

THE NIH RECORD

Still The Second Best Thing About Payday

Four Grantees Earn Nobel Prizes

Four NIH grantees became Nobel laureates during the first week of October. Dr. Richard Axel of the Howard Hughes Medical Institute at Columbia University, who was once an intramural research fellow under Dr. Gary Felsenfeld of NIDDK, shared the Nobel Prize for Physiology or Medicine with Dr. Linda Buck, a researcher at the Fred Hutchinson Cancer Research Center, Seattle. Two of the three scientists who shared the Nobel Prize in Chemistry are also grantees—Dr. Irwin Rose of the University of California, Irvine, and Dr. Avram Hershko of the Israel Institute of Technology (Technion) in Haifa; the third chemistry laureate, Dr. Aaron Ciechanover of the Technion, did not receive NIH support.

Axel had been a postdoc in the Laboratory of Molecular Biology, part of what was then

SEE NOBELISTS, PAGE 2

Goodbye ADB, Hello NBS

NIH Adopts New Business System

NIH has begun replacing its Administrative Database (ADB) with the NIH Business System (NBS). You've probably noticed that your travel documents are now electronically routed and "project" numbers are used instead of CANS (common accounting numbers).

The ADB system, begun in 1978, was developed to automate processes related to the procurement of goods and services and to translate the procurement actions into accounting transactions that are processed by NIH's Central Accounting System (CAS).

What Is the NBS?

NBS uses an "off-the-shelf" business software package that automates and

SEE BUSINESS SYSTEM, PAGE 4

HIGHLIGHTS

1 Gottesman Tells How to Nourish Top Science at NIH

3 Major Changes to NIH Flu Vaccine Program

NIH'ers Help Open Indian Museum



5 Reaven Gives Astute Clinician Lecture, Nov. 3

Super Heroes Kick Off CFC



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

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'We Haven't Lost Our Pizazz'

Gottesman Honored at Research Fest

By Rich McManus

Apparently, the intelligent, witty and humane manner that characterizes most of NIH deputy director for intramural research Dr. Michael Gottesman's personal interactions is something that other people have noticed—he was the surprised recipient of an engraved crystal memento Sept. 28, just moments after he had delivered the 18th annual NIH Research Festival's keynote address.

Gottesman had chosen as his topic "A Creative Culture and Its Spectacular Science," focusing on the rich tradition and future prospects of the NIH intramural programs. Little did he suspect that many of his colleagues think that he embodies most of the virtues his talk touted.

Deciding to honor Gottesman was really kind of a no-brainer for

SEE RESEARCH FESTIVAL, PAGE 6

ORS Undergoes Restructuring

ORF Provides Infrastructure for NIH Science

At NIH, science is the undisputed star, but the staff of the Office of Research Facilities Development and Operations (ORF) is the backstage crew that creates and runs the set on which NIH raises the curtain every day. In a play, there would be no show if it weren't for crew members who build, light and maintain the sets that bring the whole thing to life. The NIH facility infrastructure is the stage on which NIH researchers perform the work that captures the world's attention.

ORF employees plan, develop, renovate, manage, operate and maintain NIH-owned and leased facilities. More than a year ago, NIH restructured the Office of Research Services, putting all aspects of facility work under the umbrella of a single organization—ORF. More recently, institute and center facility management, operation and stewardship activities around the country were consolidated with the creation of three regions, covering operations not only on the Bethesda campus, but also in Research Triangle Park, N.C.; Hamilton, Mont.; Phoenix and Baltimore. Facility staff in these locations officially became a part of ORF on

SEE NEW ORF, PAGE 8



Dr. Michael Gottesman



Dr. John Pugh has joined the Center for Scientific Review as scientific review administrator of the vector biology study section in the infectious diseases and microbiology integrated review group. The section reviews research on the biology of intermediate hosts of microbes and multicellular parasites that may improve control of associated human diseases. Pugh was awarded a Ph.D. in microbial genetics from the University of Liverpool, England. After postdoctoral work in Heidelberg and Edinburgh, he moved to Fox Chase Cancer Center in Philadelphia, where he helped develop and apply experimental systems to study the biology of hepatitis B viruses. He was a laboratory director with two contract research laboratories in the D.C. area. Prior to joining CSR, he was a program manager with a contractor in northern Virginia.

NOBELISTS, CONTINUED FROM PAGE 1

the National Institute of Arthritis and Metabolic Diseases, for 2 years, 1970-1972. "It was clear almost from the moment he walked in the door that Richard would not be an ordinary postdoctoral fellow," said Felsenfeld, who helped to establish the lab in 1961 and has been there ever since. "He knew exactly what he wanted to do, and he also told me what he thought I should be doing. He was a stimulating presence in the laboratory, and helped us enormously in the early stages of the laboratory's work on chromatin."

Axel had come to NIH, Felsenfeld said, because "[the institute] had a program of training fellowships for M.D.s and was one of the few places where you could get training as an M.D. in laboratory research at the time."

Axel had studied chromatin in Felsenfeld's lab, then continued to be interested in chromatin when he moved to Columbia. He was involved at that time in problems of regulation of gene expression, and "he and his colleagues devised a method of introducing DNA into eukaryotic cells," recalls Felsenfeld. "This was a major contribution to molecular biology, a technique used in virtually every laboratory." Axel turned his attention next to the identification of cell surface receptors, and during the following years began to address problems in neurobiology as a member of the Center for Neurobiology and Behavior at Columbia, an important center for neurobiological research. That led to the work that ultimately resulted in the 2004 Nobel prize.

Axel and Buck were honored for discoveries concerning "odorant receptors and the organization of the olfactory system." In 1991, they reported in the journal *Cell* the discovery of a large family of receptors selectively expressed in olfactory neurons, which are the cells that detect specific odors. These receptors were later shown to be the cell surface molecules that bind specific odorants, which is the first step in detection and identification.

