STEP Program Celebrates 40th Anniversary
By Rich McManus
Of all the prestigious and named lecture-ships held annually at NIH, none may be more consistently engaging and provocative to the widest audience than those sponsored by a 40-year-old revolving aggregation of extramural science and administrative staff who go by the prosaic name of STEP, or Staff Training in Extramural Programs.

The acronym might not be sexy, but the topics of its talks are often irresistible. For example, the

"Changing the Face of Medicine"

NLM Exhibit Honors Outstanding Women Physicians
They overcame prejudice and discrimination to create and broaden opportunities within the profession. Persistence, ingenuity and ability enabled them to advance in all areas of science and medicine. They are among the very best of America's women physicians and now they are being saluted in "Changing the Face of Medicine," an interactive exhibition that opened Oct. 14 in the first floor of Bldg. 38, the National Library of Medicine.

Dr. Tenley E. Albright, a Harvard-trained surgeon and the first American woman to earn an Olympic gold medal in figure skating, donned a white jacket and scalpel, not to conduct a medical procedure but to

Professional, Campus Enrichment

Still the Second Best Thing About Payday

STEP chair Dr. Deborah Henken

HIGHLIGHTS

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First A-76 Victory Prompts Overhaul Of Extramural Support
By Carla Garnett

On Sept. 24, NIH announced that it had prevailed over would-be contractors in the agency's first large A-76 competition. Now "to the victor go the spoils," as the tough job of implementing the winning "most efficient organization" (MEO) bid begins. An all-hands meeting was held on Oct. 7 to update employees and provide a sketch of the MEO, which will completely revamp the way NIH provides extramural administrative support services, beginning Mar. 31, 2004. First on the agenda, though, was Charles "Chick" Leasure, NIH deputy director for management and chief financial officer, who expressed his thanks to those who developed the winning proposal and to the NIH community at large for teamwork and support during the unfamiliar A-76 process.

"Despite the fact that we had never done something like this before," he said, "everybody pitched in and did a great job. That's why the outcome—at least the tentative outcome—ends up the way we like it to be...a new process that was designed by and for NIH employees. I think it's just remarkable given the circum-

New Office Created by Late March

Luminaries of CC Past and Present Launch 17th Research Festival
By Rich McManus

One couldn't have blamed the Clinical Center for bursting a bit at the seams with pride on Oct. 14 as more than a dozen of NIH's most esteemed clinical investigators launched Research Festival week with stories—some highly technical, others highly personal—of how NIH's hospital, now celebrating its 50th year, figured in research triumphs ranging from the cure of certain cancers, to radical lowering of the incidence of coronary heart disease, to new life-extending therapies for HIV infection.

Speaker after speaker at the CC 50th anniversary scientific symposium on the past, present and future of clinical

Dr. Tenley E. Albright

Former NCI director Dr. Vincent DeVita
Dear Editor,
The article about Bldg. 33 (NIH Record, Oct. 14, 2003) gives a biased view of the controversy over having this facility on the NIH campus by presenting the position of NIH in great detail while barely mentioning the concerns expressed by neighbors, Congressman Chris Van Hollen and NIH employees. Critical omissions are the fact that people opposing location of the building at NIH have repeatedly said that this type of facility belongs at Fort Detrick in Frederick, and that NIAID is actually building a very similar facility there. In a Montgomery Journal article about the NIAID building in Frederick earlier this year, an NIAID spokesman described it as a joint biodefense effort between NIAID and the U.S. Army Medical Research Institute of Infectious Diseases, which has been working with agents proposed for Bldg. 33 for 30 years.

NIAID scientific director Dr. Tom Kindt is extensively quoted in the NIH Record article giving reasons why Bldg. 33 has to be on the NIH campus, with the prime reason being the “synergy” of scientists at NIH. He cites the development of AZT as the first drug to fight AIDS as an example of the importance of this synergy. It is rare, indeed, that any research now requires all the people involved to be in close proximity, and a perusal of the affiliation shows that contributions actually came from all over the world. Location of an NIAID biodefense facility at Frederick demonstrates that synergy exists outside the NIH campus.

It is not only the neighborhoods near NIH that are concerned about the location of Bldg. 33 at NIH. Many NIH employees share those concerns. Employees may be reluctant to publicly speak out against their employer, but describing them as “a group of NIH scientists” in the NIH Record unfairly minimizes the impact of this building on those who work at NIH.

Dr. Kira K. Lueders, NCI

Use or Lose Reminder

Don’t forget to officially schedule your “Use or Lose” annual leave no later than Saturday, Nov. 29. Questions concerning “Use or Lose” leave should be directed to one’s human resource office or other program official designated by your institute or center.

Weight and Insulin Study

The Uniformed Services University of the Health Sciences is conducting a study examining weight and stress responses to exercise in African American and Caucasian men and women between the ages of 18 and 45. Volunteers will be compensated for their participation. Call (301) 295-1371 or email humanperformance1ab@usuhs.mil.
Lasker Winner Darnell To Give Director's Lecture

On Nov 19 at 3 p.m. in Masur Auditorium, Bldg. 10, the NIH Director's Lecture will feature Dr. James E. Darnell, Jr., winner of the 2002 Lasker Award and the 2002 National Medal of Science. He will speak on blockade of overactive STAT3 as a possible means of defeating cancer.

Darnell has been the Vincent Astor professor and head of the molecular cell biology laboratory at the Rockefeller University since 1974. He is a long-time grantee of NIAID and NCI, and has also received funding from NIGMS and NIDDK. The work described in this lecture, titled “The STAT3 Transcription Factor as a Cancer Target,” presents the latest findings from a career marked by breakthroughs in the field of genetic biology.

It was Darnell's pioneering studies of RNA processing and his findings on the origin of messenger RNA that provided the foundation for Phillip A. Sharp and Richard J. Roberts' work on RNA splicing. Sharp and Roberts won the Nobel Prize for identifying the way nuclear RNA is cut and selected pieces rejoined to make messenger RNA (mRNA); mRNA is the primary molecule that brings about cell differentiation and development. He subsequently identified signal transducers and activators of transcription (STATs) as proteins within cells that activate specific genes in response to external cytokine stimulation, thus regulating mRNA production. His work on mRNA processing and STATs won him the Lasker Award for Special Achievement in Medical Research.

Born in Columbus, Miss., Darnell is a graduate of the University of Mississippi and Washington University School of Medicine in St. Louis. Over the past four decades, he has held research appointments at NIH, the Institut Pasteur in Paris, the Massachusetts Institute of Technology, Albert Einstein College of Medicine, Columbia University and Rockefeller University.

