

THE NIH RECORD

Still The Second Best Thing About Payday

President Requests 2.6 Percent NIH Budget Increase in 2005

President Bush's budget request for NIH in fiscal year 2005, announced Feb. 2, increases the FY 2004 level by 2.6 percent (or \$729 million), totaling \$28.757 billion, up from \$28.028 billion in the current fiscal year.

Emphases within the new budget include increased funding for the NIH Roadmap for Medical Research, announced last fall by NIH director Dr. Elias Zerhouni; new focus on chronic (versus acute) medical conditions; expansion of an initiative begun last year to address the nation's widening obesity epidemic; attention to health disparities; and measures to counter both bioterrorism and such infectious diseases

SEE 2005 BUDGET, PAGE 2

Dr. Catherine Verfaillie accepts a plaque from NIDCD director Dr. James Battey in commemoration of her NIH Director's Lecture on Feb. 11 titled "Greater Potency of Adult Stem Cells." Verfaillie, who is director of the Stem Cell Institute



at the University of Minnesota, described the past 8 years of research in her labora-

tory, including work on MAPCs—multipotent adult progenitor cells. Her rigorous studies aim to determine whether stem cells can eventually be used for so-called "regenerative medicine," in which ailments in the human brain, heart and liver, for example, can be cured. The talk drew a packed Masur Auditorium and is archived at videocast.nih.gov. Battey introduced Verfaillie, and is chair of the NIH stem cell task force.

HIGHLIGHTS

1 CDC Director Gives 'Great Teacher' Talk in Lipsett

ORS Employee Loses Weight, Gains Control

3 James To Lead NIDDK Division

8 NINR Holds 'Roadmap' Meeting



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

March 2, 2004
Vol. LVI, No. 5

Feeling Sick? Stay Home!

CDC's Gerberding Warns of Anti-Microbial-Resistant Infections

By Rich McManus

CDC director Dr. Julie Gerberding warned a crowded Lipsett Amphitheater audience Feb. 11 of a rise in antimicrobial-resistant infections, specifically of *Staphylococcus aureus*, in both hospitals and the community. "It's a very major problem in the health care setting...and is increasing in non-clinical settings as well," she said at a special session of Clinical Center Grand Rounds dedicated to Contemporary Clinical Medicine: Great Teachers.

While the discovery of two isolates of vancomycin-resistant staph in the past 2 years—one in Pennsylvania and the other in Michigan—"might not seem too urgent," Gerberding nonetheless cautioned that "biology is still marching forward." And while she also warned that "the pharmaceutical pipeline is shutting down" and no new magic-bullet antimicrobials are on the horizon, she was nevertheless encouraged by a "huge success story," namely that introduction of a pneumococcal vaccine for children has

SEE GERBERDING, PAGE 4

'It Can Be Done'

NIH'er Dramatically Transforms Physique

By Joan Chamberlain

To see her effortlessly take the stairs at the Bethesda Metro station or flit, rosy cheeked, across the pool at the Montgomery County Aquatic Center, you'd never guess Marcia Potts was once more than twice her current size and could barely walk the distance from Bldg. 1 to 31.

Nearly 4 years ago, this ORS employee began changing her life and almost every aspect of her daily habits. Hers is a story of awesome determination and transformation and testimony to the human body's innate ability to recover good health.

Recently, Potts joined the NIH-supported National Weight Control Registry of more than 3,000 adults who've lost at least 30 pounds and kept it off a year or longer. "It can be done," she likes to say. The researchers who formed the registry think that they, and the many Americans who struggle with a weight problem, may have something



Marcia Potts, before

SEE WEIGHT CONTROL, PAGE 6

2005 BUDGET, CONTINUED FROM PAGE 1

as SARS, West Nile virus, influenza, malaria, tuberculosis and HIV/AIDS.

The number of competing research project grants (RPGs) rises to 10,393, or 258 more than the 2004 level. The total number of RPGs (not counting small business innovation research and small business technology transfer grants) would be 37,744 under Bush's request.

The Roadmap initiatives are slated to receive an increase of \$109 million over the 2004 level, rising to a total of \$237 million; this total arises from a \$60 million contribution from the NIH Director's Discretionary Fund, and \$177 million contributed by the 27 NIH institutes and centers. (The IC contributions represent 0.63 percent of each individual budget request for FY 2005.) The three arms of the Roadmap each gain more generous funding: New Pathways to Discovery (\$137 million); Multidisciplinary Research Teams of the Future (\$39 million); and Re-engineering the Clinical Research Enterprise (\$61 million).

