

# THE N I H R E C O R D

Still The Second Best Thing About Payday

## First Career Fair for Foreign Fellows Held at NIH

A sense of expectation and curiosity filled the atrium of the Natcher conference center when NIH visiting fellows (VFs) from around the world assembled recently to



Dr. Michael Gottesman

attend the first-ever Career Fair for Foreign Fellows held at NIH. The event aimed to address a critical need for informa-

tion on post-NIH career opportunities, particularly for fellows from developing countries.

Representatives from more than 25 embassies, government offices and

SEE CAREER FAIR, PAGE 10

## Barros Named NIH Deputy Director

Colleen Barros has been named NIH deputy director for management, effective May 30.



Colleen Barros

She will also be chief financial officer for NIH.

She had been serving as acting deputy director for management since early February, when Charles "Chick"

Leasure, Jr., retired from the post. Before that time, Barros had been associate director for administration at the National Institute on Aging since 1995.

SEE BARROS, PAGE 2

## HIGHLIGHTS

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

June 22, 2004  
Vol. LVI, No. 13

## Burke Paints Hopeful But Knotty Image of Medicine's Future

By Rich McManus

As the world prepares to reap what is certain to be a bountiful harvest of new health-improving knowledge from the Human Genome Project (HGP), it is heartening to realize that there are strong precedents already in place promising that the breakthroughs will conform to the public's great expectations: that prevention of disease will be enhanced, that access to new therapies will be wide, that quality of life will improve and that patients will remain able to chart their own fates by using their decision-making skills.

But it's that latter category—what to do with new facts that research will inevitably uncover—that's the wild card, according to Dr. Wylie Burke, who discussed "Using Genetic Tests To Promote Health: Evidence and Values," at the June 2 Wednesday Afternoon Lecture. Burke, who is professor and chair of the department of medical history and ethics at the University of Washington, Seattle, demonstrated that there are likely to be occasional gulfs between the medical profession's judgement of what is best to do in certain instances and the opinions of patients.

SEE BURKE, PAGE 4

*Proud To Be Losers*

## Women Opt for Surgery To Lose Weight

By Colleen Chandler

These women know what it's like to lose—weight, that is. They can tell you about nearly every diet out there. They have tried them all. And they all failed. Until now.

Between them, Virginia Ivanoff, Elizabeth Ney, Nancy Wood and Alecia Anderton-Brown—all from NIEHS—have lost more than 530 pounds. But diets alone did not get them there.

Weight-loss surgery has taken some bad publicity recently, including allegations that it is taking "the easy way out." But for these women, it was the only way out of a world of social isolation and precarious health problems that nearly guaranteed them a premature death.

Each of them will tell you about losing weight, then regaining it. Over and over again. Five hundred thirty pounds is but a fraction of the weight these women have put on and taken off,

SEE WEIGHT LOSS, PAGE 8



Eli Ney, before surgery



Davenport "Dav" Robertson, NIEHS library director, was honored May 9 at the University of North Carolina at Chapel Hill's School of Information and Library Science commencement. Robertson was selected by the alumni association of the School of Library Science for the Distinguished Alumni Award based on his outstanding contributions to the field during his career.

BARROS, CONTINUED FROM PAGE 1

She began her NIH career in 1979 and served in various administrative positions in the Office of the Director. During her tenure at NIA, Barros contributed to a number of major NIH-wide initiatives, including serving as project manager for the NIH Business and Research Support System.

"I am delighted to have Colleen as part of the NIH senior leadership team," said NIH director Dr. Elias Zerhouni, who made the appointment. "She is one of the longest-serving and most respected administrators at NIH."

Barros holds a bachelor of science degree from the University of Maryland and a master's degree from American University in management of scientific and technical information systems. Among her honors are the Presidential Rank Award in 2003, the PHS Superior Service Award in 1995 and four NIH Director's Awards. ■

#### Use Fire Doors Properly, Marshal Urges

If you work in a lab on campus, it is likely that you use "fire-rated" doors. Fire doors are typically made of steel or solid wood and have special components including closers, latching hardware and fire-rated windows. These doors can only perform their job when used and maintained properly.

To maintain proper use of a fire door:

- Keep the door closed at all times; particularly when the lab is not occupied.
- Don't prop open the door with wedges or by bending the closer mechanism.
- Don't install metal "kick plates" higher than 16 inches from the bottom of the door; larger kick plates act as a heat sink, which could reduce the door's fire resistance.
- Don't store equipment or combustibles against the fire door; piling items in front of a fire door may result in these materials igniting if a fire were to occur on the other side of the door.
- Don't nail or screw signs or other items to the fire door. Creating holes or cracks in a fire door may void the fire protection rating and require the door's replacement.

If the Division of the Fire Marshal determines that one of the fire doors installed in your laboratory is not required by the National Fire Codes and you wish to render it inactive, submit a work request to the Office of Research Facilities Development and Operations through your administrative officer to have the door removed.

For more information on the proper use, installation or modification of fire doors, contact the Division of the Fire Marshal, (301) 496-0487.



