

Still The Second Best Thing About Payday

Dealing with Loss

Book Offers 'Path Through Forest of Emotion'

By Richard Currey

Elizabeth DeVita-Raeburn's presentation at Lipsett Amphitheater on Sept. 23 was described as a reading from and discussion of her new book *The Empty Room: Surviving the*

Loss of a Brother or Sister at Any Age. The event was to be a look at both her experience and that of others in coping with the loss of a sibling. It was that—

and much more: a charged and deeply affecting 2 hours marked by shared stories and powerful emotions.

Speaking to more than 70 people, DeVita-Raeburn discussed the background of her book—and her personal journey. At the heart of that journey is the recognition that sibling loss involves "not just the story of a brother or sister that's gone," as she said, "but that the survivor has an important story to tell. In fact, without claiming that story in some way—and learning to own it—I think it's very difficult to deal with the loss of a sibling."

When DeVita-Raeburn's brother Ted died at the Clinical Center on May 27, 1980, he had lived in a laminar airflow "clean room" on 13 East for more than 8 years. Suffering from aplastic anemia and severe immune deficiency, Ted DeVita's illness and death



Elizabeth DeVita-Raeburn

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'A Comprehensive Look'

ARAC Examines How NIH Operates, Promotes Efficiency

By Carla Garnett

For nearly 2 years, NIH has been taking a frank look in the mirror, and thinking about what it sees. Far from prompting merely cosmetic changes, the agency's self-examination has led to a number of ways to enhance efficiency and effectiveness over the next several years. In arguably the most complex planning phase for administration in NIH's recent history, NIH director Dr. Elias Zerhouni assembled the administrative restructuring advisory committee (ARAC), a 26-member team that compiled 18 pages of recommendations for how NIH operations can be improved. Implementation plans have been designed in many phases, with the goal to have all phases of the plan well under way within the next couple of months.

Composed of institute and center directors, senior executive staff from the Office of the Director and the ICs as well as members of the intramural and extramural programs, ARAC was established in early spring 2003 to advise the director and deputy director and to oversee all of NIH's administrative restructuring efforts.

"I don't think NIH has ever undertaken such a comprehensive

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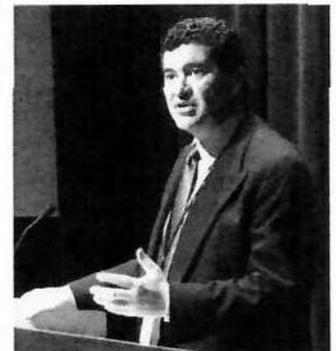
'You Can Kick the Tires'

Roadmap Anniversary Marks Milestones

By Rich McManus

Just as President Eisenhower's interstate system of highways linked most major American cities in the 1950s and 1960s, NIH's year-old Roadmap for Medical Research initiative is laying pavement between some of the major "cities" in biology, including efforts in nanomedicine, molecular libraries, dramatically upgraded coordination of clinical research and a team approach to science that is more "we" than "me."

Before a Lipsett Amphitheater audience on Oct. 14, NIH director Dr. Elias Zerhouni used the first anniversary of the Roadmap rollout to pause and take note of where the highway has led medicine so far, and where it will wend in the future. He admitted to some initial misgivings about how



Dr. Elias Zerhouni

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Dr. Bert Shapiro, chief of the Cell Biology Branch in the NIGMS Division of Cell Biology and Biophysics, received an inaugural award from the M.D./Ph.D. Directors Association. Shapiro, who has administered the institute's Medical Scientist Training Program for the past 12 years, was recognized for his "diligent, persistent and exemplary efforts to improve the training of tomorrow's physician-scientists." The M.D./Ph.D. Directors Association facilitates communication among M.D.-Ph.D. programs on issues including admissions, recruitment, curriculum, advising and career opportunities. Shapiro received the honor at the association's recent annual conference in Keystone, Colo.

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. ■

Holiday Auction Set, Dec. 3

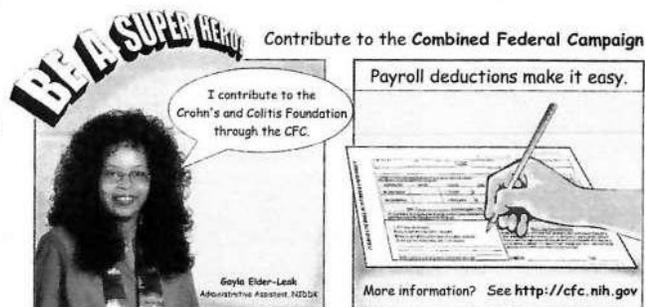
The Clinical Center's department of laboratory medicine will hold its 32nd annual Holiday Auction fundraiser on Friday, Dec. 3 in Bldg. 10, Rm. 2C310, which is the department's conference room and library. All proceeds benefit the Patient Emergency Fund and Friends of the Clinical Center.

Organizers welcome volunteers and donations of items, and remind donors that their contributions are tax-deductible. There will be a white elephant sale table, bake sale, pizza lunch and silent auction. The bake sale, with coffee and tea and other goodies, begins at 9 a.m., followed by the silent auction and white elephant sale at 10. Pizza will be served at 11:30 a.m. and the silent auction ends at 2 p.m.