An obesity research task force has been created at NIH to develop a strategic plan for NIH obesity research. The 2005 budget includes \$22 million for expanded trans-NIH research programs in obesity and diabetes. NIH's overall obesity research portfolio would rise \$40 million to a total of \$440 million.

In the field of biodefense, the budget calls for a number of Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research. The centers are to coordinate extramural research in the field, and will include containment laboratories at both BSL-3 and BSL-4 levels. The budget request anticipates clinical trials of vaccine candidates against plague, Ebola and tularemia.

The AIDS research program is to increase by 2.8 percent (\$80 million) to a total of \$2.93 billion.

NCI is slated to receive \$8 million specifically to undertake repairs and improvements at its Frederick campus.

NIH is also asked to develop radiological and nuclear countermeasures, an effort budgeted at \$47.4 million (the funds would come from the Public Health and Social Services Emergency Fund). Three kinds of medical intervention are sought: drugs to prevent injury from radiological exposure; improved methods of measuring exposure and contamination; and treatments aimed at restoring injured tissues and eliminating radioactive materials from contaminated tissues. ■

Chronic Leg and Back Pain?

Take part in NIH research studies to improve the treatment of pain caused by pinched lumbar nerve. For more information call 1-800-411-1222 or 1-866-411-1010 (TTY). ■



Dr. Barbara Alving (r), acting director, NHLBI, presides at the drawing of ping pong balls inscribed with contributors to the Combined Federal Campaign. The event finalized the institute's CFC campaign. Also present were (from l) Dr. Herbert M. Geller, 2003 NHLBI CFC deputy coordinator; CFC leaders Vicki Le, Mary Beth Clark, Richard Fender; Don Christoferson, NHLBI executive officer; and Dr. Lawrence Friedman, acting NHLBI deputy director. Also on hand were Maria Stagnitto and Steve Hockman. A complete list of prizes, winners and other pictures from the drawing can be found at <http://insider.nhlbi.nih.gov/cfc/lottery.htm>.

Healthy Volunteers Needed

If depression has never been a problem for you and the fall and winter seasons do not affect how you feel very much, you may be eligible to participate in a research study. We are looking for volunteers with good mental health, 18 years or older. If you qualify, participation involves a 3-4-hour visit including questionnaires. Participants will be compensated for their time. For more information, call the Mood Laboratory at the Uniformed Services University, (301) 295-3241. ■

NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 2004.

NIH Record Office
Bldg. 31, Rm. 5B41

Phone (301) 496-2125
Fax (301) 402-1485

Web address
<http://www.nih.gov/news/NIH-Record/archives.htm>

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

♻️ *The Record is recyclable as office white paper.*

James To Direct NIDDK's Division of Digestive Diseases and Nutrition

Dr. Stephen P. James has been named director of the Division of Digestive Diseases and Nutrition (DDN) at NIDDK. He had been head of the division of gastroenterology for 10 years and held the Moses and Helen Paulson chair in gastroenterology at the University of Maryland School of Medicine when he decided to return to NIH research and an NIDDK administrative role in 2001; he has been DDN deputy director for the past 2 years.

A leader in the field of inflammatory bowel disease (IBD) research, James has seen several major shifts in the study of complex, immune-mediated GI disorders such as Crohn's disease and ulcerative colitis since he became interested in the field as a medical student during the early 1970s. After a gastroenterology fellowship at the University of Maryland, James first came to NIH in 1977 as a medical staff fellow in the liver diseases section of NIDDK and began studies on the immunology of liver disease. He furthered his training in immunology at NCI in the early 1980s and subsequently was a senior investigator in NIAID's Laboratory of Clinical Investigation until 1991, focusing on the immunological features of IBD.

In the early days, James recalls, immunology researchers focused on aspects of the "innate" immune system such as macrophages, and the structure and function of antibody molecules. When the role of T cells and B cells came to light, interest shifted to the biological workings of the "adaptive" immune system and how it programs its weaponry. With the recent discovery of the *card15* gene mutation, which appears to increase a person's risk of developing Crohn's disease, research interest has shifted back to the innate immune system. Researchers hypothesize that it's possible that some cells may be deficient in sensing bacteria, which might result in an exaggerated inflammatory response.