Dr. James Battey, director of the National Institute on Deafness and Other Communication Disorders, said, "This discovery fueled a revolution in understanding the molecular and cellular interactions responsible for the remarkably sensitive and specific detection of different odors and tastes." NIDCD has funded Buck's work on olfaction since 1992.

Besides NIDCD, other NIH components involved in their work include NIDDK, the National Cancer Institute, National Institute of Allergy and Infectious Diseases, National Institute of Mental Health and the National Institute of Neurological Disorders and Stroke.

Rose and Hershko, both long-time NIH grantees, won the Nobel Prize in Chemistry "for the discovery of ubiquitin-mediated protein degradation." Said NIH director Dr. Elias Zerhouni of the work: "This

is a classic example of how basic research on the chemical mechanism underlying a biological process reveals a pathway essential to life. Understanding how cells maintain internal balance by regulating protein degradation is crucial for knowing how this balance is disrupted in disease. This fundamental research points the way to developing drugs that target the pathway such as Velcade, which is used to treat the blood cancer multiple myeloma."

The chemistry laureates have been supported by the National Institute of General Medical Sciences; the former National Institute of Arthritis and Metabolic Diseases; NIDDK and NCI. Rose first received support from NIH in 1956 and Hershko has been a grantee since 1980. Over the years, NIH has provided \$7.5 million to support the two scientists' research.

Since 1954, NIH has supported the work of 34 Nobel laureates in chemistry. And of the 83 American Nobel laureates in physiology or medicine since 1945, 64 either worked at or were funded by NIH before winning his or her prize. Since 1939, a total of 115 Nobel laureates have been supported by NIH. ■

One-Day Outpatient Study

Healthy volunteers, ages 19 to 55, are needed to participate in research studying genes and brain function. Testing procedures involve a blood draw, non-invasive neuroimaging, interviews and cognitive testing. No overnight stay. No medication trial. Compensation provided. Call the Clinical Brain Disorders Branch at (301) 435-8970 or email ThorpeK@intra.nimh.nih.gov. Refer to protocol # 95-M-0150. ■

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Vaccine Shortage Forces Changes in Flu Immunization Program

The influenza vaccine shortage has prompted a substantial revision of the NIH influenza immunization program. NIH purchased its flu vaccine supply this year from Aventis Pasteur and has already received its first shipment of 6,000 doses. The status of shipment of the remaining 4,000 doses that were ordered (initially scheduled to arrive in late October) is uncertain.

The modified NIH program will first vaccinate health care providers and next will offer vaccine to others on the CDC priority list.

Occupational Medical Service staff will continue to visit the clinical patient care areas on a rotating basis to administer vaccine. A new schedule for vaccination in these patient care areas has been posted on the NIH web site and throughout Bldg. 10. If you are a patient care provider or someone who comes in contact with CC patients as a result of your job and you would like to be immunized, contact the leadership of the clinical care area where you work to determine when staff from OMS will be in that area. Then make arrangements to report to that area during that time to be vaccinated. The number of doses available is limited, so make arrangements immediately. Call the Hospital Epidemiology Service (301/496-2209) to discuss problems or issues you may have with this revised schedule.

If you are an NIH employee who is not a health care provider but have a condition that you believe places you on the CDC priority list for vaccination, call OMS (301/496-4411) to place your name on a list of potential priority list vaccinees. More guidance about immunization will be provided during the first or second week of November after the health care provider program is completed.

Because of the limited supply of influenza vaccine, health care workers and others should pay special attention this year to what CDC has termed "respiratory etiquette." If an employee develops symptoms suggestive of influenza at home, he/she should take sick leave to avoid spreading the illness to other staff or patients. If symptoms develop while the individual is working, he/she should report first to her/his supervisor and then to OMS, who can obtain appropriate specimens and begin rapid diagnostic testing, as well. Health care workers should avoid spreading infection to others by limiting contact with patients, other staff and visitors and by washing their hands or using the alcohol-based hand hygiene product after contact with respiratory secretions. Health care workers should always follow the tenets of respiratory etiquette (i.e., cover mouths when coughing or sneezing, careful hand hygiene after contact with respiratory secretions, etc.). Although hand hygiene is a key hospital infection control strategy at all times, during the respiratory virus season (from October through February) health care professionals should pay meticulous attention to

hand hygiene. If influenza is diagnosed in a health care worker or patient, the Clinical Center's Hospital Epidemiology Service should be immediately notified. The CC Microbiology Service has the ability to make the diagnosis of influenza rapidly. If you suspect that one of your patients may have influenza, contact the Infectious Diseases consultative service and order influenza cultures from the microbiology service.

Determining Vaccine Priority

Groups of NIH employees considered to have priority for vaccination with inactivated influenza vaccine this season (all are considered to have equal priority) include:

- Adults age 65 years and older;
- Persons 2–64 years who have underlying chronic medical conditions including: Chronic disorders of the pulmonary or cardiovascular systems, including asthma; Metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression caused by medications or HIV;
- All women who will be pregnant during the influenza season;
- Health care workers who have patient contact.

Individuals who are not described in this table should be informed about the urgent vaccine supply situation and are asked by CDC to forego or defer vaccination. ■

NIH'ers Celebrate Opening of Museum

Dr. Clifton Poodry, director of the NIGMS Division of Minority Opportunities in Research, was among a number of NIH employees who participated in the opening ceremonies of the National Museum of the American Indian in Washington, D.C., in September. Poodry, a member of the Tonawanda Seneca Indian tribe, walked in the procession on the National Mall with fellow members of the American Indian Science and Engineering Society. Over 25,000 people participated in the procession, representing more than 400 Indian tribes.