To make donations or volunteer call Sheila Barrett, (301) 496-5668, Norma Ruschell, (301) 496-4475, or Meshawn Payne, (301) 496-3386. ■

STEP Session on Drug Regulation

The staff training in extramural programs (STEP) committee will present an administrative strategies forum on the topic, "Drugs: Charting the Regulatory Waters," on Tuesday, Nov. 16 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A. Have you wondered how drugs with promising preclinical results get to the pharmacy? Multiple players including clinical scientists, pharmaceutical companies, the Food and Drug Administration and NIH interact to navigate through a complex process. Join us in a discussion with experts from each of these constituencies about roles, risks, benefits and barriers in bringing drugs to market. This training will earn ESA credit. ■



Symposium on Therapeutic Oligonucleotides

The therapeutic oligonucleotide interest group will hold its 7th symposium, "Therapeutic Oligonucleotides: Transcriptional and Translational Strategies for Silencing Gene Expression," on Dec. 13-14. The meeting will be held in Masur Auditorium, Bldg. 10 from 8 a.m. to 5:15 p.m. each day. In addition to scientists from NIH, FDA/CBER and Georgetown, speakers will be coming from Stanford, Yale, Harvard, UC-San Francisco, Rutgers, the University of North Carolina, City of Hope, University of Texas, University of Pennsylvania, University of Pittsburgh, University of Alabama, the Albert Einstein Cancer Center and the Sidney Kimmel Cancer Center. Biotech companies from the U.S., Canada and Europe will also be represented. Speakers are also coming from the University of Paris; University of British Columbia; the RIKEN Yokohama Institute, Japan; and medical research centers in Russia and Poland. Registration is required; visit www.palladianpartners.com/7thNIHOligoSymposium. Contact Dr. Cho-Chung, yc12b@nih.gov, for more details. ■

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'Real Men' Wear Lapel Rosettes

On Oct. 12, the National Institute of Mental Health welcomed an eclectic group of public health heroes to a celebration of the success of the Real Men Real Depression (RMRD) campaign. NIMH director Dr. Thomas Insel and staff joined several of the men who first volunteered for the campaign as well as Surgeon General Richard Carmona, NIH deputy director Dr. Raynard Kington and other early supporters of the effort. NIMH awarded each of the participants a lapel rosette to recognize their service to the campaign.

NIMH launched Real Men Real Depression in April 2003 in response to a growing awareness that men's depression was overlooked. The project took 18 months to create. Leslie Weiner, an award-winning documentary filmmaker, developed a series of television, print and radio public service announcements (PSAs) featuring real people, not actors, telling stories of how depression affected them: a fire fighter, a national diving champion, a writer, a retired Air Force sergeant, a lawyer, a publisher and a college student.

The campaign includes a series of 30-second video and radio PSAs, print materials, and more recently, bus-side ads. Since its launch, the campaign has produced videos targeting Native Americans and African-Americans as well as Spanish PSAs and publications.

NIMH has distributed these PSAs to news outlets across the nation. To date, the campaign's reach has been extensive, touching an audience of more than 318 million, with free advertising valued at \$3 million. On television, the spots have aired on 117 stations, reaching an audience of more than 24 million; in print, PSAs have appeared in the *New York Times*, *Forbes*, *Los Angeles Times* and *Prevention*, despite the fact that national newspapers rarely run public service announcements. The radio PSAs have aired on 874 stations, with more than 68,000 broadcasts, reaching an estimated audience of 120 million.

Communities across the country are also embracing the campaign. The Mental Health Association of Illinois Valley has adopted the campaign as a community effort with a number of sponsors. NIMH is partnering with groups such as the Mesa County health department in Grand Junction, Colo., and Blue Shield of California, which are adapting the campaign to meet local needs.

The campaign, now entering its second phase, has won numerous awards including NIH Plain Language awards for the campaign's television PSAs and web site; two first place Blue Pencil awards for best promotional campaign and best print PSA; two Gold Screen awards from the National Association of Government Communicators 2003; and other

awards that honor the nation's best consumer health information programs and materials.

Depression is a serious but treatable medical condition—a brain disease—that can strike anyone, including

men. In America alone, over 6 million men have depression each year. Research suggests that men are less likely to

seek treatment for this illness; data also show that men die by suicide at four times the rate of women.

RMRD is the first national public education campaign aimed at raising awareness about this public health issue. Through RMRD, NIMH is raising awareness of depression in men and encouraging them to seek treatment.

RMRD operates a toll-free help line staffed with information specialists (1-866-227-6464). If callers are seeking referrals to health care professionals, they are sent to SAMHSA's Center for Mental Health Services. Half of those who call in are men.

The RMRD web site (<http://menanddepression.nimh.nih.gov/>) provides information on symptoms of depression, its effects, and treatments and allows users to download resources from the privacy of their own computers.—Jennifer Loukissas ■



NIMH director Dr. Thomas Insel (third from l) and Surgeon General Richard Carmona meet with Real Men Real Depression volunteers (from l) Jimmy Brown, Rodolfo Palma-Luli6n, Steve Lappen and Patrick McCathern.

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 postdoctoral 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 a variety of scientists, plus 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/> and select the "Special Items" link. Space is limited.

New Hospital Needs Volunteers

The new Clinical Research Center's Office of Volunteer Services is recruiting employees who are interested in volunteering to assist patients, families, guests and visitors locating specific areas in the new building. Hours volunteers are needed are: 7-9 a.m. and 4-6 p.m. These hours are before and after many tour of duty hours and therefore may be convenient for an employee. If interested, contact Andrea Rander, (301) 496-1807.

ARAC, CONTINUED FROM PAGE 1

look at its operations," says Colleen Barros, NIH deputy director for management, who recently shared the ARAC report with employees in an all-hands email. "We've always been a forward-thinking organization and we've always been mindful of making improvements, but I don't think we've ever had as concerted an effort to look across all areas of our business processes simultaneously."

ARAC members were divided into eight working groups, with each group assigned to examine a major function: acquisitions, budget, equal employment opportunity, finance, facilities, grants management, human resources and information technology.