Dr. Xiujun Zhao (c), a visiting scientist with NEI's aging and ocular disease section, received the Pfizer Glaucoma Fellow Award for the second year in a row. He is shown here with Pfizer representatives Deborah Lasky (l) and Cecilia Price. The award was presented to Zhao for his paper at the recent Association for Research in Vision and Ophthalmology meeting in Ft. Lauderdale. His talk was titled "Proteomic and Gene Microarray Analyses of the Effects of TGF-beta on Human Trabecular Meshwork Cells." Zhao's work involves determining the long-term effects of cytokines on ocular cells as a consequence of glaucoma. He investigated the effects of cytokines that are elevated in the aqueous humor of individuals with primary open-angle glaucoma. He looked at not only the changes in gene expression, but also the actual protein alterations in the cells that are thought to regulate intraocular pressure. The Glaucoma Fellow Awards Program, funded by Pfizer Ophthalmics, Inc., recognizes six researchers each year. NEI will receive \$5,000 in support of Zhao's ongoing research.

## 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/nihrecord/>

Editor  
Richard McManus  
rm26q@nih.gov

Assistant Editor  
Carla Garnett  
cg9s@nih.gov

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## Intramural Scientists, Grantees Receive Presidential Awards

Eleven NIH-supported researchers, including three intramural scientists, have won the 2002 Presidential Early Career Award for Scientists and Engineers (PECASE). The award, established in 1996, is the highest honor bestowed by the U.S. government on outstanding scientists and engineers beginning their independent careers; each award is for 5 years duration. The awards are intended to recognize and nurture some of the finest investigators who, while early in their research careers, show exceptional potential for leadership at the frontiers of scientific knowledge.

The winners for 2002, totaling 57 scientists from eight federal departments, were announced by the White House on May 4. The intramural honorees include: Dr. Andrew James Griffith, acting chief on gene structure and function and acting chief of the hearing section, Division of Intramural Research, NIDCD; Dr. Susan K. Buchanan of the structural biology and cell signaling section, NIDDK; and Dr. Marilyn Diaz of the Laboratory of Molecular Genetics, NIEHS.



Dr. Susan Buchanan

The extramural honorees were: Dr. Dana Boatman, associate professor of neurology and otolaryngology and director, central auditory clinic, departments of neurology and otolaryngology, Johns Hopkins Hospital, NIDCD grantee; Dr. Richard Walker, assistant professor, Oregon Hearing Research Center with a joint appointment in the Vollum Institute, NIDCD grantee; Dr. William Carlezon, assistant professor of psychiatry, Harvard Medical School, NIDA grantee; Dr. David Cummings, assistant professor of medicine, division of metabolism, endocrinology and nutrition, University of Washington, NIDDK grantee; Dr. Kirk W. Deitsch, assistant professor, department of microbiology and immunol-



Dr. Marilyn Diaz

ogy, Weill Medical College, Cornell University, NIAID grantee; Dr. Abby Dernburg, assistant professor in residence of cell and developmental biology, department of molecular and cell biology, University of California, Berkeley, and staff scientist, department of genome sciences, Lawrence Berkeley National Laboratory, NIGMS grantee; Dr. Catherine L. Drennan, assistant professor of chemistry, Massachusetts Institute of Technology, NIGMS grantee; and Dr. Valery I. Shestopalov, assistant professor of ophthalmology, McKnight Vision Research Center of the Bascom Palmer Eye Institute, University of Miami School of Medicine, NEI grantee. ■



Dr. Andrew Griffith



NCI director Dr. Andrew von Eschenbach offers remarks at the annual professional development and peer review workshop held by the institute's Comprehensive Minority Biomedical Branch. Also on hand at the May 3-4 event were (from l) Dr. Karen Antman, Dr. Sanya Springfield and Bobby Rosenfeld. More than 100 cancer researchers from across the country came to learn about career development, the funding path to independence, concepts of receipt, referral and review of both grants and supplements and to learn about the roles of grants management specialists, program directors and scientific review administrators. They also learned about review of R01 grants and what it's like to be a reviewer.

### Healthy Volunteers Sought

The Mood & Anxiety Disorders Program, NIMH, is looking for healthy volunteers, not on medication, with no current or history of psychiatric illness, between the ages of 18 and 65, for a multitude of studies. These may include PET scans, MRI, psychological interview, neuropsychological testing, and other procedures depending on the project in which you choose to participate. A stipend is available. Call 1-866-627-6464 for more information. ■

## Study Needs New Moms

The Behavioral Endocrinology Branch, NIMH, is seeking new moms who are experiencing low mood, sadness or crying spells; anxiety or excessive worrying; difficulty bonding with your baby. NIMH is conducting studies to understand the role of hormones in the treatment of postpartum depression. Study includes medical and psychiatric evaluations and study medication at no cost. Participants should be medically healthy and not currently taking any medications. Call Linda Simpson-St. Clair, 496-9576 (TTY 1-866-411-1010).