"It was a spectacular day that brought together people from many nations in celebration of a long-anticipated event," Poodry said.

"There was a pervasive feeling of good will and hope, and of course a deep feeling of pride. The size and diversity of the procession was awesome." ■



Dr. Clifton Poodry (l) participates in the museum's opening procession along with Debbie Sweitzer (c), a health program assistant with NHLBI; and Becky Tudisco (r), EEO manager for NIDDK.

Koob To Give Keller Lecture

Dr. George F. Koob will give the 2004 Mark Keller Honorary Lecture on Tuesday, Nov. 9, at 1:30 p.m. in Lipsett Amphitheater, Bldg. 10. Koob is professor of neuropharmacology and director of the division of psychopharmacology at the Scripps Research Institute, La Jolla, Calif. The title of his talk will be "The Neurobiology of Alcoholism: Dysregulation of the Brain Reward and Stress Systems."

BUSINESS SYSTEM, CONTINUED FROM PAGE 1

"links" NIH's administrative processes, resources and financial information. The NBS software integrates such business functions as finance, travel, acquisitions and property.

Why Do We Need NBS?

NIH recognizes that advancing its scientific agenda in the 21st century depends on an administrative infrastructure that supports world-class biomedical research. As a result, NIH has declared the administrative restructuring advisory committee (ARAC) and NBS to be priority initiatives. Modern administrative efforts such as NBS will help transform NIH's administrative foundation to parallel its scientific progress.

The NBS technology will enable NIH to: modernize its administrative and research support processes; standardize and streamline business processes; adopt "best practices" from private industry; and integrate administrative functions to improve information flow, managerial control and financial reporting.

Some of the benefits of using NBS are: online document routing, signature and approval; reduction in paper use; more accurate reporting.

Is NIH Using NBS Yet?

Last year, NIH successfully launched its first two modules.

NBS Travel System—released on Sept. 1, 2003, to process fiscal year 2004 travel. NIH travelers, planners, reviewers and approvers are using state-of-the-art technology to electronically prepare, route and sign travel documents.

During FY 2004, the new NIH Travel System processed 70,719 travel authorizations, 56,988 travel vouchers, and 6,543 local travel vouchers.

NBS General Ledger—implemented on Oct. 1, 2003, with some supplementary financial management software.

Where Do NBS Users Get Help?

The NBS Management Center (NMC) was established Sept. 1, 2003, to help the NIH community navigate through challenges they may experience when using NBS. During FY 2004, the NMC logged 15,000 help calls—99 percent of these are resolved.

The primary avenue of assistance involves NIH community leaders. Travel help points of contact (HPOCs) are appointed in each institute and center as liaisons between their IC's user community and the NMC. HPOCs provide their IC's users with assistance, basic training and system updates.

What's Next?

Input and support from the NIH community enabled the NBS project team to successfully implement the NBS Finance and Travel Systems in

2003. The next wave of implementations is expected to be a much larger and more complex initiative; some NIH'ers may be contacted to provide specific guidance on matters within their area of responsibility and expertise.

The NBS team is preparing to roll-out more modules in FY 2006—property, acquisitions, station support and research and development contracts, supply/inventory and additional finance modules.

To learn more about the NBS project, visit <http://nbs.nih.gov>. ■

Info Coming on Perimeter Security

The NIH Perimeter Security System (PSS), which includes the perimeter fence, is scheduled for activation in January 2005. In the coming months, ORS Security and Emergency Response will launch a communications initiative including campus-wide email, announcements, presentations, information booths and other means in an effort to share the operations and protocols of the PSS with the entire NIH community.

With the endorsement of NIH senior management, the community advisory board for security (CABS) has been instrumental in the development and review of the PSS protocols for employees, patients and visitors. Established by the NIH director, CABS provides input, advice and counsel on behalf of the NIH community about implementation of the NIH security program.

ORS has launched a web site (<http://ser.ors.od.nih.gov/index.htm>) that will serve as a comprehensive resource for information concerning the Perimeter Security System. The perimeter security communications initiative is scheduled to continue through January. ■

Fifth Salzman Symposium, Nov. 18

The Foundation for the NIH and the virology interest group announce the fifth annual Norman P. Salzman Symposium to be held on Thursday, Nov. 18. During the symposium, an award will be presented to recognize an outstanding research accomplishment by a post-doctoral fellow or research trainee working in the field of virology at NIH. The award honors Salzman's 40-year career and his accomplishments in mentoring young scientists. The theme of this year's symposium will be "Early Host Defenses Against Viral Infection," with presentations by Dr. Christine Biron of Brown University, NIAID's Dr. Jon Yewdell, Dr. Paul Bieniasz of Aaron Diamond AIDS Research Center, Dr. Barbara Rehmann of NIDDK, Dr. Hidde Ploegh of Harvard Medical School and the 2004 Salzman Award recipient. The symposium will be held at the Cloisters chapel from 8 a.m. to 2 p.m. with lunch served to registered attendees. To register, visit <http://www.nih.gov/signs/vig/>. ■

Astute Clinician Lecture on Insulin Resistance

Dr. Gerald M. Reaven will deliver the Astute Clinician Lecture, on "Insulin Resistance and Metabolic Syndromes: Different Names, Different Concepts, Different Goals," on Wednesday, Nov. 3 at 3 p.m. in Masur Auditorium, Bldg. 10.

Reaven, professor of medicine in Stanford University School of Medicine's division of cardiovascular medicine, has been on Stanford's faculty for more than 40 years. His research has advanced the understanding of diabetes and related disorders, including insulin resistance.