"This is typical of how things recycle in science," says James, whose current mission as director of DDN is to better understand the perplexing biological mechanisms behind complex diseases, knowledge that would make new diagnostics and treatments possible.

Despite incremental discoveries, the mechanism behind Crohn's disease, an inflammatory disease of the small bowel, remains something of a mystery. Crohn's afflicts an estimated 400,000 to 600,000 Americans. "We still have a lot to learn," says James. One important recent advance was the discovery that tumor necrosis factor (TNF) is an inflammatory cytokine. This finding led to the development of infliximab, an anti-TNF monoclonal antibody, which has been effective in relieving symptoms in two-thirds of patients. "This is an example of the kind of bench to bedside progress we would hope to bring to other digestive diseases," James adds.

IBD comprises two of the complex digestive diseases needing more effective diagnostic tests and interventions. "The average person goes many years before being diagnosed," says James. "In Crohn's and ulcerative colitis, our long-term goal is to figure out who's at risk early enough to modify environmental risk factors and to intervene before complications and morbidity become an issue."

Celiac disease is another chronic inflammatory disease with interesting research potential, James points out. In this case, medical science knows a bit more: the body reacts to environmental triggers—proteins in wheat, rye and barley. "We also know there's a genetic link," he adds. "The question is: How do the controlling genes interact with the protein triggers to cause disease?"

Celiac disease is easily treated by eliminating these foods from the diet, James notes, but it remains widely underdiagnosed because symptoms are difficult to recognize and a biopsy is necessary to confirm diagnosis. "Celiac is a good research model," he says, "because once we know more about how genes and the environment conspire, we may be able to apply that information to other complex diseases. If we can develop better diagnostic tests, it will be possible to prevent complications and morbidity at low cost."

Digestive diseases such as IBD, esophageal reflux, celiac disease and chronic liver diseases such as hepatitis B and C all cause chronic inflammation and are associated with an increased risk of cancer. "Right now," James says, "we're collaborating with NCI in studying Barrett's esophagus as a precursor to esophageal cancer. We also are cooperating with the NIAID in hepatitis C studies."

In motility disorders such as gastroesophageal reflux disease (GERD) and irritable bowel syndrome (IBS), there are great opportunities for advances through neuroscience, James says, particularly in understanding the complex activities that connect the brain to the nerves in the gut. This has become "an exciting new area for patient-based research."

In addition, researchers are interested in how stress, depression and anxiety disorders affect motility. "We need to integrate neuroscience approaches with studies of diseases of the gut, and we have a number of interesting programs in this area," says James. One research center supported by NIDDK and the Office of Research on Women's Health is now using brain imaging and other novel technologies to study functional bowel disease.

The only way to tackle these little-understood disorders is through an interdisciplinary approach and basic science, according to James. "Fundamental research is our bedrock," he says. ■



A Phi Beta Kappa graduate of Cornell University, Dr. Stephen James got his M.D. from Johns Hopkins School of Medicine in 1973. His research projects have received substantial support from both NIH and the Crohn's and Colitis Foundation in the last decade. He is a section editor of Inflammatory Bowel Disease, a past member of the editorial board of Gastroenterology and the author of multiple articles and book chapters.



Dr. Jeffrey E. DeClue recently joined the Center for Scientific Review as a scientific review administrator in the musculoskeletal, oral, and skin sciences integrated review group. He received his Ph.D. from the University of California, Berkeley, for studies on viral oncogenes encoding protein-tyrosine kinases. He joined the NCI intramural program as a postdoctoral fellow in 1989, and continued there through July 2003 as a principal investigator in the Center for Cancer Research. His initial studies at NCI focused on the function and regulation of the Ras gene products in growth and oncogenesis. These studies led to further work involving the role of Ras, the neurofibromatosis type 1 gene product, and the epidermal growth factor receptor in the benign and malignant tumors that characterize this disease.

GERBERDING, CONTINUED FROM PAGE 1

resulted in a large dip in the number of strains resistant to penicillin, which she called “unprecedented in the history of medicine.”

Vaccination, not new antimicrobials, is the key to interrupting emergence of drug-resistant pathogens, she explained. If you can prevent infections in the first place, you don’t have to worry about bugs outwitting drugs.

The fundamental problem with antimicrobials is that once pathogens develop resistance to them, the resistant strains come to predominate. Gerberding said CDC has come up with four steps to thwart the rise of drug-resistant pathogens. Prevention, of course, is key. “Far too little emphasis is placed on prevention of infection as the primary means of stopping antimicrobial resistance,” she said.