BURKE, CONTINUED FROM PAGE 1

Case in point: Research has shown that mutations of the BRCA1/2 genes in families with a high risk of breast cancer are strongly predictive of future cancers, and that a procedure known as prophylactic mastectomy, or removal of the breast before there is any indication of disease, can dramatically lower risk of getting breast cancer. But what is “slam dunk” evidence in favor of the procedure in the eyes



Dr. Wylie Burke

of science is not necessarily convincing to patients. Despite the fact that prophylactic mastectomy is the single most effective tool for preventing breast cancer known to medicine, Burke showed evidence that patients frequently reject it as an option, often with the subtle cooperation of their own doctors.

Lesson? Genetic medicine can discover powerful prevention tools, but that doesn't assure they will be widely adopted. As Burke said, “There is a very charged and powerful social dimension” to breast removal that physicians are obliged to consider.

Burke didn't have to venture into wild-blue-yonder examples of future genetic miracles to make her case; we already have a long and detailed familiarity with tests grounded in genetic findings, such as the PKU test that every infant born in the United States undergoes at birth. To Burke, the PKU test offers the basis for faith that so-called “personalized health care” promised by the HGP will conform to longstanding values of disease prevention, access, life quality and autonomy.

Now about 30 years old, PKU screening—which involves blotting a dot of a newborn's blood on a piece of paper that is then tested for phenylalanine—is used to identify affected infants so that dietary intervention can prevent mental retardation. That the test is mandated in every state in the union is evidence of its wide accessibility. Burke concedes that the test, often done without formal parental consent, does, technically, violate the standard of autonomy currently recognized in most medical care, by omitting an informed consent process and limiting parents' opportunities to refuse testing. PKU testing nonetheless “preserves the child's opportunity to realize future self-determination, by preventing retardation...Patient preference is, in this case, a secondary concern.”

Despite its status as a “gold standard” prevention tool, PKU testing has had some adverse effects,

Burke cautioned. Doctors have learned that it is inappropriate to treat mildly elevated PKU—some babies suffered neurological consequences as a result of unnecessary dietary intervention when testing was first introduced. Burke's message is that the evidence for benefit is crucial in any intervention.

Burke predicts a coming onslaught of genetic testing in which it will get tougher to determine what evidence is persuasive. Already, commercial web sites purport to offer personalized profiles of an individual's disease risk, for a sum of money and a cheek-swab that picks up some of his or her DNA. “Web sites outside the health care system are offering personal profiling, diet advice and other tests. But on what evidence are they recommending testing?”

One of the main purposes for acquainting oneself with risk information is to take action, Burke explained. But data can be ambiguous, as likely to generate hope in a patient as dark fatalism. And even in cases where knowing one's risk can't possibly lead to amelioration of a disease—such as having the APOE4 mutation associated with Alzheimer's disease—studies show that patients find a use even for that grim knowledge; while they can't take any medicine or therapy that would turn things around, they can nonetheless get their affairs in order, plan vacations sooner, etc. Personal values unrelated to health outcomes come into play, Burke showed.

Data from the genome project indicate that multiple genes contribute to risk in many diseases, in a complex interaction with environmental factors. Diabetes, heart disease, Alzheimer's disease and asthma have all been linked to gene variants that seem to be associated with a small increase in risk. But, Burke asks, how good is the testing that established the link? And how reliable is the test in specific patients?

Burke said the health care industry has many cultural and economic questions to answer, in addition to purely scientific ones, in the future. “What tests should be offered? What purposes should testing serve?” she asked. “When does the harm of a genetic label outweigh its benefit? What messages are conveyed by genetic information?” Her advice is to broaden our research goals to include such subtleties as how patients perceive benefit, and how to identify the social and cultural contributors to health and well-being. It is a field rife with complication, but history shows that medicine can be up to the task, Burke optimistically concluded. ■

## Severe Systemic Lupus Erythematosus?

If you have severe lupus or someone you love has severe lupus, call for study information: 1-800-411-1222 (TTY 1-866-411-1010). ■

## Human Resources Rolls Out New Systems

The NIH Office of Human Resources has been busy rolling out new automated systems designed to provide employees with faster, updated HR services. The automation initiative is known as eHR, or electronic Human Resources.

Many employees use the NIH Portal to access ITAS. But there is more you can do with it—you can create a page designed just for you, choosing from options including your email, the *NIH Record*, ITAS, Google, Employee Express, the NIH Employee Directory and the NIH Shuttle Schedule, to name a few.

All of the new and future systems that make up the eHR initiative are or will be accessible through the HR Community web site at <http://hr.od.nih.gov/hrcommunity.htm>. You can get information about



Tashea Brodgers (seated) of OHR helps NCI's Jennifer Haddad with information in the HR Community portal site.

HR programs, benefits, delegations, forms and also locate your servicing human resources team and employee/labor relations, benefits and systems representatives. A link to access OHR staff is in the works and will be added shortly.

HHS Careers (<http://www.hhs.gov/>

careers) is the new web-based recruitment and application tool being used by all components of HHS. Most NIH vacancies are announced through this system. Some favorite features include elimination of the KSA process, the one-time creation of an applicant's personal profile that can be used repeatedly to apply to open vacancies, and the email responses that applicants receive when a position has been filled.