Each function was reviewed using the same process: define its current status (How much is contracted out? How much is done by service centers? How much is centralized, decentralized?); propose ways to improve its efficiency, effectiveness; identify potential barriers or necessary support to make the improvements; devise staffing benchmarks (How many people does it take to do each activity well?); and find ways of evaluating the changes (How long is it taking to complete the function following the improvement?).

"The target is not one of numbers," Barros stresses. "The goal is to improve operations, to enhance efficiency without compromising our effectiveness. It's a target of intent, scope and mission, instead of some arbitrary numerical goal. Any savings we generate will, however, be shifted into our research enterprise."

There was, perhaps, no better time to undertake such a self-exam than the early part of last year.

NIH was entering a different phase. After the end of the 5-year budget-doubling era, NIH leaders knew, the rate of growth of the agency's resources would certainly decrease. Planning had already begun in other areas for what was being called a "soft landing" after the highs of double-digit appropriations ended.

Overall, NIH management had already put in place a few strategies to aid efficiency: ARAC acknowledges in its report that the NIH budget grew by 170 percent between fiscal years 1993 and 2004, while FTEs (full-time equivalencies, or employee positions) increased only 2.5 percent. NIH's hiring and promotion freeze, and a realignment of resources, helped control FTE levels, even while NIH's research portfolio continued to expand with such new institutes and centers as NCCAM, NIBIB and NCMHD.

"We were ending what was certainly a very flush period, for which we are very grateful," acknowledges Barros. "However, we were entering a belt-tightening era, a period in which we are going to be challenged. Frankly, we have a responsibility as leaders to do this self-assessment, to try to find improvements as well as maintain our high degree of

effectiveness. We have to be able to try to do things in new and different ways, to constantly improve. It was incumbent upon us to maximize our resources, to in fact maximize the federal research dollar."

By June 2003, ARAC—working in partnership with reorganization experts at the National Academy of Public Administration—had formulated its package of proposals to present to Zerhouni. Among the recommendations were a number of cost- and effort-savings to be found in some functions by using service centers rather than having each IC replicate an activity and build a whole infrastructure to support it.

As an example, Barros mentions an early success story: merging the many IC computer help desks into one. "There was great worry about that initially," she recalls, "but the consolidation was pulled off relatively trouble-free and the design is working as intended. We hope that's an early harbinger of successes we want to have in other areas."

ARAC proposed changes to a number of business processes in broad functional areas as well as some organizational restructuring and application of

"The target is not one of numbers," Barros stresses. "The goal is to improve operations, to enhance efficiency without compromising our effectiveness."

standard IT software to support the entire business enterprise. Barros noted, business at NIH—as well as everywhere else—was increasingly dependent on IT systems. Adopting uniform standards for NIH's IT infrastructure only made sense, so that everybody was singing from the same sheet of music.

The ARAC draft report was completed and sent for a thorough review by Zerhouni, who then had the document vetted by agency leaders within NIH's newly established governance model—the steering committee (see *NIH Record*, May 25, 2004)—before forwarding the plan to HHS Secretary Tommy Thompson and other department officials. The ARAC report was presented as a successful blend of NIH's mission with goals expressed both in the department's strategic plan (see <http://www.aspe.hhs.gov/hhsplan/2004/goals.shtml>) and the President's Management Agenda (see <http://www.whitehouse.gov/omb/budget/fy2002/mgmt.pdf>).

Barros acknowledges that ARAC's recommendations introduce what may seem like a new world for employees and managers, and that adjustments in culture are difficult for any agency, particularly one as large and complex as NIH.

"Change is just hard," she admitted. "But the reality is that the business environment is changing,

whether we change with it or not. It is incumbent upon us all to look for ways to improve our operational environment and modernize our business practices.” Barros said NIH leaders are also aware that ARAC’s efforts—with goals of doing more with less and other cost-savings measures—may be likened, unfavorably in some campus circles, to the A-76 process that many NIH’ers associate with workforce reduction and job displacement. Such a blanket comparison is incorrect, she stresses, drawing a critical distinction between competing with outside entities and challenging ourselves to improve outside a program of competition.

“So far the reception [to the ARAC recommendations] has been one of great expectations, mixed also with some worry and concern,” Barros concludes. “Specific people may have to adjust to new reporting relationships, or they may have to be retrained or learn to use a new set of skills, but I hope employees will see the opportunities in this. It’s an opportunity for all of us to be engaged, to provide feedback, to get involved with making our jobs and our work better. A great many people have been working on this for nearly 2 years now. This was not something done in isolation without our input, without us thinking of the labs affected, of the offices involved and especially of the research. We absolutely need to keep pace with the times and, as a federal agency, we need to remain mindful of administrative excellence in support of the agency’s mission.”

For complete information and updates on ARAC and the reorganization effort, visit <http://arac.nih.gov/>. ■

Oral Vaccine Study Recruits

Volunteers are needed at Walter Reed Army Institute of Research in Silver Spring for a study of the safety of an investigational oral vaccine to prevent diarrhea. You may be eligible to participate if you are between ages 18 and 45, in good general health, have never had enterotoxigenic *Escherichia coli* (most common cause of traveler’s diarrhea) and do not currently work with it in the lab. You must be available for up to 15 outpatient visits (for up to 2 months) and a 6-month follow-up phone call. A free health screening will be provided. Participants will be paid. Call 1-866-856-3259 toll free, (301) 319-9335, or (301) 319-9320, or visit www.ARMYSClinicalTrials.com. ■

ADHD Genetics Study

Take part in an NIH study seeking to identify the genes that contribute to attention deficit hyperactivity disorder (ADHD). For more information call 1-800-411-1222 (TTY 1-866-411-1010). ■

Four NIH’ers Named to Academies’ IOM

Four NIH’ers are among 65 new members of the Institute of Medicine of the National Academies. IOM’s total active membership now stands at 1,416.