He began his pioneering work in molecular genetics as a medical student, and in Dr. Harry Eagle's group in the Laboratory of Cell Biology at NIH. At that time, little was known about genetic change as a factor in animal development. In 1962, during his tenure at MIT, he presented the first evidence for RNA processing in the manufacture of ribosomal RNA and the beginning evidence that mRNA also derives from RNA processing. In the early 1990s, his group identified the STATs as latent cytoplasmic molecules activated by cytokines, which then initiated gene activation in the cell nucleus.

Darnell's current work on STAT3 stems from the finding that this particular STAT is persistently active in a large percentage of human cancers, and it functions to prevent apoptosis—the normal programmed cell death pathway that cancer cells avoid. Introducing dominant inhibitors of STAT3 into several different types of cultured human cancer cells, Darnell says, results in the restoration of apoptosis to these immortal cells. Drugs that target and inhibit STAT3 transcriptional ability, he says, "should be excellent anti-cancer drugs," stripping cancer cells of their immortality and returning them to their normal response to cell-death signals.

Darnell has been a member of the National Academy of Sciences and the American Academy of Arts and Sciences since 1973 and has received a number of other awards. In addition to the Lasker and the National Medal of Science, his honors include the American Society for Cell Biology's E.B. Wilson Medal. He has also been honored for fostering the careers of more than 125 young scientists, many of whom have gone on to make important contributions of their own. His books include the definitive works General Virology and Molecular Cell Biology, now in its 5th edition.

Darnell's talk is part of the NIH Director's Wednesday Afternoon Lecture Series. For more information and reasonable accommodation, contact Hilda Madine, 594-5595.

IOM Elects Three from NIH

Three NIH scientists have been elected to membership in the Institute of Medicine of the National Academies, which named 63 new members on Oct. 27.

They are: Dr. Michael Gottesman, NIH deputy director for intramural research; Dr. Thomas Insel, director, National Institute of Mental Health; and Dr. Douglas Lowy, chief, Laboratory of Cellular Oncology and deputy director, Division of Basic Sciences, Center for Cancer Research, National Cancer Institute.

"It is a great pleasure to welcome these distinguished and influential individuals to the Institute of Medicine," said IOM president Dr. Harvey Fineberg. "Members are elected through a highly selective process that recognizes those who have made major contributions to the advancement of the medical sciences, health care and public health. Election is considered one of the highest honors in the fields of medicine and health."

The IOM was established in 1970 by the National Academy of Sciences. It is to serve as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. Newly elected members are expected to devote a significant amount of volunteer time as members of various IOM committees engaged in a range of studies on health policy issues.

The recent election brings total active IOM membership to 1,382.
cut the ribbon and officially open the exhibition. Albright chaired the ad hoc advisory group that consulted with NLM on exhibition development. She was joined at the ceremony by several faces familiar to NIH, all featured in the exhibition: Dr. Ruth Kirschstein, former acting NIH director and the first woman to head an NIH institute; Dr. Vivian Pinn, NIH associate director for research on women’s health; and Dr. Antonia Novello, former U.S. Surgeon General and current commissioner for health for the State of New York. A program later in the day featured remarks by NIH director Dr. Elias Zerhouni and the first woman physician to serve in Congress, Dr. Donna M. Christian-Christensen, delegate from the Virgin Islands. There was also a performance by a string quartet, using instruments handcrafted by pediatrics pioneer Dr. Virginia Apgar.

"Changing the Face of Medicine" features stories from a rich diversity of women physicians and a broad range of medicine that they practice in communities across the United States. Through personal artifacts, text panels and interactive displays, visitors can learn about:

- The first woman of color to lead a U.S. medical school (Dr. Barbara Ross-Lee);
- The first woman to direct NIH (Dr. Bernadine Healy);
- The chief of dermatology at Kaiser Permanente, who volunteers her time removing tattoos from former gang members (Dr. Nancy Jasso);
- The first woman appointed editor of the Journal of the American Medical Association (Dr. Catherine DeAngelis);
- An Army colonel who became the first woman flight surgeon to enter into combat with the 2-229th attack helicopter battalion during the Gulf War (Dr. Rhonda Cornum);
- The first and only woman to be a team orthopedic surgeon in the National Football League (Dr. Leigh Ann Curl);
- A pediatrician and surgeon who became the health correspondent for ABC television’s Good Morning America, reporting from around the world on a wide range of medical topics (Dr. Nancy L. Snyderman);
- A woman physician who serves as chief medical examiner of Virginia, the state’s highest position in forensic science (Dr. Marcella Farinelli Fierro).

“Women waged a lengthy battle to gain access to medical education and hospital training,” noted Dr. Elizabeth Fee, director of NLM’s History of Medicine Division. “Since winning those struggles, women from diverse backgrounds have carved out successful careers in areas as diverse as sports medicine, space medicine and surgery.”

The exhibition has a companion web site at www.nlm.nih.gov/changingthefaceofmedicine. The site will let people around the world discover the history of America’s women physicians, and learn more about educational and professional resources for those considering medicine as a career. There is a section of the site called “Share Your Story,” where people can add stories about outstanding women physicians they know, whether they are family members, mentors or their own doctors.

“Women have brought fresh perspectives to the medical profession,” said Dr. Donald Lindberg, NLM director. “They have turned the spotlight on issues that had previously received little attention such as the social and economic costs of illness and the low numbers of women and minorities entering medical school and practice.

“This exhibition will have the broadest possible appeal,” he continued. “Although it focuses on the personal and professional triumphs of women in medicine, its lessons in persistence, dedication and excellence will speak to people in all professions—men, women and young people alike.”

“Changing the Face of Medicine” was curated by Dr. Ellen S. More and Manon Parry, with Kevin Schlesier serving as exhibition coordinator. The exhibition is open to the public and admission is free. Visiting hours are: 8:30 a.m.-5 p.m., Monday-Friday (and 5-9 p.m., Thursdays between Labor Day and Memorial Day) and 8:30 a.m.-12:30 p.m. Saturday. NLM is closed Sundays and federal holidays.

NCI Honors HR Staff

NCI showed its appreciation for 32 members of the Division of Human Resources Operations, Branch A, at a breakfast ceremony given in their honor in Bldg. 31 on Oct. 15. Janis Mullaney, acting executive officer, gave opening remarks. Patrick Miller, human resources liaison, recounted the transitions that took place over the years in the Division of Human Resources, and Dr. Andrew von Eschenbach, NCI director, discussed the connection the honorees have had to the mission of NCI and the 2015 vision. Von Eschenbach and Mullaney presented the honorees with gift certificates and engraved crystal paperweights. Group pictures and light refreshments followed the ceremony.
Student Researchers’ Talent, Enthusiasm Impress Senior Scientists

They didn’t sound like high school students. They sounded more like senior research scientists presenting at a national meeting rather than sophomores, juniors and seniors reporting the results of their summer research projects at this year’s National High School Student Summer Research Apprentice Program in Bethesda.

