in the Clinical Center on the latest mood disorders research emerging from the institute's intramural and extramural programs—has become as committed to spreading the hopeful but cautionary word about mood disorders as he's long been to researching how to treat them.

"Since we're dealing with frequently disabling and potentially devastating disorders, it makes no sense to know little or nothing about their signs and especially their treatability," Manji says. "Obviously, getting the scientific information and anti-stigma message out of the lab is just as critical as the research itself."

Current treatments are very effective, Manji says, but that's not to say that symptoms of depression or bipolar disorder are as easily resolved as the common sore throat. "The pathophysiology of depression is considerably more complicated than a bacterial infection," he says, "but treatments work, and not only do they return a better quality of life to people who've been suffering, but new research shows they're also cell-protective, which may translate into major long-term benefits."

The Oct. 2 lecture, to be held from noon to 1:30 p.m. in Lipsett Amphitheater, will also be broadcast live at http://videocast.nih.gov, as well as archived on that site. The presentation is sponsored by NIMH and the NIH Work/Life Center, which are also organizing NIH Depression Screening Day a week later, on Oct. 9, from 10 a.m. to 3 p.m. at several sites on campus, elsewhere in Bethesda, in Rockville and in Frederick. The exact locations will be announced at a later time.—Sophia Glezos Voit

** Goldman Is New NIAAA Associate Director **

Dr. Mark Goldman has joined the leadership of NIAAA as associate director. One of the co-chairs in recent years of NIAAA's task force on college drinking (with Fr. Edward A. Malloy, president of the University of Notre Dame), Goldman has been asked to develop a similar initiative for underage drinkers from 9 to 15 years old and to assist in better integrating behavioral and biomedical research at NIAAA.

He comes to NIAAA from the University of South Florida (USF), where he has been distinguished research professor and director of the Alcohol and Substance Abuse Research Institute since 1985.

He will continue to oversee operations in his USF research program while spending most of his time here on an IPA (Intergovernmental Personnel Act agreement).

A psychologist, Goldman's major research interests are alcohol expectancies and cognitive mediators of alcoholism risk and the development of drinking and risk for drinking in children, adolescents and young adults. His work addresses how individuals, especially the young, acquire and process information on the effects, rewards and consequences of alcohol use in making decisions to drink.

One of Goldman's missions as associate director is to develop approaches for the institute to facilitate trans-disciplinary and translational research.

Research is uncovering the genetics, neurobiology and neuroanatomy underlying alcohol use, for example, while studies of alcohol expectancies are examining the mechanisms by which information from the environment influences drinking behavior. Goldman, says NIAAA director Dr. T.K. Li, "brings a wealth of research and clinical experience that will be invaluable at this exciting time of discovery in alcohol science."

Goldman received his Ph.D. in 1972 from Rutgers University and served on the faculty of Wayne State University from 1973 until joining USF in 1985. He is a fellow of five divisions of the American Psychological Association (APA), among them the divisions on psychopharmacology and substance abuse and on addictions, and he has been a member and chair of numerous APA professional committees. He is also a member of the American Psychological Society. He has served on a number of scientific advisory and review committees for NIAAA, including the institute's national advisory council. Goldman received a MERIT award from NIAAA in 1992.
Two Join NIAID’s Division of AIDS

Two scientists recently joined NIAID’s Division of AIDS. Dr. Sandra Lehrman will serve as director of the Therapeutics Research Program, and Dr. Jonathan M. Fishbein will serve as the first director of the Office for Policy in Clinical Research Operations (OPCRO). Lehrman is a physician and virologist with more than 20 years of experience in HIV/AIDS therapeutics research in government, academia and industry. Fishbein is a physician with extensive experience overseeing clinical research for both industrial and academic endeavors, with a focus on clinical product development.

Lehrman will manage an array of programs designed to evaluate new treatment strategies and therapeutic agents for HIV and associated complications, and to determine the best use of these drugs and strategies worldwide. She will oversee several large clinical trials networks, including the Adult and Pediatric AIDS Clinical Trials Networks and the Community Program for Clinical Research on AIDS; collaborative efforts with other government agencies; and a large portfolio of investigator-initiated grants evaluating new therapeutic agents and combination treatment regimens.

After graduating from Brown University, Lehrman began her professional career as a biologist in NIAID’s Laboratory of Infectious Diseases. Subsequently, she returned to Brown and received an M.D. degree. She went on to complete her internship and residency training in pediatrics at Massachusetts General Hospital, and then joined the faculty at Duke University Medical School.