QuickClassification is a web-based position description and job classification software system developed for federal HR classification specialists and managers. OHR will begin using the system this summer to generate position descriptions for certain series.

Workflow Information Tracking System (WiTS) is a web-based workflow management system enabling

HR to streamline and standardize its business processes, and monitor and track individual work items from initiation through completion.

The NIH Delegations of Authority Database planned for launch in the near future will allow NIH officials to manage how human resources authorities are being used throughout NIH. The system, initiated by the Office of Management Assessment in cooperation with OHR, will help staff involved with delegations of authority to quickly retrieve up-to-date information on approval levels for numerous HR actions including awards, leave, work schedules and details, to name a few.

Employee Express (<https://www.employeeexpress.gov/>) lets you make changes to your benefits and personal information on your own. As of October 2003, NIH switched to mandatory use of this system. You can change your address, decrease or increase state or federal tax withholdings, change your Direct Deposit information, and start, change or stop your savings allotments. During open season, you can also use Employee Express to change your health insurance coverage and change your contributions to the Thrift Savings Plan.

New initiatives on the horizon include eOPF and ePay. eOPF, electronic Official Personnel Folders, will replace the old paper versions currently maintained on every HHS employee. Any personnel actions taken from the date of eOPF implementation forward will be recorded electronically, eliminating the need for paper records. HHS will also change from its current payroll transaction systems, IMPACT and Employee Express, to ePay. All the changes you can make to your personal information through Employee Express will soon be done through ePay. More information on both of these systems will soon be available.

For more information visit <http://ehr.od.nih.gov/ehr/default.htm>. ■

### Healthy Volunteers Needed

NIAID is seeking healthy male and female volunteers ages 18-40 for a research study to determine whether lopinavir/ritonavir (antiviral medication) has direct effects on how the lining of the arteries function before and after receiving 4 weeks of therapy. In order to participate, you must be a nonsmoker in good health, not be HIV-infected and not be taking any chronic medications. Participants will be compensated for study participation. For more information, contact Jocelyn Voell, (301) 435-7913. ■

### Inn Can Benefit from Golf Tourney

The Children's Inn at NIH has been selected to benefit from the Birdies for Charity online pledge program of the Booz Allen Classic golf tournament.

Supporters can log on to [www.childrensinn.org](http://www.childrensinn.org) and click on the Birdies for Charity icon at the bottom of the home page to participate.

Pledge a nickel, dime or quarter for each birdie made by a PGA tour professional during the Booz Allen Classic, and designate the inn as the beneficiary. At the end of the tournament, when all the birdies are tallied, 100 percent of each pledge designated to the inn will be forwarded there. The Booz Allen Classic will be played June 24-27 at the Tournament Players Club at Avenel in Potomac, Md.

## NIH Asian/Pacific Islander American Heritage Program Celebrates 32nd Year

The NIH Asian/Pacific Islander American Heritage Program celebrated its 32nd anniversary with two lunchtime programs on May 14 and 28.

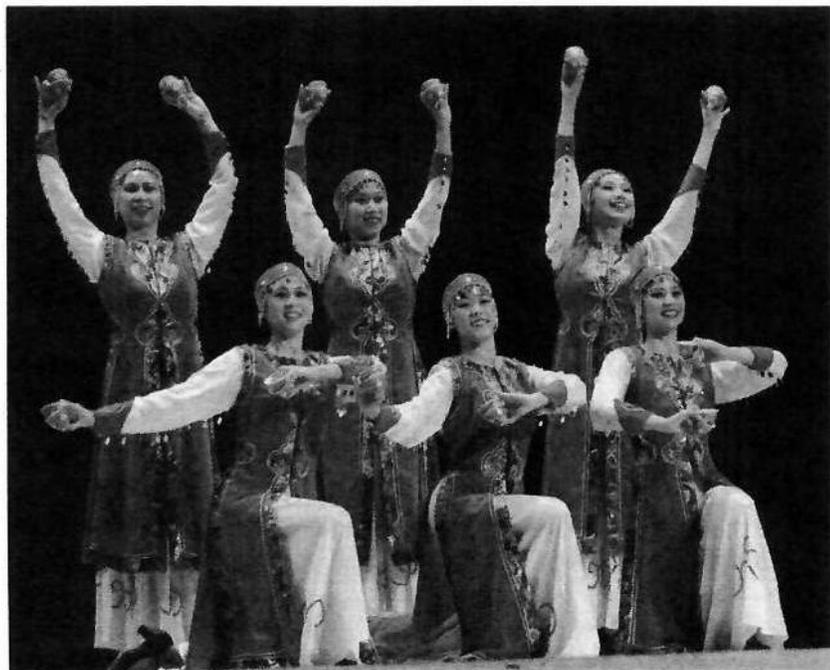
On May 14, the Bldg. 31A patio was the scene of a multicultural feeding frenzy, complete with entertainment: In addition to sales of food from China, India, Japan, Korea, the Philippines and Thailand, the event featured a bonsai exhibition, demonstrations of calligraphy, floral arrangement (Ikebana), self-defense techniques by the NIH Tae Kwon Do School and a performance of the Chinese Lion Dance by the Tai Yim Kung Fu School.