Jesus Hernandez Burgos presented his work on cell protective heat shock proteins; Catherine Cushenberry reported on her study of a possible “control point” in the development of sickle cell anemia; and Adam Gomez and Paul Maliakkal presented their work on the role of bone morphogenetic protein (BMP-4) in the development of digits, and how this protein may contribute to our understanding of the genetics of birth defects.

The four were vying with each other for recognition from a panel of scientists from NIDDK and Charles R. Drew University of Medicine, cosponsors of the summer program.

Top honors went to Hernandez Burgos. It wasn’t his first recognition. The 18-year-old senior from Carmen Belen Veiga High School in Juana Diaz, Puerto Rico, has taken top honors at his hometown science fair every year since third grade. He studied the practical uses of the aloe plant for 8 years. “I got the idea from my grandmother, who used the aloe for medicinal purposes,” says the enthusiastic senior. “I decided to work on its domestic uses.” Working in a University of Puerto Rico lab with information provided by the Aloe Corp. of Texas, he developed an aloe-based detergent in third grade, followed by an insecticide, a glass cleaner, a tire cleaner and a glue. He did his most recent work on heat shock proteins at Ponce School of Medicine in Puerto Rico, under NIH investigator Jose Torres-Ruiz.

“The program is designed to expose these kids to investigative methods,” says Dr. Larry Agodoa, director of NIDDK’s Office of Minority Health Research Coordination. He founded the program 9 years ago for minority students (Hispanic/Latino, African Americans, Native Americans, Asian Pacific Islanders, and Alaskan Natives) interested in biomedical research. Each student is paired with a mentor, who supervises the student in his or her lab for 8 weeks. Student projects culminate with their presentations in Bethesda. NIDDK funds and oversees the program; Dr. Keith Norris and Emma Taylor of Charles R. Drew University of Medicine coordinated day-to-day activities for this year’s students.

They came from 14 states, plus the District of Columbia and Puerto Rico. Their assignment: to identify a specific clinical problem, to generate a hypothesis and develop a way to test that hypothesis and interpret the results.

For his heat shock protein study, Hernandez Burgos grew E. coli bacteria cells in culture and heated them up with hydrogen peroxide and ultraviolet radiation. He then quantified the amount of heat shock proteins generated at 15, 30, 45 and 60 minutes, confirming their protective role in absorbing the stress of exposure to either hydrogen peroxide or ultraviolet radiation. It was an impressive piece of work. “It’s even more impressive when they are out there presenting their research,” says Agodoa. “The enthusiasm and the control and the ownership they have of these projects are just amazing.”

Washington D.C.’s Cushenberry, who took second-place honors, studied blood levels of 2,3 diphosphoglyceric acid (2,3-DPG) in samples collected from adult volunteers at the Howard University Sickle Cell Center and the surrounding community. Excessively high levels of 2,3-DPG, a natural regulator of hemoglobin oxygen binding, promotes sickling of red blood cells. Her analysis identified pyruvate, a natural product of the body’s metabolic pathway, as a possible “control point” for 2,3-DPG biosynthesis, which may eventually provide a new means of regulating 2,3-DPG and treating the disease.

Gomez and Maliakkal, both from Michael E. DeBakey High School for Health Professions in Houston, used a labeled probe to light up growing concentrations of BMP-4, a protein involved in the separation of digits during fetal development—in this case, mice. “We learned that BMP-4 plays an important role in the development of digits and the expression of facial features,” says Maliakkal, who will graduate this coming June. He wants to be a doctor. “This was my first opportunity to work in an actual laboratory; I got to see where all our medical practice is rooted.”

He may still be a high school student, but he’s well on his way to a medical career.
Healthy Volunteers Needed

Healthy volunteers 18 and over are sought for: Taste and Tastate Deficit Study #01-DC-0230 (age 18 and over); Tongue and Swallow Study #01-CC-0135 (age 21 and over). Call 1-800-411-1222 or TTY 1-866-411-1010. Use the study number to reference the protocol.

A-76 VICTORY, CONTINUED FROM PAGE 1

stances and I think you all did a great job. I wish I could say this was the end of the story; many of you know it isn't. Competitive sourcing will continue to be an issue. That's why it was so critical that the first one be done so extremely well. I hope we can maintain the same level of involvement and commitment.

Leasure described the victory as tentative because the vendor who lost to NIH by default has the right to appeal the decision. A successful appeal could lead to a reopening of the competition, according to Tim Wheeles, who directs the NIH Competitive Source Program. In a competition after appeal, NIH would have to submit the same MEO, but by then competitors would have an advantage because details of NIH's proposal have been made public.

Citing the various policy guidelines—including those for procurement and acquisition, human resources and personnel, as well as dictates for the A-76 process itself—Leasure reminded attendees of the tremendous challenges the job reviews present. "Those of us at NIH that are involved in trying to figure out how this is going to work are trying to balance a number of different sets of regulations and rules that don't necessarily all come together at any one time," he said.

Also not known yet, noted Wheeles, is what will become of the quotas established by the Office of Management and Budget. "You may have heard that OMB has backed off the quota requirements," he said, "but they have not gone away. The requirements for A-76 and the President's Management Agenda are still there. All that's happening now is that OMB is negotiating with individual departments about their quota requirements and we have been instructed by both the OMB and our department [HHS] to continue with NIH's [FY] 04 requirements even while renegotiations continue."

NIH's Winning Hand

Cautioning that the multi-hundred-page MEO bid had been sealed until results of the competition were announced, Wheeles explained that the document would have to be studied in-depth before all details of the proposal were fully known.

"We do not have all of the answers," he said. "We do have a plan."

Members from all three extramural areas—program, review and grants management—in the competition comprised the team that designed the MEO. NIDDK chief grants management officer and MEO cochair David Mineo explained the basic structure of the new "Office of Extramural Activities Support Services" proposed in the NIH bid. The new office will become the sixth component of the Office of Extramural Research; employees will report to the NIH deputy director for extramural research.

"Having been in the extramural side of NIH since 1979...and having been in many different institutes at NIH, I can say that there have been many different ways of doing business," Mineo acknowledged. "While each of us in organizations feel that our way is the best way, we are all NIH employees and must do the best for NIH. That's what the [MEO] design team was all about."

He said the proposal replaces a "decentralized stovepipe organization with a central services model to provide more efficient operations to NIH customers." The MEO establishes three hubs in the new office to centralize such common services as training, travel, acquisition of supplies and meeting management. Redundant activities within individual institutes and centers will be eliminated under the MEO, which proposes to take better advantage of information technology by enhancing use of electronic phonebooks and calendars.