In 1983, Lehrman joined Burroughs Wellcome Co. She led the development of AZT from the laboratory bench to approval by the Food and Drug Administration, and contributed substantially to the development of the use of acyclovir for managing Herpes simplex and Varicella zoster infections.

Lehrman went on to spearhead the startup of several biotechnology companies, including Triangle Pharmaceuticals and CytoTherapeutics, Inc. Before joining the Division of AIDS, she was president and CEO of Genzyme Transgenics Corp.

Fishbein received his M.D. from Johns Hopkins University School of Medicine. He trained in general surgery at Vanderbilt University Medical Center and at Michael Reese Hospital and Medical Center in Chicago before being appointed a medical staff fellow in the Immunology Branch of the National Cancer Institute. He continued his research as a fellow in surgery at the Transplantation Biology Research Center of the Massachusetts General Hospital and Harvard Medical School.

He joins NIAID after a 10-year tenure with PAREXEL International Corp., a leading clinical research organization that conducts and oversees clinical trials for both industrial and academic endeavors. As vice president of the company’s North American medical services, he managed the medical, strategic and financial operations of approximately 400 clinical trials, including HIV and other infectious diseases. As the first head of OPCRO, he will address the increasing scientific, ethical and legal complexities surrounding clinical trials, especially in international and resource-poor settings.

IC Study Finds Limited Benefit in Two Drugs

An 18-month pilot study of two commonly available treatments has shown no significant benefit in patients with interstitial cystitis (IC). The results are reported in the September issue of the Journal of Urology.

The first in a series of treatment studies planned by the IC clinical trials group tested the effectiveness of pentosan polysulfate sodium (Elmiron) and hydroxyzine hydrochloride (Atarax) in 121 patients with IC. Most volunteers reported experiencing moderate pain, discomfort and urinary frequency for at least a year before entering the study.

IC is a chronic, debilitating condition that affects about a million people, most of them women. Patients suffer pelvic, bladder or perineal pain and the urge to urinate as often as 18 times a day. Available treatments are limited and not effective for everyone. The National Institute of Diabetes and Digestive and Kidney Diseases initiated the clinical trials group in 1998 to identify useful therapies for this devitalizing and difficult disease with no known cause and no cure.

Elmiron and Atarax were chosen for early testing because patients prefer oral drugs and each drug has different mechanisms of action. Elmiron is the only oral drug approved by the FDA for IC. Doctors do not know exactly how it works, but one theory is that it may repair defects in the lining of the bladder. In some patients, mast cells are present in the tissue of the bladder wall, possibly a sign of an allergic or autoimmune reaction. Atarax, an antihistamine previously untested in a randomized, placebo-controlled trial for IC, reduces mast cell activity. Mast cell activity can cause bladder inflammation and pain and may play a part in IC.
“Exceptional Scholar” Makes Good, Again

By Mary Okwaro

Even in a sea of scholars, Matthew Lockhart stands out. The fact that he is deaf only makes his accomplishments more outstanding. Scoring in the top 5 percent on the GMAT and being accepted into the highly competitive University of Maryland MBA program are Lockhart’s latest accomplishments. The GS-13 financial analyst and OD Merit Award winner in the Office of Intramural Research’s Office of Loan Repayment and Scholarship continues charting a successful path and making the most of every opportunity. “Matt is exceedingly gifted and will undoubtedly join the ranks of the very few deaf MBA’s in the country,” says his supervisor Marc Horowitz, OLRS director.

Lockhart started his government career in the NIH Gallaudet Intern Program, which is administered by the OD EEO Office. He was hired full-time after graduation with honors in mathematics. In addition, he qualified for the Exceptional Scholar hiring authority, allowing him to begin as a GS-7 career employee. A number of his NIH colleagues who have come to know him say, “Matt was just being Matt—seizing every opportunity, meeting every challenge.”

After 4 years at NIH, Lockhart moved to the West Coast to work as a financial analyst at the University of California, San Francisco. He lived and worked in San Francisco for a year and a half before returning to NIH. During that time, Lockhart kept in contact with his supervisor and mentor Horowitz, and was recruited back to the agency on the cusp of the development of NIH’s extramural loan repayment programs.

“The attraction of working at NIH is its accessible work environment,” says Lockhart, explaining that OLRS is staffed with people from diverse backgrounds, and that the office has a strong respect for differences. When there are barriers, Lockhart, along with the staff, gamely breaks through them using creative solutions. To many, communication with people who are deaf is viewed as a challenge, but Lockhart and his coworkers have easily dealt with it by using email, text messaging, notes or interpreters. Each situation has its unique communication requirements, and the office is comfortable using the wide array of tools available.