Insulin resistance is marked by high levels of insulin in the blood. Although this tends to keep blood sugar levels down, it can eventually lead to diabetes II because the pancreas becomes overtaxed and cannot continue to produce such high insulin levels. It also leads to other medical conditions, including heart disease.



Dr. Gerald M. Reaven

Abnormalities associated with insulin resistance were first recognized in the late 1980s. Since then much new information has come forth about insulin resistance and disease, leading to two approaches in

thinking about the condition. One has been to recognize that the abnormalities associated with insulin resistance have broadened and to change the way physicians view the clinical syndromes associated with the condition. The second approach is to establish criteria to diagnose this metabolic syndrome as a way to identify those at risk for developing heart disease. The lecture will explore the implications of both approaches.

Reaven earned his M.D. and completed his internship at the University of Chicago. After a residency in internal medicine at the University of Michigan, in 1959 he went to Stanford, where he has been since. He has served as instructor (1960), associate professor (1965), professor (1970), head of the division of endocrinology and metabolic diseases (1974-1977), head of the division of gerontology (1977-1990) and director of Stanford's General Clinical Research Center, which he established (1977-1990). Professor emeritus since 1995, he remains active in teaching and research.

Reaven has published more than 500 articles in scientific journals and numerous textbook chapters and other scholarly works. He has received the highest awards for research from the American Diabetes Association, the British Diabetes Association and the European Association for the Study of Diabetes. He also received the Novartis Award for

Longstanding Achievement in Diabetes (2000), the sixth Linus Pauling Functional Medicine Award (2001) and the Renold Medal of the American Diabetes Association (2002), among many others.

The Astute Clinician Lecture was established through a gift from Haruko and Dr. Robert W. Miller. It honors a U.S. scientist who has observed an unusual clinical occurrence, and by investigating it, has opened an important new avenue of research.

The lecture is part of the NIH Director's Wednesday Afternoon Lecture series. For information and reasonable accommodation, contact Hilda Madine, (301) 594-5595. ■



Superman greets NIH director Dr. Elias Zerhouni (above) at the CFC kickoff event Oct. 6. Also on hand to spur record amounts of giving by NIH'ers were Spiderman (l), Glenn Pearson and his band (lower l) and the redoubtable Caped Crusader, Batman (below), who is making a personal pitch to all employees to give freely.



PHOTOS: BILL BRANSON

RESEARCH FESTIVAL, CONTINUED FROM PAGE 1

this year's organizing committee, led by scientific directors Dr. Marvin Gershengorn of NIDDK and Dr. Eric Green of NHGRI. "We all thought that having Michael Gottesman as the keynote speaker was the best idea we could come up with," said Gershengorn.

Gottesman set out to review those elements of NIH culture that have contributed to its success, show how current trends reflect the best aspects of that culture ("We haven't lost our pizzazz," he stated at the outset. "We're still doing very well.") and describe the essential elements of success that NIH must retain into the future.

Creative people are at the heart of NIH's preeminence, he said. Borrowing from the thesis of an urban planning book, Gottesman said "three T's" contribute to NIH's success: technology, talent and tolerance.

Using slides, Gottesman embarked on a tour of NIH history from 1887 to the present, pausing to note that NIH scientists and grantees "have won more Laskers than any other research institution...and there have been more than 90 members of the National Academy of Sciences at NIH—most are still working." He admonished young people in the audience, "You're walking in the shadows of greatness here."

So how did we attract such excellent people? Again, virtues came in threes—NIH built an impressive intramural enterprise ("If you build it, they will come," quipped Gottesman), has been able to gain stable resources over the years and has relied on special recruitment programs targeting select audiences. These include married couples (there had been anti-nepotism rules in academia that thwarted husband-wife scientific teams—Gottesman called Dr. Alan Rabson and Dr. Ruth Kirschstein "the quintes-

PHOTOS: JANET STEPHENS, ERNIE BRANSON

Patrons of the annual Research Festival lunch gather in a tent at the rear of the Natcher Bldg. to eat, enjoy one another's company and listen to live jazz by a trio of high schoolers.



NHGRI scientific director Dr. Eric Green (l) presents Gottesman with etched glass memento.

sence of this kind of recruiting" but could as easily have mentioned his own wife, Susan, who is an NCI scientist), young men who desired an alternative to military service during both the Korean and Vietnam wars (the so-called "Yellow Berets" were men who took advantage of the Clinical Associate Program in lieu of boot camp, and include in their ranks Clinical Center director Dr. John Gallin, NIAID director Dr. Anthony Fauci, NIDDK director Dr. Allen Spiegel and Gottesman himself, among others) and even bright neighborhood kids who chose careers down the Pike at NIH (Drs. Malcolm Martin of NIAID, Warren Leonard of NHLBI and Steve Katz, NIAMS director, are all local products; Katz is a B-CC High School grad).

Apologizing in advance for having to leave so many worthy people out, Gottesman offered brief biographical sketches of some of the intramural programs' most successful current scientists, including Dr. Neal Young and Dr. Mark Gladwin of NHLBI, NIA's Dr. John Hardy, NHGRI's Dr. Robert Nussbaum, NICHD's Dr. Juan Bonifacino and Dr. Jennifer Lippincott-Schwartz and Dr. Alan Koretsky of NINDS. Virtually all testified that their jobs are immensely rewarding and that they feel "like kids in a candy store." They touted projects large and small, relish the freedom of following their instincts and love a campus where ego, title and past distinctions take second place to Science. As Nussbaum said in a brief film clip, "I really like the lack of intellectual pretension on this campus—science is the coin of the realm here."