Second, effective diagnosis and treatment are essential—you have to know exactly what pathogen you are up against. Third, once you know what the enemy is, optimize antimicrobial use. Lastly, prevent further transmission of the agent causing the infection.

CDC has come up with a 12-step program to guide health care workers in minimizing the emergence of antimicrobial-resistant organisms. “We used the 12-step process because most clinicians are addicted to prescribing antibiotics,” Gerberding quipped. “The first thing physicians need to do is recognize they have a problem!”

Gerberding didn’t devote lecture time to the dozen steps; they are available on the CDC web site (and on handy cards that can be referenced by house staff) and are tailored to such populations as hospitalized adults, patients undergoing hemodialysis, and pediatric patients. But she did emphasize that vaccination is essential, where possible.

Staph infection is the most common cause of bacteremia in the United States, she reported. And a major culprit in transmitting this common flora is health care workers. She described the case of a physician with an upper respiratory infection who was unwittingly infecting, via aerosolized bacteria, patients throughout the hospital. “A simple surgical mask could have prevented the spread of infection,” she said. When you have a cold, she continued, “you are lots more effective at transmitting whatever you have in your throat.” She echoed the enduring advice of moms everywhere, including her own: “Stay home when you’re sick. And cover your mouth when you cough.”

Gerberding described some key milestones in medicine’s battle to stay ahead of pathogens, beginning with the emergence of penicillin-resistant organisms in the 1960s, to organisms resistant to methicillin in the 1980s, to the rise of vancomycin-resistant bacterial species just last year. There is new evidence that resistance is also emerging to the powerful antimicrobial linezolid. “The bottom line

to this story is, stay tuned,” Gerberding said.

CDC epidemiologists learned much about community-acquired methicillin-resistant staph aureus (MRSA) when they examined outbreaks in both Pennsylvania and Mississippi. The Pennsylvania case occurred among 10 members of a college football team who suffered “turf burn” on the artificial grass where they practiced. It turned out that the college, for lack of funds, no longer laundered the athletes’ towels, and that towel-sharing had become common.

In a Mississippi prison, use of soap for showers declined dramatically, leading to soap-less bathing. The CDC hence identified what Gerberding called “the five C’s of community-acquired MRSA”: contact, crowding, contaminated items, compromised skin integrity and cleanliness.

CDC’s effort to discover the origins of the disease

“We used the 12-step process because most clinicians are addicted to prescribing antibiotics. The first thing physicians need to do is recognize they have a problem!”

examined several hypotheses, reaching the conclusion that staph common in community settings had likely acquired the methicillin-resistance gene. The resistance gene, tracked with molecular biology, has several diabolical advantages, Gerberding related. “It’s little, it’s mobile, and it’s deadly.”

Her take-home message? Staph is still diversifying and evolving as time goes on. “Staph is not staph is not staph,” she said, adapting Gertrude Stein to evolutionary biology. “They are not all alike. We should expect further adaptation to unique ecological niches.”

She briefly mentioned a candidate vaccine for staph, but concluded that “new strategies are required, and not necessarily ones that cause the organism to die.”

In response to questions after her lecture, Gerberding said: that no genetic predisposition to staph infection in humans appears to exist; that regular soap is in most cases just as good as antimicrobial soap since soap removes common transient bacteria; that alcohol-based hand gels are also effective and may get used more than handwashing does in health care settings; that antibiotic use in livestock is clearly a risk in promoting antimicrobial resistance; and that the emergence of microbes resistant to drugs is a looming problem in developing countries where antimicrobials can be purchased over the counter.

The entire talk may be viewed at www.videocast.nih.gov. ■

2004 Administrative Summer Program Now Open for Applications

The NIH 2004 Summer Student Program for Administrative Positions is now open to all students (U.S. citizens and non-U.S. citizens). Students will be selected to work in administrative positions in various organizations and laboratories in these occupations: general clerical support, office automation, program analysis and social science.

Deadline for receipt of applications is Wednesday, Mar. 31, with a target date of Apr. 30 for completion of the selection process. Students in high school, college and graduate school must register first at <http://www.hhs.gov/careers/> to submit their applications electronically. Flexibility exists to accommodate interested students who are not U.S. citizens. They should email Joyce Mercer at mercerj@od.nih.gov for an application package and information on how to apply.