When asked about future career goals, Lockhart explains that although he ultimately wants to own his own business, he is fully committed to supporting the OLRS and NIH missions for the foreseeable future.

“The OD EEO Office is proud of the accomplishments of Matt, and salutes supervisors like Marc Horowitz—it’s a winning combination,” remarks Hilda Dixon, OD Diversity and Special Emphasis Program manager and head of OD EEO. The NIH Gallaudet Intern Program was the first program she started in the OD EEO office several years ago, and since then a number of other ICs participate. The program has become a trans-NIH endeavor.

Horowitz urges managers to be open to the potential of all individuals and to avoid placing people in restrictive boxes. “If managers put limits on the abilities of others because of their perceived limitations,” he concludes, “they may miss the opportunity of tapping into a treasure trove of valuable human resources.”

Dr. Willy Burgdorfer (l) of NIAID’s Rocky Mountain Laboratories (RML) recently received a Scientist Emeritus Award from Dr. Marshall Bloom, RML associate director, “for seminal contributions to our understanding of tick-borne diseases.”

Born and educated in Basel, Switzerland, Burgdorfer retired in 1986 after heading rickettsial diseases research at RML and has remained active as scientist emeritus. He is an internationally acclaimed zoologist and a microbiologist who has long been acknowledged as a leading global expert in the relationship between animal and human disease agents and their transmission by blood-feeding arthropods, especially ticks. He is perhaps best known for his discovery that Lyme disease was actually a bacterial infection caused by a newly recognized bacterium, Borrelia burgdorferi, named in honor of his work. He also documented that this bacterium was transmitted by the deer tick Ixodes scapularis. He holds the Lifetime Achievement Award from the Society for Vector Ecology and was elected to the Swiss Academy of Medical Sciences. (Photo: Anita Mora)
NIAAA Deputy Director Dufour Retires

Assistant Surgeon General and NIAAA deputy director Dr. Mary Dufour retired in September from NIAAA and the PHS after 21 years with the institute. A physician epidemiologist and author of the medical consequences of alcohol, especially its impact on women and the elderly, she has had a particularly influential role in the growth and recognition of alcohol epidemiology.

Dufour joined the institute at a time when it was making the transition from supplementing other national health surveys for information on alcohol consumption to fielding studies that focused on alcohol use and its consequences. As chief of the epidemiology branch of NIAAA's Division of Biometry and Epidemiology (DBE) and ultimately DBE director, she oversaw the design and implementation of major studies, including most recently the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). NESARC is the largest, most definitive longitudinal alcohol survey to date and will provide data on a wide range of alcohol-related issues, including the incidence and prevalence of problems, medical consequences, and boundaries between safe and hazardous drinking.

Dufour has served as both DBE director and NIAAA deputy director since 1995. In addition to her supervisory and management responsibilities, Dufour represented NIAAA and alcohol science to many constituencies, addressing audiences around the world. As an assistant surgeon general in the PHS, she also provided leadership to officers in the Commissioned Corps and served on a variety of officer selection and promotion boards. As a board-certified pathologist, she also consulted with other NIH components on laboratory testing in patient care. NIAAA director Dr. T.K. Li said, “Drawing on her background as a pathologist and epidemiologist, Dr. Dufour has provided the leadership necessary to ensure that NIAAA research provided solid information about important knowledge gaps, including the particular impact of alcohol use on groups like women and the elderly.”

Dufour came to NIAAA in 1982 as a fellow in the highly competitive U.S. PHS Epidemiology Training Program. At the time, she was on the pathology faculty at Eastern Virginia Medical School. As part of the epidemiology training program, she earned an M.P.H. degree from Johns Hopkins University School of Hygiene and Public Health, then completed 2 years of on-the-job training at the institute.

Her transition from clinical medicine to epidemiology followed a long-time interest in research, but was prompted in particular by the observation that among people who drink the same amounts of alcohol, some will develop liver disease and some won’t. Instead of dealing with patients one by one, she says, epidemiology makes it possible to look at a disease as a whole and answer broader questions.

Alcohol epidemiology has particular difficulties, however. There are numerous definitions of, for example, moderate and heavy drinking. The complexities of studying a behavioral disease are better understood now and the field has grown much larger and is better integrated into broader epidemiology than it was when she first entered.