The venue changed to the Clinical Center's Masur Auditorium on May 28, when a program of Chinese, Indian, Japanese and Korean music and dances took centerstage.



At left, Terry Segawa from Tako Grill Japanese restaurant prepares lunch fare. At right, Onoe Kikuyuki performs in mask in the Japanese dance, "Promises Are Best Kept."

Below, members of the Hua Sha Chinese Dance Center perform the "Mongolian Dance."



Jessica Chan (l) of the Hua Sha Chinese Dance Center performs the "Peacock Dance." Michelle Gasteen (r) of Konark Dance School, USA, performs the "Mangalam Dance."



Above, the "Korean Fan Dance," is performed by a dancer from Peace Mission Dance School.



Calligrapher Lydia Lub of NLM



*Children and adults appreciate the Chinese lion dance, a playful mix of bluster and appeasement.*



*Above, an attendee enjoys lunch. Below, Jayantee Paine-Ganguly (Indian, Konark Dance School, USA) in "Nazrul's Song."*



*The Korean "Angel Dance" is performed by the Peace Mission Dance School.*

PHOTOS: BILL  
BRANSON, JANET  
STEPHENS



*The Hua Sha Chinese Dance Center performs the "Tibetan Dance."*

## WEIGHT LOSS, CONTINUED FROM PAGE 1

then put back on. And they are not alone.

In 1991, an NIH consensus panel released a statement based on their determination that gastrointestinal surgery is a valid therapeutic option for treating severe obesity. The panel noted that patients were able to keep the weight off.

The panel recommended two types of surgery. In one, a large section of the stomach is stapled off, creating a narrow, restricted pathway to the intestinal tract. The other form also calls for stomach-stapling, but also attaches a Y-shaped section of small bowel to the stapled stomach, rerouting the outlet from the stomach to the intestinal tract.

In America, land of burgeoning waistlines, more than 1.5 million people with a body mass index greater than 40 are probably good candidates for such surgeries, the panel found. A BMI of 40 puts people roughly 100 pounds overweight.

Medical conditions such as diabetes, high blood pressure, arthritic symptoms in weight-bearing joints and disturbances in heart and lung function—commonly caused or aggravated by obesity—improve drastically after the surgery, according to the 14-member panel.

But you don't need to explain all that to these women. Not only have they already heard it, they are already believers. Now, they offer their insights, support, even clothing to other women who have had the surgery.

They have also suffered from discrimination based on their weight. Ivanoff, an EEO specialist, said discriminating against fat people is the last remaining legal form of discrimination. Obesity is seen as a

moral problem instead of as the complex psychological, biological and environmental problem that it is, she said.

Ney, Wood and Anderton-Brown all had their surgery done at Duke University Medical Center. The Duke Weight Loss Surgery Clinic runs physical and psychological screenings on all potential patients. The surgeons who run the program say that there is a small percentage of

people whose bodies react very differently to dieting than do most people. The more they try to diet, the more their bodies produce a hormone that generates a powerful urge to eat. For this group of people, weight management isn't simply a matter of will-power or self-control. If they could overeat, they would. Their bodies insist that they do. But after gastric bypass surgery, only a very small pouch remains from the existing stomach, and it cannot be overfilled.

Most gastric bypass surgeries are now done laparoscopically with only five small incisions. Super glue is often used in place of sutures to hold the skin incisions closed until they heal. But it is still major surgery.

"There's nothing easy about having your insides rearranged," Ney said. When you agree to the surgery, you agree to follow certain rules such as eating only small portions and eating very slowly. If you break the rules, you pay for it with nausea, pain and vomiting. "For some people, that is like giving up their best friend," Ney said.

"I have no regrets," Ivanoff said. She, like the others, says she would do it again, despite the substantial risk involved.

"I was flat out told I'd be dead by 50. I was heading up to 400 fast—and beyond." She had a so-called mini bypass, which leaves a larger pouch in the stomach and bypasses only 6 feet of intestines.

However, she said the surgery doesn't excuse you from taking care of yourself physically and emotionally. It is like giving yourself a digestive disorder to treat a metabolic one, and it works. She points to her head. "But you have to take care of the fat up here. Because if you don't, you won't keep the fat off down here," she said, pointing to her hips.

The only thing Wood learned from the many diets she tried over the years was how easily she can be led astray. "I never met a carb I didn't like," she said. She was diagnosed with type 2 diabetes, and developed lactose intolerance. She began having more and more problems adhering to a diabetic diet. "I was just turning into a giant mess, with giant being the operative word," Wood said.

Ney, too, noticed that her fasting glucose kept climbing. Her mother and brother are diabetic, and she knew it was just a matter of time before she developed the disease.

After the surgery, she watched her glucose drop, and knew she had done the right thing.