The program is extremely competitive. Students are encouraged to apply early. For more information, visit <http://summerjobs.nih.gov/> or contact the NIH Office of Human Resources special programs team via email at -jobsweb@od.nih.gov or by phone, (301) 496-5624. ■

BIG Installs New Officers

The BIG NIH chapter recently held its installation ceremony at Executive Plaza. Darlene Young, regional director and member of the national board of directors, administered the oath of office. New officers include Earl Simmons, 1st vice president; Charisse Brown Fairfax, recording secretary; Alfreda Layne, corresponding secretary; Ellen Owens, financial secretary; Laina Pack Ransom, Johnny Lindsay and Alfreda Layne—election committee; and George Franklin, Sylvester Jackson and Harold Atkins—nominations committee.

The program also included remarks by John Thomas, a senior at Frostburg State University, who impressed the audience with his presentation on how Dr. Martin Luther King's "dream" has influenced his life. Thomas plans to join the chapter's young adult resource and development committee and help address the needs of young adults employed at NIH.

To join NIH's chapter of BIG, visit <http://www.nih.gov/employee/big/bigpage.htm> or contact Harold Atkins, membership chair, at (301) 496-0411 for more information. ■

Parkinson's Disease Study

People with Parkinson's disease may be able to participate in a study of the experimental drug fipamezole at NIH. For more information call 1-800-411-1222 (TTY 1-866-411-1010). ■



Dr. Marian C. Johnson-Thompson, director of education and biomedical research development, National Institute of Environmental Health Sciences, recently won the American Society for Microbiology's (ASM) 2004 Alice C. Evans Award for her contributions to the advancement and full participation of women in microbiology. Established

by the ASM committee on the status of women in microbiology and supported by Roche Diagnostics Corp., the award is presented in memory of Evans, the first woman to be elected president of ASM. "In addition to a distinguished career in research and teaching," the citation noted, "Johnson-Thompson has demonstrated, at every institutional level possible, a longstanding and vigorous commitment to the advancement of women in science." A founding member of the National Network of Minority Women in Science (MWIS) and former national MWIS chair, Johnson-Thompson was also an active member of the network's advisory panel of the American Association for the Advancement of Science (AAAS) and the committee on equal opportunities in science and engineering of the National Science Foundation. Branching out from her earlier research on drug resistance in breast cancer cells, Johnson-Thompson has devoted herself to environmental health policy research, with emphases on community public health and the health needs of underserved populations. Elected a fellow of the American Academy of Microbiology in 1998, she recently became a fellow of AAAS.

Nutrition Month Raffle at the CC

March is National Nutrition Month, which presents an opportunity to put those New Year's resolutions into effect to eat healthy foods, lose weight and lower your cholesterol.

To help you meet those goals, dietetic interns of the Clinical Center nutrition department will raffle three "Healthy Lifestyle" gift baskets filled with tips, tools and ideas for you to get healthy, have more energy and look great this summer.

Each basket will include a 1-month free membership to the NIH Fitness Center, a year's subscription to a nutrition newsletter, a pedometer, a copy of *365 Days of Healthy Eating*, information about popular weight-loss programs, workout gear, cooking utensils, low-fat/low-calorie cooking tips and recipes, body fat analysis, dietary intake assessment and more.

Raffle tickets will be sold for \$1 each or 3 for \$2 at lunchtime on Tuesdays in March near the entrance to the Bldg. 10 B1 cafeteria. Proceeds will go to a Clinical Center cause.

New Web Site For Telework

Daily commute got you down? Been unlucky in the campus parking lot(tery) lately? Telework may be looking more and more attractive these days. For employees considering the possibilities of an alternative worksite, a new web site for telework recently came online at <http://telework.od.nih.gov/>. Resources there can help you explore telework at NIH, decide whether it is a good option for you or your employees, and learn more about working with and managing teleworkers. Whether you want to learn about web email and remote computer access, read the new NIH telework policy and find your institute/center coordinator, or simply browse frequently asked questions, the new site can help you navigate the telework waters.

WEIGHT CONTROL, CONTINUED FROM PAGE 1

to learn from people like Marcia who succeed at long-term weight loss. One study of registrants found that, like Potts, most maintain their weight loss by cutting fat and calories and increasing exercise. Most successful reducers eat breakfast.