A focal interest for Dufour has been research on women’s health, beginning with prize-winning research in medical school on sudden infant death syndrome. She has served for 11 years on NIH’s coordinating committee for research on women’s health and is chair and cofounder of the interagency coordinating committee on fetal alcohol syndrome. She has served on numerous departmental and NIH task forces related to this and a variety of other issues related to alcohol, special populations and nutrition.

Dufour earned her B.S. with honors in chemistry from Marquette University and her M.D. from the Medical College of Wisconsin. She is a recipient of the PHS Commendation Medal and the Outstanding Service Medal, and has two PHS Outstanding Unit Citations.

Dr. Morris Kelsey has joined the Center for Scientific Review as the scientific review administrator for the new drug discovery and molecular pharmacology study section. He earned his Ph.D. in biochemistry from the University of Pittsburgh and did his postdoctoral research at St. Louis University, studying the metabolites of bile acids. His research continued at Liton Bionetics in Frederick under an NCI contract to assess the role of bile acids and sterols in colon cancer. He later joined NCI’s Division of Cancer Etiology to assist efforts in identifying environmental carcinogens. Kelsey is no stranger to peer review. Some years ago, he spent a period of time running the experimental therapeutics I study section in the Division of Research Grants, before it became CSR. Prior to coming to CSR, he was a grants program director in the NCI’s Biological Resources Branch in Frederick. In addition he was involved in the manufacture of various biological therapeutics for use by both extramural and intramural scientists in preclinical and clinical studies.

Ankylosing Spondylitis?

Take part in a medical research study at NIH. Call 1-800-411-1222 (TTY 1-866-411-1010).
Training Branch Class Offerings

The Training and Development Branch supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call 496-6211 or visit http://LearningSource.od.nih.gov.

Advanced Supervision: Beyond the Basics 9/17-18
Scientific and Technical Writing 9/17-19
NBS Travel System 9/22-23
Conducting Effective Meetings for NCI SRAs 9/24
NBS Travel System 9/29-30
Purchase Card Training 10/20
Delegated Acquisition Training Program 10/21-24
Professional Service Orders 10/27
Purchase Card Processing System 10/28
Supervision: New Skills and New Challenges 11/12-14
Advanced Supervision: Beyond the Basics 12/3-4
Communication & Negotiation for Women in Science 12/2-5 or 12/2-6
Negotiating Skills 12/5

NBS Travel System

Healthy Adults Needed

The Vaccine Research Center is now recruiting healthy 18-60 year olds for an investigational smallpox trial. All volunteers will receive financial compensation and the traditional smallpox vaccine as part of the trial. To see if you are eligible, call 1-866-833-LIFE or TTY: 1-866-411-1010.

Roger Sherman Powell

Rog er Sherman Powell personified the imaging program at the National Cancer Institute for 14 years. His distinguished career in the field spanned more than five decades, from World War II and radar in the 1940's to today's ultramodern imaging techniques.

Powell, who retired in 1998 as program director of the Diagnostic Imaging Research Branch, died on July 30 at age 83. Colleagues are remembering him for his campuswide contributions to a technology that has helped propel advances in biomedical research.

“He was a great brain, a great heart, a marvelous combination between engineer and poet,” said former NCI colleague Manuel Torres-Anjel, recalling Powell's love for writing poetry. “Roger was a great human being.”

Before coming to NIH and NCI, Powell worked for General Electric Research Laboratory in Niskayuna, N.Y., as liaison scientific officer. He was also a research assistant at the Massachusetts Institute of Technology. Powell worked at the National Heart, Lung, and Blood Institute as a project physicist for the artificial heart project, with special emphasis on imaging aspects of the program, pre-, during and post-surgery.

He was one of a handful of experts who did most of NIH's imaging work throughout the campus over the years. He worked for the federal government for 30 years.

The period that Powell worked at NCI was a time of great evolution in the use of enabling technologies for biomedical research. He witnessed imaging rise from a section and branch at the Radiation Research Program, to the Diagnostic Imaging Program, the Biomedical Imaging Program and now the Cancer Imaging Program. He also followed with great interest the recent creation of the National Institute of Biomedical Imaging and Bioengineering at NIH.

A graduate of the University of Pittsburgh, Powell pursued a double major in physics and engineering. He earned an M.S. in physics from Rensselaer Polytechnic Institute. After college, he worked at MIT during World War II. He spent about 18 months on mainland China while a radar system that he worked on was installed at several strategic locations within the country.