Ivanoff, before



Nancy Wood, before

Today: From left, Nancy Wood, administrative technician, Elizabeth Ney, biologist, Virginia Ivanoff, EEO specialist, and Alecia Anderton-Brown, desktop system administrator.



It was Ney's weight loss that triggered Wood's interest in the program. "I saw Eli, and I asked her what kind of diet she was on and how come she had hidden it from me," Wood said. She soon applied to the program. After getting her blood sugar down, she was scheduled for surgery. Since her surgery last summer, her pant size has dropped from a 32 to a 20, and her shirt size from 28-30 to 20-22.

Three weeks after surgery, Wood was off all diabetic medications, and after 3 months her glucose leveled out. She has improved her physical activity, and by the end of the year hopes to be able to run a mile.

"I just feel great, wonderful, awesome, empowered, invigorated, cute. Precious even—all those good Southern adjectives," Wood said.

Anderton-Brown had surgery in 2002. She said that in college she often felt like an outsider because of her weight. Two kids, a marriage and a divorce later, she said, her weight kept going up, up, up. She started looking at her options. She contemplated for just 3 months before deciding to have the surgery. She told herself that either way she could die and that she might as well die trying to do something about her weight.

Two years later, she is wearing size 14 jeans with confidence. She has more energy and can focus better than she ever has.

"I feel light as a feather, mentally and spiritually. I feel free. For once in my life, I don't care what other people think. I like what I see," Anderton-Brown said. "I am finally at peace with myself." ■



*Pictured at left are employees who have completed Montgomery College's General Management Certificate program this spring as a part of Extended Learning Services (ELS). They are (from l) Wendy Jones, secretary, Division of Extramural Activities, NCI; Phyllis Bryant,*

*program specialist, Developmental Therapeutic Program, NCI; Lorraine Geiser, purchasing agent, Office of Logistics and Acquisitions, OD; and Consuelo Holguin, secretary, Autoimmunity Branch, NIAMS. They are progressing professionally by pursuing certificates and degrees at MC and the University of Maryland. ELS coordinates courses in concert with the host worksite, enabling employees to enhance their academic and professional advancement through a variety of credit options. One of the program's hallmarks is the support offered by counselors who work with the students on course choice and career planning.*

## NCI's Tolson Retires After 33 Years of Service

Sylvia Tolson couldn't wait to get out in her garden any day she wanted, and in April, after 33 years as a federal government employee, she retired from NCI and got her wish.

Tolson retired from her position as the only grants technical assistant (GTA) in NCI's Analytic Epidemiology Research Branch (AERB), where she has performed administrative tasks associated with the management of a research portfolio of more than 400 grants and managed all the travel and time-keeping for six staff.

"I'll miss Sylvia's wisdom, work ethic and caring, considerate



*Sylvia Tolson*

demeanor," said Sandra Melnick, chief of AERB, which is part of NCI's Epidemiology and Genetics Research Program (EGRP). "Sylvia has a wonderful perspective on work, and no matter how much needs to be done or how rushed activities are, she has a calming influence that helps all involved get through situations."

A native Washingtonian, Tolson began her career in 1970 as a clerk typist with the Department of Commerce, and the following year transferred to the Department of Interior. From 1971 to 1978, she worked at the General Services Administration, assisting with the maintenance of government buildings. In 1978, she joined the National Science Foundation as a program assistant working on science research grants. In 1990, she came to NIH where she worked first as a GTA with the National Center for Nursing Research and then with NCI's Division of Extramural Activities, where she worked as a GTA and then a computer assistant until joining EGRP in 1999.

"Sylvia is the first person many EGRP staff see when they enter the office," said Ed Trapido, EGRP associate director, and "it won't be the same without her cheerful greeting." ■

## Healthy Volunteers Needed

If depression has never been a problem for you and the fall and winter seasons do not much affect how you feel, 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 2-3-hour visit including questionnaires. Participants will be compensated for their time. For more information, call the Uniformed Services University, (301) 295-3241. ■

## Asian/Chinese Volunteers Needed

The department of transfusion medicine (Blood Bank) at the Clinical Center seeks healthy volunteers (male and female) 18 years of age and older to participate in a research apheresis study that assesses the influence of ethnic background on immune response. Volunteers are needed who were born in China, including Taiwan, Hong Kong and Singapore or first generation offspring of parents who were born in these countries. Two visits are required and compensation is available. Call Rose Werden, (301) 402-0757.

## CAREER FAIR, CONTINUED FROM PAGE 1

international organizations, including some who came from overseas, attended the fair to present information on career options in their countries. Nearby, fellows learned about career counseling and other services offered by NIH. Groups gathered around tables covered with information and handouts—brochures and other literature, CDs, t-shirts, posters and pens—that drew them to ask questions and to talk with representatives who participated. It was also a chance for the fellows to chat among themselves and compare notes on possibilities as well as obstacles that would confront them after NIH.

Dr. Michael Gottesman, NIH deputy director for intramural research, welcomed the fellows and exhibitors. He recognized the visiting fellows' important contributions to NIH's work and thanked organizers of the event for understanding the challenges facing fellows.