Looking to the future, Gottesman predicted more high-risk, high-impact research in intramural laboratories, owing to a profusion of "toys" (new infrastructure), technical support and new lab buildings, not to mention a raft of at least 9 training programs targeting minorities, women, married couples, foreign scientists, early-career investigators (both tenure-track and trainee) and others who are committed to doing the best science, often in teams, regardless of its commercial potential. "We have a far more diverse group of scientists than ever before

at NIH," he said.

He touted the opening of the new Clinical Research Center among a host of new research facilities on campus, all of which have been designed to encourage interactions among different scientific groups. The Vaccine Research Center holds much promise, he said, as does the half-completed Porter Neuroscience Center, which opened in July to 49 scientists from seven institutes. Bldg. 33, a biodefense facility, is rapidly rising into the air, an NIH Chemical Genomics Center is on the way, and, in the future, in the area on the south side of campus where old one-story buildings currently house animals, a new Center for the Biology of Disease will be built, emphasizing animal studies.

In conclusion, Gottesman said that intellectual freedom, a critical mass of talent, stable resources and funding, and leadership that recognizes NIH's

"champion" and "the epitome of an NIH patriot. He is extremely good at tough decisions...he has a fair, compassionate style and outstanding judgement. He is remarkably well-liked by his colleagues, and is simply amazing in the job that he does. He's always calm and has a knack for really knowing the right issues to address, with the right timing. He has a sharp sense of humor, and is really our hero."

With that, he and Gershengorn presented Gottesman with a handsome etched crystal including an image of Bldg. 1. "We present this to you for exemplary leadership of the intramural research programs on behalf of all the scientific directors," said Green, and the audience rose to applaud.

"I'm speechless," said Gottesman. "This is a total surprise to me. There's no greater praise than that of one's colleagues. I'll do all I can to make sure the promise of NIH is kept." ■



Flanked by Dr. Marvin Gershengorn (l), scientific director at NIDDK and festival organizer, and his colleague Green is NIH director Dr. Elias Zerhouni, who is clearly enjoying Gottesman's talk.



Gottesman shows off his new award from NIH's scientific directors after his keynote talk at Research Festival on Sept. 28.

unique features and preserves them combine to predict a glorious future for intramural NIH. "And the last 'T' is thanks," he said.

Before Gottesman could leave the podium, and before the audience could light out for the traditionally rich menu of Research Festival symposia and workshops, Eric Green lauded him for 11 years of strong, decisive leadership as NIH deputy director for intramural research. Green called Gottesman a



Walter Johnson High students (from l) Ben Bolasny, Clay Hackett and Kevin Shaigany find a groove at the Research Festival lunch.

Outdoor Film Fest Raises \$20K+

The Comcast Outdoor Film Festival in August raised more than \$20,000 for the NIH charities. More than 75,000 people attended the 10-day free festival, which boasted the largest outdoor screen in America on the grounds of Strathmore Hall and the American Speech-Language-Hearing Association. The money raised came from corporate sponsorships, donations by moviegoers and the proceeds of food sales of popular vendors during the festival. The funds support the Children's Inn, Camp Fantastic/Special Love and Friends of the Clinical Center.

"We are so grateful to Comcast for their leadership in bringing this great film festival to our community every year," said Randy Schools, president of the NIH Recreation and Welfare Foundation. "Our community's continued strong support of the film festival really makes a difference in the lives of the families and kids we treat here at NIH." ■

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. ■

NEW ORF, CONTINUED FROM PAGE 1

Oct. 1. Making ORF responsible for the entire NIH "set" promotes greater focus on the continually changing facilities' landscape, providing a single point of accountability and streamlining the decision-making process.

Keeping NIH hit production going without interruption is not without its challenges. To fulfill its mission, the office must be flexible enough to adapt to a changing management landscape. As Acting Director Leonard Taylor noted in a recent

ORF Launches New Web Site

On Sept. 3, the Office of Research Facilities Development and Operations launched its Internet site at <http://orf.od.nih.gov>. The new site makes it easier for IC customers, stakeholders and the public to locate information on a broad range of facilities activities.

A navigation bar and a Google-powered search engine help users find tools and information such as:

- ◀ Guidance on appropriate use of IC funds for renovations.
- ◀ A description of how NIH defines and calculates square feet.
- ◀ A form for submitting or monitoring status of maintenance requests.
- ◀ A way to check on scheduled utility shutdowns in your building.
- ◀ Guidance on what scientists should look for on plans for renovations of space.
- ◀ A move-in checklist for ICs.
- ◀ Documents such as the NIH Master Plan and the NIH Waste Disposal Guide.
- ◀ Names, building assignments and contact information for facility managers and real estate specialists.

Suggestions for new content from customers and stakeholders are welcome. Send them to orfresponse@orf.od.nih.gov.

budget report, the NIH facility program must "strike a balance between the infrastructure needs of tomorrow's research...and the need for responsible stewardship of yesterday's investments in the 'bricks and mortar' of the research enterprise." The NIH real property portfolio shows just how much bricks and mortar ORF manages—a total of more than 15 million gross square feet.

Within ORF, the job of getting the set up and making sure it functions throughout the run of the show is the work of the Office of the Director and six divisions. In addition to Taylor, the Office of the Director includes directors for the newly created western, southern and mid-Atlantic regions.

A large part of the facility work for NIH begins with the Division of Facilities Planning, which develops the NIH master plan and performs transportation, environmental, parking, space allocation, project site coordination and budget planning for buildings and facilities. Requests for more lab or office space, whether on or off campus, begin in this office.

Most new construction is managed by the Division of Capital Projects Management, while renovations are primarily the responsibility of the Division of Property Management (DPM). These staffs coordinate the work of contracting officers, architects, engineers and other building professionals.