Recently named members who work at NIH include Dr. Ezekiel J. Emanuel, chair, Clinical Center department of clinical bioethics; Dr. Alan E. Guttmacher, deputy director, National Human Genome Research Institute; Dr. Robert L. Nussbaum, chief, Genetic Disease Research Branch, NHGRI; and Dr. Thomas C. Quinn, senior investigator and section head, international AIDS/STDs, National Institute of Allergy and Infectious Diseases, and professor of medicine and deputy director, division of infectious diseases, Johns Hopkins University.

Established in 1970 by the National Academy of Sciences, IOM has become recognized as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. With election, members make a commitment to devote a significant amount of volunteer time as members of IOM committees, which engage in a broad range of studies on health policy issues.

Use or Lose Reminder

Don’t forget to officially schedule your “Use or Lose” annual leave no later than Saturday, Nov. 27. Questions concerning “Use or Lose” leave should be directed to your human resource office or other program official designated by your institute or center.



NLM recently welcomed two new members to its governing body, the board of regents. Richard Chabran (l) has worked in the area of Latino librarianship for over 25 years. He chairs the California community technology policy group, a coalition of community-based and statewide organizations that works to ensure that underserved communities reap the benefits offered by computers, the Internet and digital innovations. Former Speaker of the House of Representatives Newt Gingrich (r) is now CEO of the Gingrich Group, a management consulting firm dedicated to expanding the capabilities and reach of forward-looking corporations and organizations in the health and health care industry.

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was, for Elizabeth, the defining event of her life.

But it would be many years before she fully understood the life-altering nature of her experience.

Elizabeth's father is Dr. Vincent DeVita, NCI director between 1980-1988 and a clinical investigator at the institute for 25 years. When Dr. DeVita noticed the appearance of irregular purplish discolorations on Ted's legs in 1972, his trained physician's eye recognized the signs of a bleeding disorder. In short order an initial diagnosis was made—aplastic anemia. Ted was 9 years old at the time. He was admitted to the Clinical Center and the search for the anemia's cause was launched.

Aplastic anemia is a rare condition defined by an inability to produce new blood cells and platelets. It results in frequent infections (due to immune deficiency related to a lack of white blood cells), abnormal bleeding, weakness and fatigue. Although the condition can be triggered by toxic chemicals or certain drugs, the cause often remains unknown. This was the case with

Ted, despite persistent and even extraordinary measures taken to learn the cause of his anemia (including the autopsy of the DeVita family parakeet).

Ted DeVita's hospital room was initially designed to protect cancer patients whose immune systems were compromised by chemotherapy. For a boy whose stay there would span weeks, then months, and finally years, it became far more than simply a hospital room. It was Ted's home, the place where he made his way through adolescence, practiced guitar, talked on the phone, watched TV and was visited often by his sister who herself came to think of Bldg. 10 as a kind of home as well.

Now a 38-year-old freelance medical journalist based in New York City, DeVita-Raeburn said that the years of visiting Ted familiarized her with the "feel" of a hospital. "I still experience a kind of comfort here," she said. "In fact," she added, laughing, "if any of my friends have emergencies that involve going to the hospital, they call me for support."

That comfort level, however, belies another aspect of sibling loss. "The surviving sibling," DeVita-Raeburn said, "can hide in that familiarity—and disappear. We survivors are educated from the start that the ones having a big problem are our parents,



DeVita-Raeburn greets visitors and signs copies of her book at a table outside the lecture hall on Sept. 23.

PHOTOS: ERNIE BRANSON



NCI's Dr. Stephen Chanock also lost a sibling, in the same week that DeVita-Raeburn's brother died.

and, in cases of chronic illness, our sick sibling. Right from the start we're indirectly told: this is not your story. The prevailing idea is that the impact of the loss rests with parents." The net result, DeVita-Raeburn believes, is a crippling inability for surviving siblings to come to terms with loss in the context of their own lives.

Another aspect of a surviving sibling's "emotional disappearance" was reflected in DeVita-Raeburn's inner obstacles to telling her own story. "I could tell other people's stories. I collected other people's accounts of losing a brother and sister, and wrote them without much difficulty for *The Empty Room*. But when it came to writing my own story—I was blocked.

"A critical factor in this process was that I grew up playing second banana to my big brother. Not only before he got sick, but certainly afterwards. I learned how to be quiet, to be self-effacing. It was all part of the dynamic in a family with one child who is critically ill."

When DeVita-Raeburn broke through into her own story, she discovered what she now refers to as "the healing power of storytelling. But to get there you must first claim your story as your own."

Using a literary form that fuses reporting as well as affecting memoir, *The Empty Room* creates a textured portrait of sibling loss as it considers the impacts of losing a brother or sister in childhood, in old age, abruptly in accidents or after prolonged illness. DeVita-Raeburn also explores the psychological shifts in families for children born after a sibling has died, as well as the profound sense of loss and disconnection experienced by a surviving twin.

Dr. Alan Schechter, chief of the molecular biology and genetics section at NIDDK, introduced DeVita-Raeburn's appearance with remarks about the growth of palliative care at NIH and the milestones (including cases like Ted DeVita's) toward what is now an integral aspect of NIH's clinical services. DeVita-Raeburn then spoke about the genesis of *The Empty Room* before reading from the opening pages of the book to a rapt audience.