A native of Camp Hill, Pa., Powell had been a resident of Bethesda and more recently Gaithersburg. Survivors include his wife, Bea Crosby Powell, who also became his nurse, and a host of other relatives and friends.—James Alexander
OEO Holds Dual Awards Ceremony

The Office of Equal Opportunity and Diversity Management recently held its EEO Counselors and Special Emphasis Programs’ Awards Ceremony. In the past, OEODM honored EEO counselors in an awards ceremony. This year OEODM Director Lawrence Self wanted also to recognize employees and managers who devoted their time and talents on the various special emphasis programs, which consist of different committees and organizations, as well as OEODM-sanctioned employee groups.

The keynote address was given by Bonita V. White, director, EEO programs group, Office of the Secretary, HHS. White's presentation was dynamic and spoke to the soul of volunteering and serving in collateral duty positions, especially in the demanding role of EEO counselor. EEO counselors were recognized in three categories—outstanding, excellent, and special recognition.

The Outstanding Counselor Award went to Pamela Oliver of NIDA; the Excellent Counselor Award went to Jacqueline Dobson, NIDDK. The following employees received Special Recognition Awards: Cathy Greenville, CIT; Yvonne Hefley, NIAID; Dr. Jean Paddock, CSR; Tyrone Banks, NHLBI; Aurelio Vasquez, CC; Brenda Lee, NCI; and Alfreda Layne, CIT.

The special emphasis programs awardees were honored for their volunteer efforts. Awardees were Levon Parker, NINDS; Kay Johnson-Graham, NIDCD; Rudene Thomas, OD; Joyce Starks, OD; Margo Bradford, NIAID; Tina Lancaster, NIGMS; Dr. Victor Fung, Dr. Bill Bunnag and William Reeves, CSR; Robert DeBellis, ORS; Elsa Berenstein, NIDCR; Dr. Derrick Tabor, NIGMS; Dr. Carlos Cuban, OD; Deborah Dozier-Hall, CC; Zita Givens, NIA; Virginia Tanner-Crocker, NINDS; Frank GrayShield, NHLBI; and Cheryl White, NLM.

Severe Aplastic Anemia?

NIH is conducting a study that uses a new monoclonal antibody treatment. For more information call 1-800-411-1222 (TTY 1-866-411-1010).

NIH Calcium Study

An NIH study seeks healthy adult volunteers to examine the health effects of calcium supplementation over 2 years. Call 1-800-411-1222 (TTY 1-866-411-1010). Compensation is provided.

New Loading Dock Management Program

The Office of Research Facilities (ORF) recently initiated a new contracted service—Loading Dock Management Services. The purpose is to facilitate smooth and efficient operation of loading docks for NIH facilities. “Dock managers” will coordinate incoming and outgoing deliveries, maintain cleanliness and appearance and oversee the security and safety of the loading docks. In addition to the day-to-day operations, as a custom service for a fee, loading dock managers can provide after-hours access for office moves, construction projects, or special deliveries.

ORF began rolling out the first phase of the loading dock management program in June when docks in Bldgs. 31, 45, 50, 36 and Rockledge II received the first managers. Since each building and dock area has some unique requirements, ORF facility managers are working closely with the building occupants to make sure the service is suited to the needs of the facility. They will continue to work with IC staff to implement the second phase of docks being brought under the service this fall.

MATCOM is the contractor working with ORF to provide this service. All dock managers will be wearing MATCOM uniforms and have NIH IDs so they will be easily recognized. They will be responsible for tracking all materials going in and out of the buildings through the dock area, checking drivers’ IDs and delivery manifests. Records will be kept of all incoming deliveries and property being removed through the loading docks. NIH staff will be asked to provide property passes when removing equipment—so make sure you have your property pass. Dock managers will also notify building occupants when deliveries are received.

As a reminder, loading dock entrances are primarily for moving medical and laboratory equipment and supplies, construction materials, laboratory animals and supplies, and hazardous waste in and out of buildings. For employee safety, these entrances will be limited to dock managers, government and commercial delivery personnel and other authorized employees conducting necessary business.

Normal hours of operation for the loading docks are 6 a.m. to 6 p.m., Monday through Friday, excluding government holidays. To request after-hours services, email loadingdocks@mail.nih.gov.

For more information about loading dock management services or after-hour fees, contact Kenny Windsor at 451-9721.

Healthy Volunteers Needed

Participate in an ovarian function study. Call 1-800-411-1222 (TTY 1-866-411-1010). Compensation is available. Refer to study number 00-CH-0189.