"I am confident that this is only the first of many such events," said Dr. Sharon Hrynkow, acting director of the Fogarty International Center. "It is yet another way to highlight opportunities for the many talented visiting fellows at NIH to benefit their countries as well as their careers, especially for those who are returning to the developing world."

The NIH visiting fellows committee, formed in July 2003, handed out a questionnaire to get feedback on proposed future ventures. The committee's web site, <http://felcom.nih.gov/NIHVFC>, was launched to coincide with the fair.

Dr. Donna Vogel, who has long worked with



Visiting fellows gather information.



Staff at the FIC table include (from l) David Lindeman, program director at the U.S. Civilian Research and Development Foundation; Natalie Tomitch and Sonja Madeira of FIC; and Gail Bernabe, NIAID.



At the visiting fellow's committee table are (from l) Valeria Coelho, NIA; Kamala Tirumalai, NIAID; Donna Vogel, NCI; Devyani Halder, NICHD; Soma Ghosh, NICHD; and Douglas Osei-hyiaman, NIAAA.

visiting fellows at NCI as director of NCI's Fellowship Office, and who is keenly aware of their needs, said the event "could only have been done as a partnership. Never before have the ideas, enthusiasm, motivation and knowledge of career skill-building and the international scene been brought together in this way to benefit the visiting fellows, who form such a large and important part of our research enterprise."

The event was organized by NCI, FIC, NIEHS and the visiting fellows committee. ■

### 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>.

Purchase Card Training	7/12, 8/3
Basic Time and Attendance Using ITAS	7/13-14
Delegated Acquisition Training Program	7/13-16
Foreign Travel	7/26-27
Fellowship Payment System	7/28
Travel for Administrative Officers	7/29
Purchase Card Processing System	8/2

### 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 2-3-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 Uniformed Services University, (301) 295-3241. ■

## NIDCR Mourns Brenda Briscoe

Brenda J. Briscoe, who recently retired from NIDCR, died Apr. 5. She was a supervisory procurement agent in the institute's Division of Intramural Research when she retired in fall 2003.

"Brenda was a wonderful colleague and a valued friend," said Dr. Kenneth Yamada, chief of NIDCR's Craniofacial and Developmental Biology and Regeneration Branch. "She was particularly notable for her depth of expertise, her friendliness and helpfulness, and her remarkable sense of humor. She knew all the complexities of procurement with even the most difficult purchasing issues, as well as how to keep us out of trouble with our orders. She was warm and helpful to the wide range of people from many different cultures in our branch. She will be greatly missed."

Born in 1946 in Washington, D.C., Briscoe attended District of Columbia schools and also later attended Prince George's Community College. She worked briefly at St. Elizabeths Hospital in the early 1960s and then joined the Washington, D.C., government where she worked from 1967 until 1980. That year she came to NIH and eventually worked for the Clinical Center, NIDDK and NLM before joining NIDCR in the early 1990s.

Employees who worked on her team at NIDCR praised her fairness, kindness and loyalty. Cynthia Greene said, "Brenda was a great leader of our purchasing staff. She strived to keep us abreast of any new changes in procurement. She believed in teamwork and would always offer to lend a helping hand. When I was new to this job, she took the time to help me become a good purchasing agent—I will be forever grateful to her for that and will miss her very much."

"Brenda was a loving, loyal and sincere person," said Grant Hughes, who also worked on her team. "She was very demanding of the people who worked for her but at the same time very fair. She was one of the most warm-hearted supervisors that I have ever worked for in over 20 years of government service." Hughes also remembered her talking fondly of her grandchildren and about hosting football parties at her home on Sundays.

Briscoe was a member of the New Mount Nebo Baptist Church in Capitol Heights, Md., where funeral services were held. She loved to read, bowl, organize family bowling nights and exercise.

She is survived by her husband, Reginald Briscoe, Sr.; three children, Barbara and Laneria Bowser, and Reginald Briscoe, Jr.; her mother, Joy Mae Mays; four grandchildren; one sister, Petronia Reynolds; and two brothers, Don and Charles Jacobs, Jr.

## NIDDK Advisory Council Gains Four

Four new members have been named to the advisory council of the National Institute of Diabetes and Digestive and Kidney Diseases and will serve until 2007.

Dr. Janis Lynne Abkowitz is professor and section head of the division of hematology, University of Washington Medical Center, Seattle, and director of the hematology clinic of the Seattle Cancer Care Alliance and University of Washington Medical Center. An NIH-funded investigator, she studies viral-induced hematologic disease and hematopoietic stem cells.

Dr. Roberto P. Coquis is chief of the nephrology section of Holy Cross Hospital, Fort Lauderdale, as well as founder and president of Nephrology Consultants of South Florida. He also founded the Artificial Kidney Centers of Broward and is medical director of the Davita Center in Broward County.