And some good news: as the years go by, maintenance of weight loss seems to get easier. In fact, 42 percent of registry members say that maintaining their weight loss is less difficult than losing the weight initially.

Potts had been overweight for most of her adult life, trying and failing on different diets—Slim Fast and the cabbage soup diet, among others. “I ate all the time and I ate a lot—probably 3,000 to 5,000 calories a day. I could eat a whole large deep dish pizza by myself. Cheeseburgers were my favorite. Subs. Fries. Lasagna. Things with a lot of cheese. Fattening stuff and lots of it. I ate things ’til they were gone, and they were gone pretty fast.”

Did she ever feel full? “Never. I still don’t.

“Clothes were a problem. Size 28 was too small. I didn’t know where to go to buy clothes.” She had asthma and sleep apnea, conditions that worsened as she became heavier. She couldn’t sleep horizontally, and the apnea awakened her periodically throughout the night. Sleep deprived, she napped through the day. “To walk was unbelievably challenging,” she remembers. “I couldn’t breathe. I couldn’t stand without leaning or holding onto something. The grocery stores were great because I could hang onto a cart.” As for seeing a doctor, “I just never went. I knew I’d be told to lose weight. I believed I was going to die from it,” she says.

She called her sister, a nurse, to ask for help getting diet pills. Instead, her sister suggested Weight Watchers, which emphasizes keeping a journal, cutting fat and calories and reducing portion sizes. On May 23, 2000, Potts joined a Weight Watchers-at-work program that met in Bldg. 31. She remembers the day well. Waiting for the shuttle to take her from Bldg. 1 to 31, she had to lean on the mailbox for support. At 48 years old, 5’ 3” tall, she weighed 317 pounds. “When I weighed in at 317, my reaction was ‘Wow.’ In the beginning I had no expectations. I had no idea that I could even get down below 300. I never imagined I would get down to the size I am now. I didn’t think I could do it.”

Research has shown that a person doesn’t need to lose a massive amount of weight to see improvements in health. A modest loss of just 5 to 7 percent of body weight helps a lot. For its members, Weight Watchers suggests working toward a loss of 10 percent as an initial goal.

Potts’ first challenge was staying within the point or calorie range prescribed by the program. “I ran out

of points at lunch the first day of the first week. I had to eat something, so I went to the salad bar at Giant and filled little containers with zero point foods like lettuce, broccoli, mushrooms, and radishes, and ate that.” Gradually, she adjusted to eating lower calorie foods, and her diet became primarily vegetarian. “After a while, I didn’t crave anything anymore. It’s amazing how your body can adjust.”

Potts stuck with Weight Watchers until the program ended in August 2000. She lost 163 pounds that year and another 25 pounds the next.

She attributes part of her success to drinking water. “I had no trouble drinking water. Water is my drink. I would drink 32 ounces in the morning, so I’d be sure to get it in.” She also began walking. The first day on Weight Watchers, she walked 20 minutes to the bus stop near her apartment. Slowly, she began adding time and distance to her walks. She began walking the 3/4-mile from her apartment to work and back. She walked regularly at lunch. In the summer, she decided to try the outdoor pool at her apartment building. “On July 13, I swam my first lap.” By then she was averaging a loss of 20 pounds a month.

When winter rolled around, she joined a deep-water running class at the Montgomery County Aquatic Center. “There I met an instructor, Sally Dimsdale, who became very important to me. She challenged me,” recalls Potts. Potts progressed rapidly in that class, and then, with Dimsdale’s encouragement, joined other classes in water aerobics and weight training.

“She was always concerned about whether she could handle the next stage,” recalls Dimsdale. “She’s one of the most disciplined people I know. No excuses. She was single-minded. She truly believed every step she took, every stair she took, and every bite of food—the right kind of food—brought her closer to her goal. She was so motivated.”

Potts’ message to someone who has given up trying to lose weight? “Try one more time. You can find a way to make it work for you rather than find a way that it won’t work for you. And a lot of people do that,” she advises. “For example, you have to know what kind of eater you are. I snack. If I get nervous, I eat. But I eat low-calorie foods.

“My energy level is very strong now, and I’m going to need my strength as I get older,” says Potts, who at age 51 weighs 129 pounds. “I always want to be under my own control.”

Many people don’t recognize her anymore. “They probably think I died,” she muses.

Lost Weight Lately?