DPM has other responsibilities. Property manage-

ment employees ensure that all property operates safely and efficiently. DPM staff manage and operate NIH facilities around the clock, every day of the year. They also run central utility plants and perform preventive and emergency maintenance. DPM decorates the NIH set by planting and maintaining the flowers, shrubs and trees and making sure sidewalks are clean and well-maintained.

ORF is also home to the Division of Real Property Acquisition Services, the Division of Policy and Program Assessment (DPPA) and the Division of Environmental Protection (DEP). The staff in Real Property Acquisition Services is responsible for all facilities-related contracting services, including architecture, engineering and construction contracts, as well as real property purchase and leasing. Policy and Program Assessment staff ensure the quality of NIH facilities work by developing and managing the appropriate policies, guidelines and standards for the work. DPPA also reviews project budgets and designs and develops quality-assessment guidelines. Finally, Environmental Protection employees provide administrative and technical support to ensure that NIH complies with federal, state and local conservation and environmental laws, standards and guidelines. DEP manages all non-radioactive waste streams at NIH and the recycling program. The staff also works to prevent the release of pollutants and hazardous substances and directs clean-up when accidents occur.

Ideally, the work of the stage crew takes place in the background. Scientists conduct their research without thought to the landscaper planting flowers, the workers putting in a tissue culture lab next door, staff members disposing of chemical waste, people writing policies that ensure labs are carefully and safely constructed or the legion of other ORF workers whose job it is to create a place where great science can take place.

Recognizing that much of this backstage work requires the close collaboration of many entities, ORF launched a web site on Sept. 3. The new site, at <http://orf.od.nih.gov>, helps establish a corporate identity and makes it easier for everyone to locate a broad range of facility information (see box). ■

Healthy Volunteers Needed

NIAID seeks healthy male and female volunteers ages 18-40 years for a research study to determine whether lopinavir/ritonavir (anti-viral 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 non-smoker in good health, not be HIV-infected and not be taking any medications. Participants will be compensated. Call Jocelyn Voell, (301) 435-7913. ■

Attention Female Baseball Players, Wannabes

The Recreation and Welfare Association is considering starting a Women's Baseball Club to promote and support baseball-playing opportunities for women of all ages. The new club would field a team in the Eastern Women's Baseball Conference.

The EWBC currently has five teams within Northern Va., Montgomery County and Baltimore. They play umpired games on full-sized fields, and everyone has fun. EWBC players range in age from 15-55 with most of the players in their 20s to 40s. Many players previously played slow-pitch softball and have made the transition to baseball very successfully.

Each EWBC team plays one game per weekend, early May through mid/late September. All teams have pre-season practices and friendly scrimmages in the spring, and some continue to practice once a week during the season. The league also assembles a select "tournament team" for occasional competition against other leagues.

The EWBC is fully committed to helping a new R&W team get up and running with introductory workouts and practices this fall. We are looking for 15-20 players to field a team; coaches/managers (of either gender) are also needed. If you are interested in learning more about the club or can't wait to oil your baseball glove and polish your baseball shoes, contact Susan McCarthy at (301) 594-8785 or mccarths@mail.nih.gov. ■

'Apprentice' Winner Rancic Establishes Kidney Cancer Fund

Bill Rancic, self-made millionaire and winner of *The Apprentice* reality television show, visited the Clinical Center recently to thank NIH staff for the care of his father, Ed Rancic, a kidney cancer patient. In 2000, Dr. Ed Rancic enrolled in the NHLBI intramural allogeneic transplant trial, but his cancer was very advanced and aggressive and he died shortly after returning home to Chicago. To commemorate his father, Bill plans to establish an NIH fund for the advancement of biomedical research in stem cell transplantation to treat kidney cancer.

According to NHLBI investigator Dr. Richard Childs, who treated Ed Rancic, "Bill felt that NIH gave his father hope when everyone else had already written him off."

One of Bill's personal goals, now that he has realized his dream of working with Donald Trump, is to help the Foundation for the National Institutes of Health (FNIH) fight against kidney cancer. The foundation will administer the research fund. According to Childs, Bill hopes the fund will stimulate interest in NIH research and encourage young scientists to study novel treatment methods to improve the outcome in kidney cancer patients undergoing allogeneic stem cell transplantation.

"[Bill] has a wonderful personality and radiates energy and optimism, and I think he would be a terrific unofficial spokesman and advocate for the research we are conducting here in the intramural program," said Childs.

While visiting NIH, Bill met with NIH director Dr. Elias Zerhouni and NHLBI acting director Dr. Barbara Alving, toured the new Clinical Research Center and had lunch with the hematology nursing staff and research team, and later met with FNIH. Other activities included one-on-one meetings with Dr. Neal Young, chief of NHLBI's Hematology Branch; Dr. Elizabeth Nabel, NHLBI scientific director; and Dr. Marston Linehan, chief, Urologic Oncology Branch, NCI. ■



NIH director Dr. Elias Zerhouni (c) and Dr. Richard Childs (r), senior investigator in NHLBI's Hematology Branch greet Bill Rancic in the new Clinical Research Center.

CIVIL Is Topic of FEW Meeting, Nov. 9

The Bethesda chapter of Federally Employed Women will host two speakers at its Tuesday, Nov. 9 meeting on Violent Crimes in the Workplace. NIH CIVIL Coordinator Sharon Steinberg and Heather Defibaugh, human resources specialist, will conduct a presentation titled "CIVIL." The presentation will provide participants an awareness of violence in the workplace and the tools and resources to address concerns appropriately. The meeting will be held in Bldg. 31C, Conf. Rm. 6C6, from noon to 1 p.m. For more information, contact FEW President Arlene Polk at Polka@od.nih.gov or call (301) 402-6101.