Dr. Rudolph L. Leibel is professor of pediatrics and medicine, head of the division of molecular genetics, department of pediatrics, College of Physicians and Surgeons, and co-director of the Naomi Berrie Diabetes Center, all at Columbia University. A longtime NIH grantee, Leibel's lab collaborated in the cloning of the leptin gene.

Dr. Ronald L. Ruecker is founder and past president of Internal Medicine Subspecialty Associates, Ltd., and has practiced internal medicine and gastroenterology in Decatur, Ill., since 1974. He also has had numerous consulting affiliations with other central Illinois hospitals during the same period. ■



*NIDDK director Dr. Allen Spiegel (rear, r) welcomes new members of NIDDK's advisory council. They are (front, from l) Dr. Janis Abkowitz, Dr. Roberto P. Coquis, Dr. Rudolph Leibel. At rear is Dr. Ronald L. Ruecker (l).*

## CIT 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>.

SPSS Overview	6/23
Hands-On ECB Early Concurrence Workshop	6/23
New and Advanced Features of Council Administration Module Version 5	6/23
Introduction to mAdb	6/24
Witango Training	6/24-25
Social Sciences Resources	6/29
Introduction to the Web of Science and PORPOISE	6/29
Practical Application of MS Office in a Business Environment	6/30

## Healthy Volunteers Needed

Participate in an NIH study investigating potential signs of Alzheimer's disease. Call 1-800-411-1222 (1-866-411-1010 TTY). Refer to study 02-M-0058. ■

### Female Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50 to participate in longitudinal studies of the perimenopause. Volunteers must have regular menstrual cycles and be medication-free. Periodic hormonal evaluations, symptom rating completion and occasional interviews will be performed. Subjects will be paid. Call Linda Simpson-St. Clair, (301) 496-9576.

### Program Celebrates 25th Year

#### Four NIH Apprentices Celebrate Graduation

Four employees from the 2003 graduating class of the NIH Apprenticeship Program recently received recognition for successfully completing 4 years of academics and on-the-job training.

Graduates James Kowal, Michael Morris, Bernard Robinson and Larry Wongus accepted certificates from the Department of Labor Bureau of Apprenticeship Training, the State of Maryland and NIH.

Before entering the apprenticeship program, Kowal was an NIH police officer assigned to the canine section. He quickly learned the refrigeration trade, and now is part of a two-man team doing emergency repair work on cold rooms, freezers, chillers and kitchen and other equipment.

Morris was a biological laboratory technician before entering the program. Doing well in school and on-the-job, he proved to be an asset to the sheet metal shop.

Beginning as a stay-in-school employee in the NIH north maintenance section, Robinson entered the program in 1987. Because he worked so well with others, a number of building engineers frequently requested him to work with them on special assignments. He accepted each assignment as a challenge and learning experience.

Wongus spent 21 years at Johns Hopkins University before enrolling in the apprenticeship program, where he worked mostly with refrigeration systems for the National Institute on Aging. A short time after he joined the Clinical Center's maintenance team, several things about Wongus became apparent—his professionalism and outstanding customer service skills. Tenacity and hard work made him one of the better operators of the Building Automation System, which is used to monitor the facility's physical plant equipment and systems. His knowledge of building systems and related equipment earned him the title "Old Man"—not because he was the oldest apprentice, but because he brought with him experiences and skills that were an asset to the team.

The apprenticeship program has graduated over 100 apprentices since its establishment in 1978. It is the only training program at NIH geared to the trades and throughout its history has been unmatched at NIH for its minority recruitment.

For information about the program, call Ron Poole, (301) 402-1082.—Nancy Ludewig ■

#### Healthy Volunteers Needed

Doctors at NIH are conducting a study that examines the tongue. Call 1-800-411-1222, TTY 1-866-411-1010. Refer to study 01-CC-1035. Compensation is provided. ■



NIH director Dr. Elias Zerhouni (second from l) congratulated organizers of the annual "Share the Health" event at an award ceremony May 24. The NIH Office of Community Liaison sponsors the health and fitness expo, which this year attracted more than 5,000 visitors to Montgomery Blair High School. Guests enjoyed a day of health seminars, wellness workshops, fitness activities and exhibit booths. "This was absolutely the largest attended and most successful expo in the event's 5-year history," said OCL director Dr. Tom Gallagher (l). Also on hand were (from l) award recipient Randy Schools, president and CEO of R&W, and OCL's Walter Mitton, chair of the expo planning committee. Said Mitton, "Don't be surprised when you hear about this event attracting crowds in excess of 20,000 people at Share the Health 2005!"



Dr. Vivian Pinn, NIH associate director for research on women's health, received the Warren H. Pearse Lifetime Achievement Award at the 15th Anniversary Excellence in Women's Health Awards luncheon held May 13 at the Kennedy Center by the Jacobs Institute of Women's Health. The award was presented by Dr. Timothy R.B. Johnson, professor and chair, department of obstetrics and gynecology at the University of Michigan Medical Center and a member of JIWH's board of governors; he also serves on the advisory committee of the NIH Office of Research on Women's Health, which Pinn directs. JIWH is one of the nation's leading think tanks on women's health care policy.