Attendees also heard remarks from Dr. Stephen Chanock, a pediatric oncologist at NCI who lost his

brother to cancer at NIH in the same week that Ted DeVita died. Chanock echoed DeVita-Raeburn's remarks about a surviving sibling's trauma being trivialized and shunted aside. A medical student at the time of his brother's death, Chanock recalled an attending physician who advised him to "remember to take care of your parents because they're going through a tough time." Chanock noted the casual assumption that his experience in losing a brother was somehow less traumatic or less important than his parents' loss of a son. "Different, perhaps," Chanock remarked, "but no less significant or painful."

Also speaking was Dr. Ann Berger, chief of pain and palliative care at the Clinical Center, who described the current palliative care services available at NIH and detailed the varying tactics and approaches her service offers. Her slides included a number of photographs of the palliative care team in action, including pictures chronicling the rounds of the team's famous "tea cart."

Questions from attendees struck a wide range of issues and concerns, from simply sharing their own experiences as surviving siblings, to specific queries from health care providers interested in ways to better serve their patients' needs. A physician asked for guidance on talking to siblings in the process of losing a brother or sister. Another individual stood to relate the general lack of services and support available to her when her sister died several years ago.

When a third person asked what friends can do in situations involving sibling loss, DeVita-Raeburn reminded us that there is no way to "make it better" or literally improve anything about such challenging circumstances—but surviving siblings can be advised to remember the importance of their own stories as both tools for healing as well as remembrance.

"For me," DeVita-Raeburn said, "and I think for a lot of siblings, it's a matter of knowing the story. For those of us who lost their sibs when they were young—many people have mentioned this to me—they don't know, at least not exactly, what the story is. They're not sure what the details were, what the progression of events was. So how can you claim that story as your own?"

But whether a sibling loss happened when one was too young to recall events, or an adult brother or sister was lost suddenly in an accident, DeVita-Raeburn returned to her contention that it's all about "claiming the story as your own. It's understanding the pattern inherent in the disparate facts you hear from parents and other family members and doctors and nurses, and allowing that information to transform your understanding of what you went through."

The Empty Room illustrates in a way rarely done—certainly not often with DeVita-Raeburn's

lyricism and eloquence—a fundamental contradiction in sibling loss: you cannot speak (or write) of your grief. And yet it is that first spoken or written word that might open a path toward coming to terms with loss. "Without that first word," DeVita-Raeburn said, "there is no understanding, no path through the forest of your emotions."

The Empty Room tells us that emotional journeys, journeys of the heart and soul, can and will find their way home again—but arrive stronger and with greater understanding.

As Chanock said, "I deeply appreciate Elizabeth's brave and daring book. This powerful work is required reading for anybody who takes the practice of medicine or the delivery of health care seriously." ■



NINR director Dr. Patricia Grady (third from l) welcomed five new members recently appointed to the National Advisory Council for Nursing Research. They are (from l) Dr. Gary Morrow, University of Rochester Medical Center; Dr. Joan K. Austin, Indiana University; Dr. Sandra Millon-Underwood, University of Wisconsin, Milwaukee; Dr. Anna C. Alt-White, ex officio, Department of Veterans Affairs; and Dr. Kathleen A. Dracup, University of California.

Neurocognitive Measures Study

The Uniformed Services University of the Health Sciences is conducting a study examining the relationship between computerized and traditional neurocognitive measures with healthy adult men and women ages 18-79. Participants will complete a brief interview and participate in a one-time testing session in Bethesda. Participants will be compensated for their time. Call Lt. John Ashburn, (301) 295-2501. ■

Study of Genes, Aging and Cognition

Healthy volunteers, over the age of 55, are needed to study the genetics of aging and cognition. Participation requires a blood draw and non-invasive clinical, neurological and cognitive testing procedures. No overnight stays. No medication trials. Compensation provided. Call Bobby Das at (301) 435-4593 or email DasB@intra.nimh.nih.gov. Refer to protocol # 00-M-0085. ■

ROADMAP, CONTINUED FROM PAGE 1

fast NIH could adopt a new approach to science that applies speed and intellectual leadership to a set of common barriers that no single institute could surmount alone.

"I had some doubts initially," he said. "There was a lot of trepidation about the effort—some predicted that we would be waiting 3 years for any results, but I am pleased to say that it happened a lot faster." NIH, along with an extensive cadre of outside consultants, responded to his plan with "enormous and amazing speed," he said.

Science in general is stalled by large gaps in knowledge about basic biological events, Zerhouni argued. "It's very important for science to have a stronger translational engine...I don't think we understand the language of the complexity of science." Rather than throw grants, new programs and RFAs (requests for application) piecemeal at aspects of biology's unexplored frontier, the Roadmap proposes a rational strategy to own up to what we don't know, stake out new territory to explore and assemble new research teams from disciplines that haven't traditionally been in cahoots.

Zerhouni said that purposeful exploration of what is currently unmapped territory "is the real driver of the Roadmap, and a source of a great deal of excitement in the extramural community—it's really taken hold in many institutions...They are excited about the ability to work across disciplinary lines. They are grateful to talk to people they don't normally talk to.

"We are on the road," he declared, "and will continue to assess these novel concepts."

Zerhouni said NIH has been accused of slowness

PHOTOS: ERNIE
BRANSON

Roadmap at a Glance

At the ripe age of 1, the NIH Roadmap for Medical Research is chiefly an extramural enterprise, affecting mainly the grantee/contract/academic research community. Though it's true that Roadmap work has consumed the work lives of hundreds of extramural program staff here at NIH (who were feted at a Wilson Hall reception following the Oct. 14 presentation, and got to hear the recently reconstituted rock band "The Directors" play a set, with NIH director Dr. Elias Zerhouni sitting in on keyboards), the only "intramural" effect of the Roadmap to date has been a doubling of the number of medical students training in clinical research at the Clinical Center, from 15 to 30.