Twenty-seven IC units have been divided into hubs A, B or C, based on several factors including size of the customer base and geography. For example, hub B will provide services to NIAID, NCCAM and six other ICs with large concentrations of employees working in the Rockledge rental properties. Hub A is focused on organizations such as NCI and NINDS with offices in the Executive Plaza area and hub C will handle customers such as FIC and NLM on the Bethesda campus. Each hub will have a manager, task leaders, employee supervisors, task unit team members as well as other hub staff who will be assigned to monitor quality assurance and workload management.

"The MEO was designed to be a more flexible organizational framework to work across division lines and area lines, and presumably provide more consistent responses," Mineo said, emphasizing that foremost among considerations was that NIH continue its tradition of delivering "high quality efficient customer services."

Plans for Placement

For months now, officials planning NIH's A-76 response have been stressing that changes will occur, whether or not the agency wins the competitions. In any event, the most dramatic changes, it was predicted, would take the form of reduction in the number of full-time equivalencies (FTEs). Before the MEO was developed, there were 909 FTEs handling the extramural areas to be competed. That number included an estimated 192 contract employees as well as positions that were vacant at the time. The MEO calls for 677 FTEs divided among the three hubs and a 4-person Office of Grants Support Services unit (632 people to perform tasks plus 45 people in lead, supervisory or director positions), Mineo explained.

Most of the jobs being eliminated involve contract
staff, according to Bill Fitzsimmons, NIMH executive officer and acting director of NIH's Office of Strategic Management and Planning, who will also lead a 13-member team that will reconcile current staffing totals with those required for the MEO. Using pre-MEO figures, the number of displaced employees potentially would be about 40, he said, although he cautioned that this number could be higher depending on grade-level issues and a variety of other factors. One of the unknowns is the current FTE total, which has more than likely declined since the last count of affected workers as some retired, resigned or took other jobs during the review period.

"We all have a responsibility to make this work," Mineo concluded, "because not making it work does not mean going back to way things were. The way things were is a thing of the past, and is not an opportunity for the future."

Chris Steyer, NIH deputy director of human resources, outlined governing principles that will be used to fill positions in the new OER framework, and—to ensure fairness throughout the A-76 process—any other competitions NIH wins.

"Essentially," she said, "we want to put the right people in the right jobs to meet the needs of the MEO and of the NIH."

In addition, Steyer reiterated that everyone would continue to have a job, as promised by HHS Secretary Tommy Thompson. Only candidates from among the affected employees will be considered for open positions. In other words, only workers whose jobs are under A-76 review can form the pool of applicants for MEO posts.

In addition, the HR team will first try to staff the MEO with lateral hires. For example, a grade 6 worker will be placed in a grade 6 job, if possible, and would not initially be eligible for a grade 7 opening. Employees will be asked for a statement of job and location preferences as well as a skill inventory (resume) and references. Finally, key staff will be placed in coordination with an advisory committee.

The first step in placement will be to identify the new structure's functions and determine which employees will be affected by it. Next, new positions will be posted and placement consideration documents collected in a standard format. Then, the MEO will begin to be staffed from the highest grade level down.

In Transition

Fitzsimmons discussed the Transition Center, which has been established for displaced employees. Career counseling has already been planned with a contract company, Vantage, Inc. Substantial funding for job training has been set aside, he noted. In addition, the center is in the process of acquiring space for 100 people in the Executive Plaza area. In answer to a question from the audience, he said that an employee could expect to spend no more than 12 to 18 months in the center before being assigned a position he or she would be required to accept.

Donning a Combined Federal Campaign cap at the conclusion of his remarks, Leasure said: "It seems to me to be an appropriate time now—when we're all wondering where we're going to work in the next 6 months and what our jobs are going to be—to remember those folks who don't have any job at all."

Also offering encouraging words at the session was Dr. Ruth Kirschstein, senior advisor to the NIH director, who served as the MEO independent review official. "I came into this not knowing exactly what I would find. I found that the MEO work group had put together a remarkably creative, workable, reliant—not just most efficient, but also most effective—plan. Still, you always have a bit of trepidation as you wait for the decision. I was absolutely delighted to learn that we had won. So, what does this mean? It means we have to change. That doesn't mean that what we did in the 1990s was bad or wrong. It was fine for the times, but this is what we need now. Let's all work together."

NIHers can view the meeting online in its entirety by visiting http://videocast.nih.gov/ and clicking on Past Events.

Levon O. Parker, NINDS minority and special concerns program officer, recently received the Distinguished Professional Award from the Society for Advancement of Chicanos/Latinos and Native Americans in Science (SACNAS). The award honors people who have dedicated themselves to science, education and mentoring, and who have reached the top of their fields and continue to serve as role models for the next generation of minority scientists. According to the awards committee, Parker—who also has served for 18 years as director of the NINDS Summer Program in the Neurological Sciences—was a "clear choice." He was recognized for his "scientific achievements and commitment to increasing the numbers of Chicanos, Latinos and Native Americans in the science research professions." Parker first came to NIH as a biologist in the NINDS Laboratory of Molecular Biology and has long mentored students, encouraging them to pursue careers in science and medicine, particularly neuroscience. The award was presented on Oct. 4 at the SACNAS national conference in Albuquerque.

Holiday Auction Set, Dec. 5

The Clinical Center's department of laboratory medicine will hold its 31st Holiday Auction fundraiser on Friday, Dec. 5 in Bldg. 10, Rm. 2C310, which is the department's conference room and library. All proceeds benefit the Patient Emergency Fund and Friends of the Clinical Center.

Organizers welcome volunteers and donations of items, and remind donors that their contributions are tax-deductible.

There will be a white elephant sale table, bake sale, pizza lunch and silent auction. The bake sale, with coffee and tea, begins at 9 a.m., followed by the silent auction and white elephant sale at 10. Pizza will be served at 11:30 a.m., and the silent auction ends at 2 p.m.

To make donations or volunteer call Sheila Barrett, 496-5666, or Norma Ruschell, 496-4475.
research gestured ceiling-ward in Masur Auditorium to indicate on what floor within the hospital this or that patient-dependent breakthrough occurred.

A good mix of younger intramural scientists visited throughout a day-long, 15-speaker event that seemed meant, quite literally, to inspire a new generation to risk their careers for bold ideas in which they believe. Former NCI director (1980-1988) Dr. Vincent DeVita lingered for some time on the career of former colleague Dr. Min Chiu Li, who despite having discovered a cure for choriocarcinoma and other major research advances, was “invited to leave” both NIH and another major medical center for the sin of being too far ahead of his time. DeVita seemed to suggest that such courage, married to such talent, is a rare thing these days, and ought to be cultivated.