Have you lost 30 pounds or more and kept it off for at least a year? Let researchers with the National Weight Control Registry learn from you. For more information, call 1-800-606-NWCR (6927) or see www.nwcr.ws. ■



Potts, after: “In the beginning I had no expectations. I had no idea that I could even get down below 300. I never imagined I would get down to the size I am now. I didn’t think I could do it.”

Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Wireless VPN Client Training	3/3
Understanding the Grants Process	3/3
Relational Database Overview	3/4
NIH Data Warehouse Query: Budget & Finance	3/5
Intermediate FileMaker Pro 5	3/9
Introduction to Flash MX 2004	3/9
Basic Skills for Managing Projects with Teamwork.com	3/10
PowerPoint Topics: Graphs, Links and More	3/10
How to Perform an IT Risk Assessment (RA)	3/10
NIH Data Warehouse Query: Procurement & Market Requisitions	3/10
NIH Enterprise Directory (NED): Administrative Officer and Technician Training	3/11
Partek Pro for Gene Expression Analysis	3/11
Advanced Statistical Analysis of Microarray Data Using ANOVA with Partek	3/11
Building Diagnostic Models Using Microarray Data in Partek Pro	3/11
NIH Data Warehouse Query: Research Contracts & Grants	3/12
Statistical Analysis of Microarray Data	3/16-17
Introduction to Image Processing II	3/16-17, 19
New and Advanced Features of Council Administration Module Version 5	3/16
Introduction to Using the ECB Council Administration Module	3/16
Hands-on ECB Early Concurrence Workshop	3/17
What's New in PowerPoint 2002/2003?	3/17
nVision Travel	3/17

STEP Session on Statistics

The staff training in extramural programs (STEP) committee will hold a Science for All session titled, "Statistics: It's a Confidence Game," on Tuesday, Mar. 16 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

Modern science depends on statistical tools to derive knowledge from oceans of information, such as behavioral, imaging, genetic. The jocular phrases of "lies, damn lies, and statistics" and "how to lie with statistics" are funny at first, but could take on life-or-death importance if sampling for a clinical trial is flawed.

How does analysis of clinical data affect your health care? How can we begin to use these tools better to build a more integrated understanding of biology and medicine? Join experts as they discuss the promises and pitfalls of statistical tools and data analysis in basic and clinical research, epidemiological studies and for mining large data sets.

Federal Relay System Demo Set, Mar. 3

The Division of Employee Services, in collaboration with Sprint, will host "Taste of Technology," an event open to all NIH employees interested in learning more about the Federal Relay System (FRS).

FRS provides communication assistants who act as intermediaries for telecommunications between hearing individuals and individuals who are deaf, hard of hearing, deaf-blind, and/or have speech disabilities.

The event will be held on Wednesday, Mar. 3 from 9 a.m. to 3 p.m. in Bldg. 45, Rm. E1/E2. Hourly workshops and hands-on system demonstrations will be held throughout the day.

Some relays to be showcased include video relay, Internet relay, captioned telephone (CapTel) and conference service (relay captioning). Representatives will be available to discuss questions. Light refreshments will be served.

Sign language interpreting and captioning will be provided. For other reasonable accommodation, call Timothy Tosten or Carole Harman at (301) 402-8180 or (301) 435-1908 TTY. ■



NIMH's John G. Miers was recognized by Rockville Mayor Larry Giammo and NPR talk-show host Kojo Nnamdi for his volunteer work on behalf of people with disabilities at a celebration in honor of the late Dr. Martin Luther King, Jr., held Jan. 19 at the F. Scott Fitzgerald Theatre in Rockville. Miers, who heads the NIMH Office of Diversity and Employee Advocacy Programs, also serves as vice chair of the Montgomery County Commission on People with Disabilities. According to the citation of the F. Michael Taff Award, Miers has "worked tirelessly to confront barriers to people with disabilities and to ensure equal access in transportation, parking, home care and all other issues affecting people with disabilities who live in the county...In particular, he has shown a passion for improving access to churches and buildings, both in the public and private sector."

NIH Training Center Classes

The Training Center 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 (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Delegated Acquisition Training Program	3/9-12
NIH Foreign Travel	3/15-16
Travel for NIH Travelers	3/17
Basic Time and Attendance Using ITAS	3/23-24
NBS Travel System for Organizational Administrator	4/5-6
Purchase Card Processing System	4/12

Malaria Vaccine Study Needs Volunteers

Healthy men and women ages 18-45, without previous history of malaria or receipt of a malaria vaccine, are needed to participate in a study on the safety and effectiveness of a new investigational malaria vaccine at Walter Reed Army Institute of Research in Silver Spring. Health screening and financial compensation provided. Call 1-866-856-3259 toll free or (301) 319-9335/9320.