Dr. Dushanka Kleinman, who has been on loan to Bldg. 1 as Roadmap coordinator from her normal post as deputy director of the National Institute of Dental and Craniofacial Research, noted that the Roadmap has "9 working groups, multiple project groups, and teams of teams of teams." The Roadmap was funded at \$129 million in FY 2004, \$238 million in FY 05, and is expected to top out at around \$507 million in FY 2009, Kleinman said. "The total expenditure is about \$2.2 billion over 6 years, or a little under 1 percent of the total NIH budget over each of the years," she explained.



The panel that accompanied Zerhouni (r) at the first-year anniversary presentation included (from l) Dr. Robert Star of the Office of Science Policy, NINR director Dr. Patricia Grady and NIGMS director Dr. Jeremy Berg.

in responding to emerging opportunities in science, and is remedying that in test cases such as the nanotechnology initiative, which is encouraging consortia and interdisciplinary training in a promising new area of science. "[The extramural community] said, 'Please make it easier for us to collaborate,' and we did," Zerhouni reported.

The director said he is troubled by magazine



Berg said of the PubChem site, "You can kick the tires and see how it works."

articles claiming that much of what is innovative in science is now funded by departments other than NIH and the National Science Foundation. "I find that disturbing," he said. Countering such charges is a Roadmap component unveiled at the end of September—the first NIH Director's Pioneer Awards, which went to nine outstanding extramural scientists. "The

Roadmap encourages a culture of change, of shared resources, and of cooperation," Zerhouni emphasized.

He said the Roadmap effort consumes less than 1 percent of the NIH budget in any given year, and that NIH will "preserve its commitment to the individual investigator. We must be careful not to unbalance the portfolio...[the Roadmap] is not to be done at the expense of basic science.

"Think of [the Roadmap] as risk money," he counseled, "that's not bound up or already committed. It's a sort of venture capital," he continued, whereby NIH can "use the internal creativity of the agency to respond to the external creativity of the research community."

Zerhouni wants the Roadmap to "melt the silo

effect” and “foster a creative community of science.” He said Congress is on board with the plan, largely because it addresses all aspects of the research continuum from bench to bedside.

Zerhouni confessed that labels commonly affixed to the various stages of research—bench, bedside, translational, late-translational—miss the focus of NIH’s intentions:

“What we are talking about is either excellent science or not so excellent science—I don’t believe in dividing it up.”

He said the extramural community has warmly welcomed the Roadmap: “Their response has been much more than we expected in every single Roadmap component...There is certainly a thirst for new tools and ideas to come forward.”



NINR’s Grady described the new research teams of the future, a main Roadmap component.

Before turning over the dais to four scientists who gave the sort of detailed progress report that may be found at the Roadmap web site (www.nihroadmap.nih.gov), Zerhouni noted that 93 million people use the Internet regularly and that the web “is an important avenue to contact an increasingly sophisticated and skeptical public.” Inasmuch as acceleration is a Roadmap watchword, the net is an important asset for the initiative’s success and the home of a trove of information on its daily progress through the biological countryside.

To view the entire Oct. 14 presentation online, visit www.videocast.nih.gov.



The rock band The Directors only appears for NIH special events, and includes (from l) Larry Self, head of OEODM, NHGRI director Dr. Francis Collins, NIAMS director Dr. Stephen Katz, and NIH director Dr. Elias Zerhouni.

Finkelstein Heads NINDS Extramural Research

Dr. Robert Finkelstein was recently appointed director of the NINDS Division of Extramural Research. He previously served as program director in the neurogenetics cluster of the extramural division, developing research initiatives and overseeing a portfolio of grants in areas including neurogenetics, brain tumors and many neurodevelopmental disorders.

“I am delighted that Bob has accepted the position,” said NINDS director Dr. Story Landis. “As a program director, he has been very effective in working not only with grantees, but also with advocacy groups. And I know he is committed to our scientific enterprise and mission.”

Finkelstein earned his bachelor’s degree in physics from the State University of New York at Stony Brook in 1973, and his Ph.D. in biology from Massachusetts Institute of Technology in 1987; at MIT he worked on oncogene expression in neuroblastoma and teratocarcinoma cells. He pursued postdoctoral training in the department of genetics at Harvard Medical School. During this time he began studies of genetic regulation of nervous system development in the fly, which he continued as an assistant and then as a tenured associate professor at the University of Pennsylvania School of Medicine.

During his tenure at NINDS, he has served as scientific team leader for the neurogenetics cluster and as NINDS representative on a number of trans-NIH committees. He also formulated a 5-year agenda for tuberous sclerosis research at NIH and helped establish the NINDS/NCI brain tumor working group, which coordinates grant funding between the two institutes. He currently serves as a member of the NIH high-risk research Roadmap committee/implementation group and the NINDS extramural science committee.

As director of the Division of Extramural Research, Finkelstein will be responsible for planning and policy, coordinating the scientific programs of the institute, and overseeing the scientific review, grants and contracts management, and administrative services of the extramural program.—Shannon E. Garnett

Garnett ■



Dr. Robert Finkelstein is the new director of the NINDS Division of Extramural Research.

Ever Have Postpartum Depression?

If you have a history of postpartum depression (PPD) following the birth of any of your children, consider participating in a PPD study with NIMH. The study seeks to examine if your PPD was caused by hormonal changes during or after pregnancy. The study is recruiting female participants between the ages of 20-45 years old. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010). ■

NEI Researchers Receive Award of Merit

For exceptional design and scientific administration of major collaborative clinical trials at NEI, Dr. Frederick L. Ferris III and Dr. Emily Y. Chew are co-recipients of the 2004 Award of Merit in Retina Research from the Retinal Research Foundation.