Healthy Volunteers Sought

Participate in a study that will examine normal and adapted walking patterns. One (2-3 hour) visit to the Clinical Center is required. Compensation will be provided. For more information call 1-800-411-1222 (TTY 1-866-411-1010). ■

Healthy Women Over 60 Needed

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

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.

NHLBI Explores Cardiovascular Regenerative Medicine

The National Heart, Lung, and Blood Institute invited scientific researchers from around the world to its Symposium on Cardiovascular Regenerative Medicine, Sept. 13-14. This first meeting on the subject at NIH brought together more than 500 attendees with the goal of bridging the gap between basic research and clinical medicine.

A variety of speakers covered not only the principles of stem cell biology but also recent discoveries that aim to move the field toward the treatment of cardiovascular disease. Additionally, the organizing committee sought to identify new areas where cell-based therapies can be applied, as well as how cardiovascular patients might be treated with such therapies.

The meeting brought top international researchers in the basic science of stem cell biology together with experts in hematology and clinical cardiovascular medicine; attendees came from Germany, Venezuela, Israel, Japan, Canada, Australia, Scotland and Korea. Their lectures and discussion covered the emerging science of stem cells, various preclinical animal models for studying cell-based therapies and clinical applications to treat cardiovascular disease.

The meeting approached these subjects by simultaneously covering adult stem cells, those that are already dedicated to becoming one type of tissue or another, and human embryonic stem cells, cells that can become any type of human tissue. The challenge of this work is to figure out how such cells can be used to repair the injured and ischemic tissue associated with cardiovascular diseases.

With this in mind, the organizing committee planned a program that spanned stem cells in organisms that model specific diseases; tissue stem cells; blood-forming (hematopoietic) stem cells; the stem cells of bone, cartilage, tendon, fat and muscle (mesenchymal stem cells); skeletal stem cells; and endothelial progenitor cells. Also addressed were fundamental concepts such as differentiation, fusion, specification, patterning and homing, the details of which, it is hoped, will lead investigators to potential human applications.

At the heart of regenerative medicine is the ancient human desire to have our injured and diseased bodies regenerate with healthy cells and tissues. The Greek legend from *Prometheus Bound* is perhaps the oldest and best-known myth of regeneration and was used to symbolize the hope and promise of regenerative medicine at the meeting. Prometheus



Dr. Elizabeth Nabel delivered opening remarks at the symposium on cardiovascular regenerative medicine.

angered Zeus by giving humankind the secret of fire. As punishment, Zeus chained Prometheus to a desolate rock and sent an eagle to eat his liver and skin, which grew back each day, ensuring Prometheus' recurring torment. In the modern world, scientific researchers and clinicians hope to transcend myths by creating therapies that truly renew the damaged cells and tissues. ■

Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it. Your bi-weekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 8, 2005.

In spite of planning, circumstances sometimes arise that prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is officially rescheduled. This year, your "use or lose" leave must be scheduled not later than Saturday, Nov. 27.

If you or your supervisor have questions regarding "use or lose" leave, contact your human resource office or other appropriate program official designated by your institute or center.

FAES Holds Insurance Open Season

The FAES Health Insurance Program is conducting open season from Nov. 1-24, and 29-30. The program is open to those who work for 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, 2005.

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/BlueShield PPO and a voluntary 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 (301) 496-8063. FAES is open Monday-Friday from 8:30 a.m. to 4 p.m. ■



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>.

Fellowship Payment System	10/27
Purchase Card Training	11/1
Delegated Acquisition Training Program	11/2-5
Travel for Administrative Officers	11/3
Domestic Travel (NBS Travel System)	11/8-10, 12/6-8
Foreign Travel (NBS Travel System)	11/15-16
Basic Time & Attendance Using ITAS	11/17-18

Goldstein Wins Teaching Award

Dr. David S. Goldstein, chief of the NINDS clinical neurocardiology section, recently received the 2004 Distinguished Clinical Teacher's Award for his outstanding qualities as a clinical teacher, mentor and researcher.

The award—which was established in 1985—is the highest honor given to an NIH senior clinician, staff clinician or tenure-track/tenured clinical investigator by the NIH clinical fellows. It recognizes an individual for excellence in mentoring health care professionals and teaching on issues related to direct patient care, and for outstanding contributions to the advancement of clinical research.



Dr. David S. Goldstein

Goldstein graduated from Yale College and earned his M.D.-Ph.D. in behavioral sciences from Johns Hopkins for his work on cardiovascular conditioning. He came to NIH in 1978 as a clinical associate in NHLBI and obtained tenure as a senior investigator in 1984. He joined NINDS in 1990 to head the clinical neurochemistry section. In 1999, he founded and has since directed CNS, an independent section in NINDS's Division of Intramural Research.

Goldstein is the author of *The Autonomic Nervous System in Health and Disease* (2001) and the *NDRF Handbook for Patients with Dysautonomias* (2002). His research on stress, catecholamine systems, dysautonomias and clinical neurocardiologic disorders has been published in more than 400 papers. Goldstein is the first Distinguished Clinical Teacher's Award recipient from NINDS. This year's other finalists were Drs. William Gahl (NHGRI), Elise Kohn (NCI), Ellen Leibenluft (NIMH), Calman Prussin (NIAID) and Carlos Zarate (NIMH). ■

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>.