Fondly remembering his days as a member of what he dubbed “the Society of Jabbering Idiots—a body that I’ve been unable to duplicate at any other institution I’ve served,” DeVita said that Friday conferences at NCI in the 1970s and 1980s were an intellectual hothouse. There, such innovations as drug therapy for leukemia, Hodgkin’s disease and diffuse large B cell lymphoma, as well as platelet transfusion as an adjunct to cancer chemotherapy—“which is now a $100 million a year industry”—had their genesis, despite having been actively opposed at the outset. Set against a biographical backdrop of personal heroes who bucked odds to advance cancer research, DeVita, now a professor of medicine at Yale, plotted a continuously rising curve of relative survival rates from cancer, from 41 percent in 1980, to 52 percent in 1990, to 62 percent today. He concluded his talk with a widely shared sentiment: “It’s good to be home.”

NIH director Dr. Elias Zerhouni had opened the symposium with a brief overview of the Roadmap initiative, explaining that “the landscape of disease is completely different in 2003 than it was in 1953, when the Clinical Center opened.” Whereas acute care medicine was the focus of the CC’s early days, it is now chronic ailments that claim most research attention. He called the 2003 Nobel Prizes, wherein physicists won the medicine award and physicians won the chemistry award, evidence that “science is converging as we get to the root of biological systems and their function.”
lymphocytes. The cells from only a single patient, he reported, eventually led to breakthroughs in several lines of research, including HTLV-1, IL-15, and a substance known as anti-TAC. "That is the advantage of having a Clinical Center patient population," he declared.

Cancer dominated the morning session. Dr. Steven Rosenberg, chief of NCI's Surgery Branch, lectured on the development of immunotherapy, using case histories from four remarkable patients to illustrate the hospital's strength as a testing ground for new treatments.

"What a remarkable place to perform translational research!" he said of the CC.

Dr. Eugene Braunwald, professor of medicine at Harvard, ushered in the heart-related portion of the program; he came to NIH in 1955 to study cardiac ischemia, or heart attack, which in 1953, when the CC first opened its doors, was the leading cause of death in the U.S. Back then, heart attacks typically struck men in their fifties, usually with no warning. "It was considered largely an act of God—no one knew who would be struck next, or where it came from," he said.

Braunwald marvelled that, at NIH, studies done in dogs could be translated to human patients simply by walking across a hall. He reminded the audience that it wasn't until 1961, in a paper based on research from the then-fledgling Framingham Heart Study, that the now-common litany of coronary risk factors was established: high blood pressure, high cholesterol and cigarette smoking. The curve of age-adjusted death rates from coronary heart disease peaks in 1963—just as the Framingham results are being digested and the surgeon general first warns about smoking—then plummets 65 percent in the years since then, Braunwald showed. "It's one of the real success stories of the 20th century."

Braunwald offered cultural observations as well. "It's hard to describe what the atmosphere was like here in the 1950s," he said. "We hadn't yet lost our innocence as a country... Medicine was revered, the federal government was admired. This was 15 years before Vietnam, and 18 years before Watergate, back when this extraordinary enterprise was being built."

NIH then was "populated with extremely ambitious young people, who were competing for positions. There would be 250 qualified applications for each position," he recalled. "Resources were abundant, there were acres of space... There was a camaraderie, an enthusiasm and an openness that was unique. Virtually all of the senior investigators and branch chiefs were under age 40. We knew we were doing something new and different and that it was a privileged time to be here.

"Clinical research didn't really exist yet," he continued. "It was just a hobby for physicians. There was no such thing as full-time or part-time clinical research. The term 'translational research' had not yet been invented... The opportunities for collaboration were such that the whole was far greater than the sum of its parts—there was virtually no limit on what we felt we could achieve."

Then came diaspora. Braunwald left in 1968. But he isn't preoccupied with NIH's past, however golden. "From the new Roadmap that Dr. Zerhouni has just introduced, it looks like the best is yet to come," he predicted.

While the CC claimed center stage on Research Festival's opening day, the 17th annual event rolled smoothly through the rest of the week, including an array of mini-symposia, poster sessions and informal gatherings such as a major luncheon on Oct. 15 at which hundreds of NIH'ers enjoyed a free meal under a wind-whipped tent as the band Streetlife entertained from a corner.
lead-off lecture in the 2003-2004 series of eight seminars, which began Oct. 14, was "Simply Irresistible! The Science of Attraction." Later topics in this year's series are taken straight from the headlines—Do vaccines occasionally do harm as well as good? What about the role of children in research? Might it be wise, for health's sake, to adopt the mantra, "Don't worry, be happy?"

Not all the lectures work so hard to catch your eye at the checkout counter. This year's roster also includes titillation-free offerings on workplace networking, evaluating NIH programs (hey, this is work, not the Letterman show) and how statistics lead to confident conclusions. Where else but at a STEP lecture, though, are you going to hear a respected visiting scientist lay out an argument that we should all head down to police headquarters and voluntarily give up a sample of our DNA so that the cops will have an easier time identifying us if we are A) involved in some future crime, or B) blown to bits in some coming Armageddon?

STEP is much more than good box office, though. It began in 1963, when Dr. Stuart Sessoms, then NIH deputy director, sent a memo to institute directors and division chiefs establishing "a committee on Professional Staff Training in Extramural Programs" (the initial P was dropped a year later, in order to broaden the program's appeal). Ten people were selected to serve for a year during which they would find ways to "provide opportunities for staff to accelerate professional growth, increase competency and continue development of necessary skills in grants administration and management." STEP founders also directed the personnel office to commit staff to supporting the program, a key factor in entrenching the effort.

Right from its Kennedy administration-era start, STEP emphasized public policy seminars, along with university classes and research, as well as in-house educational opportunities. The early seminars tended to be multi-day affairs, which over the decades were whittled back to more manageable one-day events. So busy was the membership in 1969 that, according to a STEP history, not a single member "could commit the time required for the management of the extramural forums program.

In 1971, the program grew from 10 to 12 members, then leapt to 26 as a formal STEP Program Office was established. When STEP marked its 25th anniversary in 1988, it began a new series of "Science for All" talks designed to be broadly appreciable, even by nonscientists. Typical themes then included "Genes and Chromosomes," and "The Immune System."

Today, STEP membership stands at about 30, said Dr. Chuck Selden, STEP director, with 10 new members recruited each year for rotating 3-year terms. "Selection is based on subjective assessments of three or more references on a handful of criteria," he said, the most important of which is excellence, not just in science but also in such intangibles as creativity, leadership, diplomacy and zeal to do well. Diversity is also important, not only with respect to gender or ethnic origin, but also with respect to organizational role, IC affiliation and experience.

"The typical member of the STEP committee is a mid- to senior-level member of the NIH staff who has demonstrated leadership abilities beyond the
usual job description,” explained Selden. “In addition, the typical STEP member is involved in extramural activities and has a history of involvement in trans-NIH activities.”