NEI director Dr. Paul A. Sieving (c) congratulates Dr. Frederick L. Ferris III (l) and Dr. Emily Y. Chew, co-recipients of the 2004 Award of Merit in Retina Research from the Retinal Research Foundation.

Ferris is NEI clinical director and director of the institute's Division of Epidemiology and Clinical Research (DECR). Chew is DECR deputy director.

During his more than three decades at NEI, Ferris has been well known for his outstanding skills and experience in clinical

trials. Chew has an international reputation for excellence in both clinical research and academic ophthalmology.

Among their many recent achievements was leadership of the groundbreaking Age-Related Eye Disease Study of more than 4,700 participants, 55-80 years of age, in 11 clinical centers nationwide, with varying stages of age-related macular degeneration (AMD) and cataracts. A significant finding of the study was that people at high risk of developing advanced stages of AMD lowered their risk by about 25 percent when treated with a high-dose formulation of antioxidant vitamins and zinc.

As award co-recipients, Chew and Ferris shared the honor of presenting the Charles L. Schepens Lecture at the annual Retina Society meeting, held in Baltimore. ■

NIH-Duke Training in Clinical Research

Applications for the 2005-2006 NIH-Duke Training Program in Clinical Research are available in the Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Rm. B1L403.

The NIH-Duke program, implemented in 1998, is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research. The program is offered via videoconference at the CC. Academic credit earned by participating in this program may be applied toward satisfying the degree requirement for a master of health sciences in clinical research from Duke School of Medicine.

For more information about course work and tuition costs, visit <http://tocr.mc.duke.edu>. Email queries about the program may be addressed to tocr@mc.duke.edu. The deadline for applying is Mar. 1, 2005. Applicants who have been accepted into the program will be notified by July 1, 2005. ■

'Sister Study' of Breast Cancer Launched

Sisters share a lot more than secrets and laughter. They also share genes and at least some elements of lifestyle. Scientists already know that if a woman has breast cancer, her sister has a much higher chance of developing the disease, too. That's why NIEHS is kicking off the Sister Study, which hopes to glean more information about environmental causes of breast cancer in women who have a genetic risk for developing the disease.

In October, NIEHS launched a nationwide recruitment of 50,000 women who do not have breast cancer, but have a sister who has been diagnosed with the disease. The Sister Study is a long-term study that will follow the women for at least 10 years.

Researchers believe ingredients in many common products like gasoline, pesticides, paint remover, glue and plastic interfere in the role of hormones, possibly contributing to the development of breast cancer. But past studies have not been able to establish a strong link. Researchers in the Sister Study hope data gathered in this study will shed some light on the health effects of such exposure, combined with genetic and age-based risk factors.

As part of the study, researchers will collect information from study participants about their lifestyles, medical histories, jobs and environment. Members of the research team will also collect blood samples and specimens of urine, toenails and house dust. The women in the study will complete questionnaires about their diet, family history and environmental exposures.

The study was recently featured in most of the major newspaper, television and radio outlets in the United States.

Women are eligible to participate if they are between 35 and 74 years old, live in the United States and have a sister related by blood who has been diagnosed with breast cancer. Women unable to enroll in the study can still help by volunteering or by spreading the word about the study. For more information or to join, call 1-877-474-7837 or visit www.sisterstudy.org. ■

NIAID Seeks HIV+ Volunteers

HIV positive volunteers are needed for a phase I/II clinical trial testing the safety and effectiveness of a new interleukin-2 (IL-2) analogue called BAY 50-4798. This study will test whether BAY 50-4798 causes immunologic changes similar to conventional IL-2 but with milder side effects. Patients must be on HIV medications, have a viral load less than 10,000, CD4 count of at least 200 and not have had prior IL-2 therapy. Travel assistance may be provided. Call Jocelyn Voell, (301) 435-7913. ■



Former ORS Engineer Smith Mourned

Justin H. Smith, a mechanical engineer with the Office of Research Facilities' Division of Property Management who had worked in the Clinical Center, died on Sept. 14 of congestive heart failure at Beebe Medical Center in Lewes, Del. He was 74.

Smith began a long career at NIH in 1962 and retired for the first time in 1987 as a result of heart problems.

During this tenure, he served for many years as chief of the heating, ventilating and air conditioning section within the Division of Engineering Services; he developed unique engineering designs to improve air flow in clean rooms and containment suites.

During the energy crises of the 1970s, Smith served twice on the presidential energy conservation task force. In 1990, NIH asked Smith to return to the engineering staff as a consultant. To take advantage of his extensive knowledge of NIH facilities, he was hired to assist with the Clinical Center infrastructure renewal program. Smith retired for the second time in May 2004.

Paul Hawver, long-time project officer at NIH and a personal friend, notes that Smith worked on virtually all the buildings on campus at one time or another in his career. In the process he touched many people with his professional expertise, his joyful spirit and his willingness to share both. Says Hawver, "Justin and Neal Hunt, another Clinical Center engineer, were like engineering fathers to me. I hope I can pass on to others all the knowledge they passed on to me through the years."

Survivors include his wife of 45 years, Kathleen; two daughters, Celine Evans of Harrisburg, Pa., and Colleen Thomas of Fairbanks, Alaska; and five grandchildren. Contributions may be made to the American Heart Association in Smith's name.



Justin H. Smith

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. ■

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>.