JMP Software: Analysis of Attribute Data	10/27
Introduction to Adobe Illustrator	10/27
SQL Server 2005 Overview	10/27
Introduction to mAdb	10/28
SPSS: Basics	10/28-29
EMBASE	10/28
Library Skills	10/28
Intermediate QVR Training	10/28
Advanced QVR Training	10/29
NCBI's Identification and Correlation of Disease Genes to Phenotypes	10/29
From Scan to PDF: Composing Scientific Figures with Adobe Photoshop and Illustrator	11/1-2
Save Your Time - Learn How to Manage Email	11/1
Data Warehouse Query: Research Contracts & Grants	11/2
Network Security and Firewalls	11/2
Relational Database Overview	11/2
Introduction to the QVR System	11/2
Introduction to VOIP/VVOIP	11/2
Improve Your Public Speaking When Using PowerPoint	11/3
NIH Enterprise Directory (NED)	11/3
Statistical Analysis of Microarray Data Using the MSCL Analyst's Toolbox & JMP	11/3
What Is the NIH Portal?	11/3
Data Warehouse Analyze: Budget & Finance	11/4
QVR Advanced Topics	11/4
PubMed	11/4
EndNote	11/4
Intro to the Web of Science & PORPOISE	11/4
AFNI Mini-Course	11/4-5
Using Flash User Interface Components	11/5
Polish Your Images with Photoshop Elements	11/8
Intro to NIH Portal Community Management	11/8
Intro to Using the ECB Council Administration Module	11/9
SPSS: Statistics	11/9-10
Hands-on ECB Early Concurrence Workshop	11/10
Creating Presentations with PowerPoint 2003 for the PC	11/10
Data Warehouse Query: Human Resources Fellowship Payment	11/10

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, Mon.-Thurs., 2-4 p.m. ■

Volunteers Needed

Doctors at NIH are seeking individuals being treated with a widely-used anti-depressant agent called *welbutrin*. Participants will be asked to donate 4 tablespoons of blood for routine screening and evaluation of platelet function. The visit will be no longer than an hour and compensation is provided. If interested or for more information call Donna Jo McCloskey, research nurse, at (301) 496-5150.

Söderqvist Gives NIH History Day Lecture

The second annual NIH History Day took place on campus Sept. 21. The main events included a seminar and lecture by Dr. Thomas Söderqvist, an historian of medicine at the University of Copenhagen in Denmark. The Office of NIH History sponsors the event to build awareness of its activities and collecting practices. To learn more about the office and its Stetten Museum, visit www.history.nih.gov. If you have items of historical importance you would like to donate, call (301) 496-6610.



Dr. Thomas Söderqvist (r), keynote speaker at this year's observance of NIH History Day, is joined by Dr. Victoria Harden, head of the Office of NIH History, and Dr. Raynard Kington, NIH deputy director.

Söderqvist spoke about scientific biography in general and about his most recent subject, immunologist and Nobel Prize winner Niels Jerne, in particular. Jerne, an immunologist who sat on NIH study sections in the 1960s, won the Nobel Prize in 1984 for his work on theories of antibody formation and the regula-

tion of the immune system. Söderqvist posed some provocative questions in his lecture: Why should we remember a scientist like Jerne—or any other life scientist? And generally speaking: What's the use of biographies of scientists? What can we learn from them?

He outlined several reasons that historians and writers often think of when writing biographies: to serve as a personal commemoration; to serve as a public commemoration; to be educational; to be a good read; to understand the creation of theories, concepts and facts; to understand history at large; and finally, to understand life as an achievement. The last reason—biography as a contribution to the ethics of science—was the focus of Söderqvist's book.

Söderqvist explained that he was most interested to investigate this last reason because Jerne had kept more than just his scientific papers. His personal archive also contained thousands of private letters, diaries, scrap notes with passing thoughts in addition to all manner of paraphernalia such as book-loan receipts, movie ticket stubs, chess records, domestic bills, medical prescriptions and so forth. These papers enabled Söderqvist to answer questions that are unknowable to many biographers, such as: What choices did Jerne make during his life? And what consequences did they have, for himself, for his work and for others around him? Which kind of life situations attracted him and which did he try to suppress or even flee from? What brought him to pursue science instead of making a career in business, or a life as a physician, or a writer—or even a life of caring for family and children? And how did

he bring together (or separate) his life inside versus outside science?

In the end, it was the life itself—rather than the scientific work and its results—that took the central place in Söderqvist's narrative. As he pointed out in his presentation, a 21st century scientific role model does not at all have to be uniformly good and positive, or provide single-minded answers—or even provide a model in the positive sense. Today, an edifying life story will probably tend toward complex human characters and fates—life stories that have a lot of dark zones and present the reader with genuine moral dilemmas. To be a “model” is to have a life story that others can relate to—a story that makes others begin to think about their own lives.

Söderqvist presented his thoughts to an audience of NIH scientists and staff, suggesting that biographies of scientists can also inspire scientists themselves to think about how to handle their own lives both inside and outside science.—Sarah Leavitt ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Gerald M. Reaven on Nov. 3, giving the NIH Director's Astute Clinician Lecture on the topic “The Insulin Resistance and Metabolic Syndromes: Different Names, Different Concepts, Different Goals.” See story on p. 5.

On Nov. 10, Dr. Linda J. Waite will speak on “The Impact of Social Institutions on Health: The Case for Marriage.” She is the Lucy Flower professor of sociology, University of Chicago, and a member of the advisory committee to the NIH director.

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

Open House at Children's Inn, Nov. 4

CFC donors and other NIH'ers are invited to an Open House at the Children's Inn at NIH on Thursday, Nov. 4 from 10 a.m. to 2 p.m. Visitors are invited to tour the newly expanded inn and learn about its mission.

Contributions from donors in the CFC help to support residents who stay at the inn free of charge, no matter how long the stay. “The inn is very grateful to be a CFC charity as we receive a significant amount of our funding through the campaign. We invite all NIH employees to attend our open house event so they can see first hand the difference that their CFC donations make,” said Tyrrell Flawn, executive director of the inn.

Refreshments will be served, and visitors may visit an art show with work created by residents. Parking is not available at the inn. Visitors are requested to walk or take the NIH shuttle. ■