Because they are nominated by their peers, STEP members tend to be well-regarded within their institutes and centers; a roster of STEP alumni reads like a list of leading NIH citizens, including Yvonne Maddox, Phil Chen, Ron Geller, Ernest Marquez, Steve Hausman, Tommy Broadwater, Norka Ruiz Bravo, Donna Dean, Judith Greenberg, Joellen Harper and many others. A stint on STEP is clearly important to the resumes of those who aspire to senior positions at NIH.

The modern STEP is part of the Office of Extramural Research, and this year is chaired by NICHD’s Dr. Deborah Henken, with Dr. Mike Sesma of NIMH as vice chair. They and their colleagues subdivide into committees and come up with training events in five general categories: Science for All, Workplace Strategies, Administrative Strategies, Science in the Public Health and Current Controversies in Medicine.

The centerpiece of yearly planning is a 2-day retreat, usually in late spring, when the group sequesters itself and winnows some 30 finalists out of 100 suggested topics into a syllabus of 8-10 events, said Selden. The initial ideas come from individual NIH extramural staff members at any grade, from all institutes and centers.

“The retreat is where the initial planning for session content is done; the session abstracts are written there,” Selden said. “Speakers might be suggested there, but the recruitment process starts after the retreat.” Final sign-off for each year’s fraction of what they had planned.” —Dr. Norka Ruiz Bravo, associate director for extramural activities, NIGMS

“STEP is unequaled in consistently offering the most creative and timely training experiences for our extramural staff. OER is fortunate in having its share of STEP committee alumni.” —Dr. Belinda Seto, acting NIH deputy director for extramural research

“I treasure the lasting friendships formed with professional colleagues as part of the creative atmosphere during my STEP program service. Developing contacts across NIH during a STEP training experience can lay the groundwork for more productive problem solving, as individuals gain a broader perspective on NIH-wide issues. The program continues to provide an unequaled opportunity to explore consensus, conflict, cooperation and competition in a multifaceted, everchanging NIH workplace.” —Dr. Donna Dean, deputy director, NIBIB

The program is by the NIH deputy director for extramural research, in this case, Dr. Belinda Seto, who is acting in that role.

STEP chair Henken, a health scientist administrator in the Developmental Biology, Genetics and Teratology Branch, is in her third year of membership and hopes to complete a fourth year as advisor to the program. “I learned about STEP when I moved to extramural administration and joined the Grants Associates (GA) Program in 1995,” she said. “The first offering I attended was ‘New Pressures on Biomedical Research: Managed Health Care Meets the Ivory Tower.’ I thought it was awesome. As a GA, I had to do a lot of course work—more than 400 hours—and I remember enjoying the STEP offerings more than most and thinking how timely they were.

“Also as a GA, I did numerous details in many, if not most, of the institutes, centers and divisions of the NIH. I never ceased to be amazed at how many successful people had been STEPPers and still retain fond memories and close ties to the committee. I thought—and still think—that this is a worthwhile group that I’d learn from, be able to contribute to and that works hard and well together, but doesn’t forget to have fun.”

STEP cochair Sesma, a health scientist administrator in NIMH’s Office of Special Populations, also learned about STEP via the GA program: “I was in the GA/HSA seminar series in 1995-1996, from which a number of previous STEP members came, so the networking that followed included learning more about useful STEP program offerings and ideas for future forums. It was also clear that many NIH people in leadership positions had listed STEP on their CV. What was useful was the variety of scientific and administrative perspectives presented in the various offerings that provided hints and ideas that made it easier to do my job as a review administrator and program officer. My colleagues who had STEP experience were enthusiastic, energetic and great people to work with. I worked with some of these people at NIGMS or on several trans-NIH committees or on short detail assignments. It was obvious that through STEP the extramural community could benefit from the skills and experiences of those individuals.”

Henken observes that, as NIH has grown administratively more sophisticated, extramural staff have been privy to ever-widening modes of training, from the core curriculum of the Orientation to Extramural Activities class overseen by Selden’s office (he is extramural staff training officer as well as STEP director), to “very focused” offerings by CIT and the Work/Life Center. “So STEP has taken on the charge of finding and providing training in those areas that are cross-cutting, creative, unique, timely
and might just slip through the cracks if we don't provide it," she said. "We look for those training opportunities that might not be brought to light, if not for our activities.

STEP at 40 trains far more people than it did in its youth, too. "With the use of videocast, we are now reaching hundreds of folks," Henken noted. "Last year, the 'Forensic Medicine: Unraveling the Riddles' [at which a company scientist called (or Americans to voluntarily hand over their DNA signatures] was seen by over 1,140 NIH staff. This does not include those who accessed the archives after the offering."

Adds Sesma, "The availability of videocast has been very important because with our increased workloads we are often not able to drop in for one talk or even attend events on the main campus...most of the extramural staff are no longer based on the main campus."

STEP is greater than the sum of its parts," says Sesma. "It's a great networking opportunity...you can usually find something useful in the slate of offerings and individual presentations, whether it's contacts in a given field, a list of references and web links from a speaker [or] new ideas about how to do your job." He also thinks STEP has matured with the times: "The committee seems to focus more on cross-cutting scientific and administrative issues that take into account the new emphasis on multidisciplinary approaches, innovative administrative practices and the impact of how the research enterprise is moving science, the public and the NIH mission. STEP is still willing to deal with controversy too."

The best long-term perspective on the program may belong to Patty Austin, who spent more than 20 years at STEP before becoming a training administrator for NIH's eRA (electronic research administration) Project. "I used to be called the 'STEP mother,'" she jokes, "so now I guess I am a STEP fan." Like Henken and Selden, she emphasizes the pleasure of working closely with bright, creative people. "It was like playing office because there was so much to do and so many fun people to be around. I worked with several hundred committee members and thousands of extramural employees."

When she began her STEP tenure, Austin says the program's mailing list stood at 9,000, and grew to more than 20,000 by the time she left. "The major change in my 20 years with STEP was technology," she recalls, noting that STEP adapted NIH's old Wylbur computing system for use as email as early as 1981. Two advances she cites are: using a list-serve for email marketing, and broadcasting the STEP events by NIH Videocast.

"STEP today is similar to the past in my opinion," she concludes. "It's NIH staff within all job categories trying to reach out and train other NIH employees with valuable information, be it for extramural job requirements, job enrichment, retreats or networking purposes."

To learn more about STEP at 40, call the program office at 435-8685.

What once was a placid parking lot on the northeast corner of campus, near Bldg. 31, has been transformed this fall into a major construction zone. Dump trucks, bulldozers and power shovels now excavate the foundation for a parking garage, which is part of the Bldg. 33 complex. Combined with a stormwater management facility and preparations for a Central Vehicle Inspection area, the multiple projects have totally transformed the character of this campus tract.
Dr. J. Christian Gillin, former researcher at the National Institute of Mental Health, renowned sleep specialist and professor of psychiatry at the University of California, San Diego and the Veterans Affairs San Diego Health System, died of esophageal cancer on Sept. 13. He was 65. Gillin turned even this personal misfortune into a positive opportunity, lecturing to medical students at UCSD on the subject of death and dying and sharing his experiences and insights.