Foreign Travel (NBS Travel System)	11/15-16, 12/13-14
Scientific and Technical Writing	12/1-3
Basic Time & Attendance Using ITAS	12/2-3, 12/9-10
Fellowship Payment System	12/2
Simplified Acquisitions Refresher	12/6
Professional Service Orders	12/8
Purchase Card Training	12/9

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>.

Hands-on ECB Early Concurrence Workshop	11/10
Creating Presentations with PowerPoint 2003 for the PC	11/10
NIH Data Warehouse Query: Human Resources Fellowship Payment	11/10
Hands-On Bioconductor Workshop	11/15
NIH Data Warehouse Query: Staff Training & Development	11/15
Intermediate FileMaker Pro	11/15
Introduction to Statistics	11/16-17
Analyzing Microarray Data using the mAdB System	11/16-17
Wireless LAN & VPN Client Training	11/16
Mapping to the Talairach Coordinate System using MIPAV	11/16
Web Sponsor - New Features	11/16
Effective Management of Telecommunications Requests: A Dollars and Cents Approach	11/16
nVision: Technology Transfer	11/17
Advanced CSS / XHTML	11/17
EMBOSS & GCG: All the Sequence Analysis Tools You Need	11/17
Cortical Surface Bootcamp	11/18-19
How To Get the Most Out of Outlook 2003	11/18
Reference Manager 11 (PC) Basics	11/18
NIH Library Nursing Resources	11/18
Library Skills	11/18
Leveraging Office 2003 as a Development Platform	11/18
NIH Data Warehouse Query: Procurement & Market Requisitions	11/22
Using Outlook for Time Management	11/23

Psychology Study Recruits Volunteers

African American men ages 18-65 are needed to participate in a 45-minute psychology study on personality and dating preferences. \$25 compensation. Call Rachel at (202) 885-1729. ■

Weight and Insulin Study

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

Volunteers Sought for Study

Sought are HIV+ volunteers with a viral load less than 500 copies/ml for greater than one year and less than 50 copies/ml and a CD4 count of less than 300 cells/mm³, or, for comparison, a CD4 count of greater than 350 cells/mm³, with a pre-HAART CD4 count less than 300 cells/mm³. This is to measure the rate of lymphocyte replication and destruction in persons who have a virologic but not immunologic response to HAART. Call William Sachau (301) 435-7940.

NIH Marks American Indian, Alaska Native Heritage Month with Two Ceremonies

NIH will mark November as American Indian and Alaska Native Heritage Month with two events. The fourth annual NIH American Indian and Alaska Native Heritage Month program begins on Tuesday, Nov. 16, when the Red Crooked Sky Dance Troupe will perform a cultural presentation, 11:30 a.m. - 1 p.m., in the Natcher Conference Center's main auditorium. Red Crooked Sky is a collaborative mix of American Indians educating and promoting positive cultural awareness through traditional and contemporary dance. The troupe represents an array of tribes—Cherokee, Saponi, Sioux, Seneca, Monacan, Osage and Pamunkey. A reception follows. The event is organized by the NIH American Indian Alaska Native Employee Council and sponsored by the NIH Office of Equal Opportunity and Diversity Management.

Then, on Thursday, Nov. 18 from 1 to 2:30 p.m. in Lipsett Amphitheater, Bldg. 10, the observance continues with Dr. Lori Arviso Alford, author of *The Scalpel and the Silver Bear* and an associate dean of student and multicultural affairs at Dartmouth Medical School. A member of the Navajo tribe, she is also an assistant professor of surgery, assistant professor of psychiatry and is a board-certified practicing general surgeon. Alford's talks describe "Walking in Beauty, Living in Balance—A Navajo Philosophy of Healing," and the important role of ceremonies. She will discuss how she has incorporated this wisdom into her surgical practice to create better healing environments and how listeners can apply the principles of "walking in beauty" to their own lives. Organized by AIANEC, the lecture is sponsored by the National Center for Complementary and Alternative Medicine and OEODM.

All are invited. Sign language interpreters will be provided. Individuals with disabilities who need reasonable accommodation to participate should contact Michael Chew, (301) 402-3681 (v) or (301) 496-9755 (TTY) or by Federal Relay Service 1-800-877-8339 (TTY). For more information on these activities, call Rebecca Tudisco at (301) 496-3482 or visit <http://oeodm.od.nih.gov/aianep>. ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—usually held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—takes the day off on Nov. 17, but returns on Nov. 24 with a talk by Dr. Kari Stefansson, board chairman, president and CEO of deCODE genetics Inc., of Reykjavik, Iceland. The lecture is titled, "Genetics of Common Disease."

There is also no talk scheduled for Dec. 1.

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



It was the last autumn glory for 11 sugar maple trees that were cut down Oct. 19-21 along North Drive, adjacent to Bldg. 31B. Due to a planned realignment of North Drive to better fit between Garage 10 and Bldg. 31C, the trees had to go, said Lynn Mueller of NIH grounds maintenance. "We already have 7 trees as immediate replacements, but they will be planted further up North Drive towards Bldg. 15K," he said. "There will be a major re-landscaping effort around Garage 10 and, of course, Bldg. 33 when that nears completion."



Dietary Supplement Study

The National Center for Complementary and Alternative Medicine seeks volunteers to participate in a research study evaluating the effect of glucosamine (a dietary supplement) on the blood's glucose and insulin levels. Participants will help researchers learn more about this supplement's impact on the potential development and treatment of diabetes. The study will last 13 weeks and participants will be asked to take glucosamine and a placebo. Participants will be healthy overweight individuals ages 21 to 65 who are not taking glucosamine or medication for any illness. Compensation will be provided. For more information, call Gail Sullivan, (301) 496-3244. ■