NINR Roadmap Rubber Hits the Road

Getting an early start, the National Institute of Nursing Research is moving to make the NIH Roadmap for Medical Research a reality for nursing research. Recently, Dr. Patricia Grady, NINR director, convened an implementation meeting of interdisciplinary experts from across the country who are known for their creative thinking. At issue were ways to intersect NINR's themes and priorities with those of the Roadmap, as well as suggestions for new Roadmap directions that reflect the goals of nursing research.

Also addressed were strategies for informing those involved in nursing research, a relatively new science, about the intricacies of participating in the NIH Roadmap, and how research within this new framework will both differ, yet sometimes remain the same for nursing. "It is true that the Roadmap initiative diverges from business as usual," said Grady. "Actually, it is business as usual

plus." She also pointed out that "from its inception, NINR has always stressed interdisciplinary team research, and as nursing science has grown, we've put emphasis on translation into health care practice. So we're a good Roadmap fit."

Dr. Dushanka Kleinman, the newly appointed NIH assistant director for roadmap coordination, participated in the meeting and contributed valuable information and advice. Dr. Lauren Aaronson, the NINR advisor for Roadmap activities, was introduced to the group. Participants in the meeting included Dr. Jay Gershen, executive vice chancellor of the University of Colorado Health Sciences Center; Rosemary Gibson from the Robert Wood Johnson Foundation; Dr. Pamela Mitchell from the University of Washington; Dr. David Korn of the American Association of Medical Colleges; and Dr. Spero Manson, director of the National Center for American Indian and Alaskan Native Mental Health Research.

Dr. Thomas Insel, director of the National Institute on Mental Health, provided an after-dinner talk on New Pathways to Discovery. Dr. Margaret Chesney, deputy director of the National Center for Complementary and Alternative Medicine, provided representation from other institutes and centers at NIH.

A report of the Roadmap implementation meeting will soon appear on the NINR web site at <http://www.nih.gov.ninr/>.—Linda Cook ■

Dr. Daniel C. Sullivan has been named the new chair of the Bioengineering Consortium (BECON), effective Jan. 21. He is associate director of the Cancer Imaging Program, NCI. He has been active in BECON since the consortium was established in 1997 and was the NIH



chair for the BECON Symposium on "Catalyzing Team Science" in June 2003. He succeeds Dr. Jeff Schloss of NHGRI who chaired the consortium since October 2001. Under Schloss' leadership, several trans-NIH biomedical research opportunities were initiated and implemented, two major BECON symposia were conducted, and the consor-

tium continued to develop as an effective entity that coordinates multidisciplinary and team research and inter-agency activities related to bioengineering. BECON is administered by the National Institute of Biomedical Imaging and Bioengineering.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Bonnie L. Bassler on Mar. 10; her topic is "Tiny Conspiracies: Cell-to-Cell Communication in Bacteria." She is professor, department of molecular biology, Princeton University.

A special Tuesday lecture will be held at 3 p.m. Mar. 16 in Masur when Dr. Eric N. Olson presents, "Transcriptional Control of Heart Development and Disease." He is professor and chairman, department of molecular biology, University of Texas Southwestern Medical Center, Dallas.

On Mar. 17, Dr. Ed C. Hurt will lecture on "Transcription-Coupled mRNA Export." He is director, Biochemistry Center, 2001 Leibnitz laureate, Heidelberg University, Germany.

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5595.

Depression Study Needs Volunteers

If you currently experience symptoms of depression, you may be eligible to participate in a research study. Symptoms include sadness, losing interest in your activities and changes in eating and sleeping patterns. Interested volunteers, 18 years or older, may be eligible to participate. If you qualify, participation involves a 3-4-hour visit, including questionnaires. The study does not include treatment, but we provide referrals. You will be compensated for your time. For more information, call the Mood Laboratory at the Uniformed Services University, (301) 295-3241. ■



NINR director Dr. Patricia Grady (l) and new NIH assistant director for roadmap coordination Dr. Dushanka Kleinman (second from l) meet with an interdisciplinary group to discuss potential NINR roadmap activities.