He graduated from Harvard University magna cum laude, earned his M.D. at Case Western Reserve School of Medicine and completed psychiatric training at Stanford University Medical Center.

Early in his career at NIMH, Gillin studied the psychosis and the hallucinations of schizophrenia. He then headed a sleep laboratory and began the work that would remain his career focus. Following 12 years at NIMH (1971-1982), he joined the UCSD faculty. He liked to say that he viewed psychological disorders through "neurobiological windows." He used the principles and techniques of neuropharmacology and chronobiological research to approach the treatment of mood disorders.

The antidepressant effects of sleep deprivation in depressed patients always struck Gillin as a neglected area; it was the only method known in which depression could be reversed within hours. He saw that sleep deprivation was an excellent experimental model for the study of antidepressant treatments and could lead to the development of more rapidly acting antidepressants. Gillin also worked on studies of chronobiology and bright light treatment for depression. Gillin's contributions to psychiatric research are reflected in over 500 scientific publications and one book. He was the founding editor-in-chief of *Neuropsychopharmacology*, and served on the editorial boards of nine journals. He served as U.S. Naval Reserve captain. In 2001, he received the American Academy of Sleep Medicine's Lifetime Achievement Award and the Sleep Research Society's Distinguished Scientist Award. The society called attention not only to his original scientific contributions, but also to the great accomplishment of the number of students he trained and the next generation of sleep researchers who can trace their scientific roots back to him.

Gillin had an unquenchable scientific curiosity coupled with a fundamental dignity, humanity and positive approach to life. He enjoyed and inspired people, collaborated with everyone and worked across many disciplines to help ill individuals. Three years ago, after his illness was diagnosed, UCSD hosted a *Festschrift* to recognize Gillin's impact on the fields of sleep, mood disorders and chronobiology. The event was attended by nearly 200 scientists from the U.S. and around the world, attesting to his scholarship, international leadership and lasting friendships.

Gillin is survived by his wife, Dr. Frances Gillin, a UCSD professor of pathology and former NIH researcher, and their children, Peter Daniel Gillin and John Lorin Gillin.

### Seven Complete Pharmacology Fellowships

Seven postdoctoral fellows recently completed the NIGMS Pharmacology Research Associate (PRAT) Program. This 2-year program, which was established in 1965, provides advanced experience in pharmacological research for individuals with backgrounds in the basic or clinical sciences and/or experience in new fields for those who are already pharmacologists. PRAT fellows work with preceptors in NIH or FDA intramural labs to conduct research in areas such as molecular and behavioral pharmacology, biochemistry and drug metabolism.

This year's graduating PRAT fellows and the institutes in which they work are: Dr. James Bjork, NIAAA; Dr. Mark G. Carter, NIA; Dr. Frank Comer, NCI; Dr. Kristi Egland, NCI; Dr. Kate Prybylowski, NICHD; Dr. Byrn Quimby, NICHD; and Dr. David C. Williams, Jr., NIDDK.

An awards ceremony was held recently to honor the graduating class. The event featured research presentations by the PRAT fellows and a keynote address by Dr. Richard Weinsilboum, a former PRAT fellow and now an NIGMS grantee. He is currently a professor of medicine and pharmacology at the Mayo Medical School in Rochester, Minn.


CIT Computer Training Fall Term Open

The CIT Training Program’s fall term of free computer classes is now available for registration. The term spans October 2003 through January 2004 and will incorporate new topics as well as continue many popular subjects. With well over 120 different topics, more than 30 of them new, there should be something for everyone who uses computing in their NIH work.

With recent viruses and viruses, more people understand the need to keep their computer systems secure. Along with many returning titles, there are two new security classes. “Basic Security - Protect Your PC with Available Tools” is for any NIH staff member who sometimes uses a home computer for work. Many tools available at NIH are available for home computers, and this class will look at which to use and how to use them most effectively. “Snort Lightweight Intrusion Detection System (IDS)” is intended for IT professionals who are interested in this host-based intrusion detection system that provides real-time alerts of possible security attacks.

Computers can do fantastic things to help in our work, but we all sometimes wish for more help in the tasks for which we use them. “Write to Point for IT Professionals” is a workshop to help technical people improve their writing skills. “Improve Your Public Speaking When Using PowerPoint” looks at the skills involved in putting together a presentation and delivering it. “Introduction to Telework” adds to the existing remote access class to look at the non-IT items that can lead to a successful telework experience.

Web developers have a variety of new options. A two-part JavaScript course offers the basics for new programmers in that language. Microsoft is also bringing two courses: “Introduction to Microsoft XML Web Services” and “VB6 to VB.NET Migration.”

In the area of enterprise systems, Data Warehouse is adding to its extensive list of courses with “Data Warehouse: Budget & Finance Enhancements Supporting NBS.” For account sponsors, there is “Web Sponsor - New Features,” which will help participants take advantage of all the new items available.

For others looking ahead to where their systems are moving, there are two other new classes. Microsoft is bringing ”New Advances with the Microsoft Office 2003 System” to look at what changes have been made and what will be available. For grants staff working with the ECB, there is “New Features of Council Administration Module Version 5.”

There have been courses on relational databases and SQL in the training program for many years. Now, by popular demand, there is also an “Advanced SQL” class. This is appropriate for people who want to take the entire series or who have taken the previous classes and want to come back for more information.

As usual, there are many new courses for scientists. “EMBOSS and GCG: All the Sequence Analysis Tools You Need” will demonstrate these two large sequence-analysis programs available to NIH staff. Some tools developed within NIH will be taught in “Visualization in MIPAV,” which looks at some new functions available in this platform-independent image processing and visualization program, and “Hands-On MatchMiner and GoMiner: Software Resources for Analysis of Microarray Data.” Other science courses include “Understanding Promoter Analysis,” “Evaluation Methods in Biomedical Informatics,” and “Data Mining with STATISTICA.”

For full course information or to register for classes, visit http://training.cit.nih.gov. You can also call 594-6248 if you wish to discuss course registration, teaching a class or other training issues.

Pfefferbaum To Give Keller Lecture, Nov. 18

Dr. Adolf Pfefferbaum, who has been at the forefront of research using quantitative neuroimaging to study the effects of chronic alcohol abuse on living brain structure, will discuss these studies when he gives the 2003 Mark Keller Honorary Lecture on Tuesday, Nov. 18 at 1:30 p.m. in Masur Auditorium, Bldg. 10. Pfefferbaum is professor of psychiatry and behavioral science at Stanford University School of Medicine, and director of the Neuroscience Program, SRI International, Menlo Park, Calif.

Titled “Alcohol-induced Insult to the Living Brain: Views from Magnetic Resonance Imaging,” Pfefferbaum’s talk will review the ways in which magnetic resonance imaging (MRI) can be used to identify the location, nature and extent of alcohol’s deleterious effects on the brain. As a result of the degradation of brain structure revealed by MRI studies, the range of neural systems alcoholics have to draw on in completing cognitive tasks is narrowed. The limits on higher-order cognitive capacity due to alcohol-induced brain damage may sustain the propensity to engage in harmful drinking and enable the alcohol dependence syndrome. Recognizing the role of alcohol-induced insult to the brain in continued harmful drinking is an essential step toward developing successful regimes for prevention, treatment and cure of alcohol abuse and alcoholism.

CME credit is offered. For more information visit www.niaaa.nih.gov and go to Conferences/Events.
Recycle Day Slated for Nov. 15

President Bush has declared Saturday, Nov. 15 as "America Recycles Day." The goal is to educate Americans about the need to recycle, and to purchase more products made from recycled materials. NIH is using this as an opportunity to inform and educate employees of the existing recycling program and how to participate in it.

During the week of Nov. 17, large banners will be displayed at key locations on campus and educational materials will be provided in various buildings to promote recycling awareness. The recycling program is covered in detail on the web site http://www.nih.gov/od/ors/ds/wasteguide/. Employees should review the information on the site to ensure that they are recycling all materials that are part of the current recycling program.

"The NIH can only achieve the goal of recycling 50 percent of the solid waste stream with your help," said Donald Wilson of the Office of Research Facilities. "We are currently recycling approximately 3,000 tons per year, which is a little less than 30 percent." Employees with questions about recycling may call the Division of Environmental Protection at 496-7990.

"This is an excellent time to clean out old office files and recycle the papers and file folders," added Wilson. "The NIH recycling program provides recycling hampers on request to assist with the clean-outs. This is also a good opportunity to promote increased green procurements at the NIH. There are many opportunities to purchase consumer items that are manufactured using recycled materials, such as plastic or paper."

The NIH recycling program recently expanded to include the recycling of fax, printer, laser-jet, copier toner and ink-jet cartridges of any make or brand. Collection containers have been placed in all buildings on the main campus. These containers are similar to those already in use for aluminum cans, commingled, mixed paper, pipette tip racks and white office paper.

"What makes this program even more exciting is that for each cartridge recycled, a $1 donation will be distributed among the four NIH charitable foundations (NIH Children's Inn, Camp Fantas tic, the Foundation for the NIH, and Friends of the Clinical Center)," Wilson explained. "Please take the time to locate these new collection containers on your floor and pass the word along to your co-workers. By recycling your cartridges, you are directly contributing to the beneficial reuse of a commercial product. Manufacturers refill these cartridges and sell them as recycled cartridges under a variety of brand names. This recycling and reuse keeps our environment cleaner and contributes to worthy charities."

CIT Computer Classes

All courses are given without charge. For more information call 594-6248 or consult the training program's home page at http://training.cit.nih.gov.

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

Studies for Wide Age Ranges

All of the studies below are seeking healthy volunteers from a broader than usual age range. The contact information for each study is the same: phone 1-800-411-1222 or TTY 1-866-411-1010. Use the study number to reference a particular protocol.

Volunteers age 21-75: Mood and Thinking Study # 02-M-0251 (age 18-75); Effect of Stimulus on Motor Activity Study # 02-N-0024 (age 21-75).

Volunteers age 18-80: MRI Study # 97-H-0026; Cognition Study # 03-N-0017; Restless Legs Study # 03-N-0075; Somatosensory Studies # 92-D-0243; Motor Movement Study # 03-N-0266; MRI Tongue Study # 01-CC-0044; Investigations in Discourse Processing Study # 00-C-0096.
NIH, Zerhouni Honored for Diversity

NIH recently won a CEO Leadership Award from Diversity Best Practices, an organization that spearheads the annual awards in conjunction with a yearly leadership summit cosponsored by the Business Women’s Network. NIH director Dr. Elias Zerhouni accepted the award, which recognizes NIH's efforts to ensure a diverse medical research workforce. Zerhouni was one of 10 CEOs honored at the 2003 Diversity and Women Leadership Summit on Oct. 15; the 10 leaders were also featured in the September/October issue of Profiles in Diversity Journal. NIH was the only award recipient representing the federal government.

"I am fully committed to ensuring that NIH maintains its position as the premier biomedical research institution in the country for people of all backgrounds," said Zerhouni, who was born in Algeria. "If we are to uphold our reputation for excellence, each and every employee must work together to make NIH the employer of choice for the best talent in the field."

Diversity Best Practices CEO Leadership Awards recognize business leaders across the country who have proven themselves—and their companies—to be champions for creating inclusive, respectful and diverse organizational cultures.

"We are pleased to count Dr. Zerhouni among this year's honorees," said Edie Fraser, president of Diversity Best Practices. "His leadership—and that of other senior staff of the NIH—serves as a model not only for other government agencies and organizations, but for the corporate, for-profit sector as well."

Of NIH's nearly 18,000 employees, approximately 35 percent represent ethnic minorities in the U.S., including nearly 20 percent African Americans, more than 12 percent Asian/Pacific Islander Americans and more than 3 percent Hispanic Americans. Additionally, the NIH encompasses more than 1,700 visiting fellows representing countries across the globe—adding to the diverse group of cultures and nationalities contributing to the organization's mission of uncovering new knowledge that will lead to better health for everyone.

"NIH respects the diversity an individual brings to the workplace and the scientific process," Zerhouni concluded. "We need to continue to train, recruit and retain the best talent in biomedical research because, in the final analysis, it is always the creative spark of the unique individual that leads to new knowledge and real progress, wherever that individual comes from."

FAES Holds Insurance Open Season

The FAES Health Insurance Program is conducting open season from Nov. 3-26. The program is open to those who work or at NIH in full-time positions but are not eligible for government plans. This includes NIH fellows, special volunteers, guest researchers, contractors and full-time temporary personnel. The minimum enrollment period is 3 months. Benefits and/or changes take effect Jan. 1, 2004.

Open season is for those who did not enroll when first eligible and for current subscribers to make changes. Appointments are required to make changes to medical coverage but not for dental enrollment. FAES offers CareFirst BlueCross/Blue Shield PPO and a voluntary health maintenance organization (HMO) dental plan through Cigna.

More information may be obtained from the FAES web site at www.faes.org or from the FAES business office, Bldg.10, Rm. B1C18. To schedule an appointment, call 496-8063. FAES is open Monday-Friday from 8:30 a.m. to 4 p.m.