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nih record

Zerhouni Assures NIH ‘Stakeholders’ About Agency’s Future

By Rich McManus

NIH director Dr. Elias Zerhouni held an 80-minute town hall meeting Oct. 20 in Lipsett Amphitheater, addressing an audience of NIH “stakeholders”—the network of science-related societies, advocacy groups, academic medical centers and watchdogs—about NIH’s plans to land softly from the recent budget doubling, negotiate congressional reauthorization to the agency’s best advantage and survive an era of tight budgets.

Now is not the time for NIH and its supporters to wallow in “post-doubling guilt syndrome,” Zerhouni said. Rather, it is time to take stock of priorities, maintain momentum and “take advantage of the enormous opportunities created by the doubling.”

NIH is “not a broken organization,” he said repeatedly. But it must be more nimble, dynamic and future-oriented in an era of advancing discovery (notably the Human Genome Project) and high



NIH director Dr. Elias Zerhouni addresses stakeholders at Oct. 20 “town hall.”

SEE TOWN HALL MEETING, PAGE 4



Dr. Anderson Spickard, Jr.

‘Physician, Heal Thyself’ Identifying, Helping ‘Disruptive’ Doctors

By Carla Garnett

Chances are you’ve witnessed behavior like this at work: A coworker known for his temper tantrums becomes unreasonably angry at the slightest provocation. Often he is moody, sometimes verbally abusive. Office mates have learned to steer clear of him, but work has started to suffer. Fairly soon the whole operation begins to feel the effects. Everyone but him can see he needs help. Now, imagine the angry employee is your doctor. From a potential patient’s point of view, it was probably the last lecture anyone wanted to hear. But for medical professionals, Dr. Anderson Spickard, Jr.’s recent lecture seemed to ring true.

SEE DISRUPTIVE DOCTORS, PAGE 8



Dr. Susan Buchanan

‘Risky Business’ in Intramural Research

By Harrison Wein

Those coming to see Tom Cruise’s breakthrough film might have been disappointed, but it’s safe to say most of the attendees at the

jam-packed opening session of the NIH Research Festival had no confusion about the name and thoroughly enjoyed NIH’s version of “Risky Business.” Following on the heels of the first annual Pioneer Award Symposium highlighting the NIH Roadmap’s high-risk, high-reward approach, the festival’s Oct. 18 opening session demonstrated how NIH’s intramural program has long incubated researchers pursuing such research. NIH director Dr. Elias Zerhouni followed four researchers’ talks by discussing his perspective on the intramural research program, including its future direction.

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briefs

NIH-Duke Training in Clinical Research

Applications for the 2006-2007 NIH-Duke Training Program in Clinical Research are available starting Nov. 1 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, 2006. Applicants who have been accepted into the program will be notified by July 1, 2006.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—will not be held Nov. 23, due to Thanksgiving, but returns Nov. 30 with a lecture by Dr. Tania A. Baker. She will discuss “Remodeling Proteins and the Proteome by AAA+ ATPase Machines.” Baker is E.C. Whitehead professor of biology, Massachusetts Institute of Technology, and HHMI investigator.

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

Workshop on Single Parenthood

It is challenging to be a parent, and even more demanding to raise children when the responsibility rests with one parent. But good parenting has less to do with the number of parents in the home and more to do with the quality of parenting. Whether the single-parent household is headed by a mother, father or a grandparent, raising children is an enormous task but you are not alone. Since 1970, the number of children living in a single-parent family has doubled. Attend “Single Parenthood” to learn how to embrace your role as single parent, develop realistic expectations of yourself and build your support network. Class is Thursday, Dec. 1, noon to 1 p.m., 6001 Executive Blvd. (Neuroscience Bldg.), Conf. Rm. C.

NIH Roadmap Participants Lauded

A reception for participants in the NIH Roadmap for Medical Research initiative took place Oct. 20 in Wilson Hall. NIH director Dr. Elias Zerhouni (top, l) paid tribute to Dr. Dushanka Kleinman, who served as the Roadmap's leader for more than a year. Later, the intramural rock band The Directors took the stage to play a few songs in honor of Roadmap employees. The band includes (bottom, from l) OEODM Director Larry Self, NIAMS director Dr. Stephen Katz, NHGRI director Dr. Francis Collins and Zerhouni.



Holiday Auction Canceled

The Clinical Center's department of laboratory medicine has canceled its 33rd annual holiday auction fundraiser, which had been scheduled for Dec. 2. “The recent revisions in conflict of interest rules has resulted in more careful scrutiny of all activities involving NIH facilities,” said Dr. Thomas Fleisher, DLM chief. “This review based on current federal regulations determined that the auction is not allowed based on rules governing solicitation (for items used in the auction) and the use of federal facilities (in support of the auction). We have concluded that holding the auction cannot be done in compliance with these regulations.”

Symposium Marks Start of NINR's 20th Anniversary

On Oct. 11, the National Institute of Nursing Research held a special symposium—"Nursing Research: Changing Practice, Changing Lives"—to kick-off its year-long 20th anniversary celebration. The symposium, held at the Natcher Bldg., highlighted many of the accomplishments of NINR and its scientists in advancing nursing science, and showcased the positive impact that their work has had on the lives of millions of Americans.

"As NINR enters its third decade, it is gratifying to look at how research funded by NINR is reducing the impact of illness, improving quality of life, reducing health care costs and changing practice," said NINR director Dr. Patricia Grady in opening remarks.

The symposium featured panel sessions highlighting research that is changing practice in four areas—end of life, HIV/AIDS and health disparities, new and emerging technologies, and symptom management and health promotion.

Since its designation in the late 1990's as lead institute for end-of-life research, NINR has helped frame the fundamental issues in this relatively young area of study. Investigators presented research on palliative care, spirituality, communication and advanced care planning.

The day's second session, on HIV/AIDS and health disparities, featured encouraging results from studies on prevention of HIV/AIDS in adolescent and ethnic minority populations in the U.S. and internationally.

The session on technology gave attendees a peek into the future of health care delivery with the presentation of the "Nursebot" project, an interdisciplinary, multi-university joint venture. The Nursebot is a mobile, programmable robot that can be used with home-bound elders and others with chronic conditions to help them walk and remind them to take medications. This project, which draws on the talents of researchers trained in psychology, occupational therapy, design, mechanical and electrical engineering, computer science, robotics and nursing science, underscores how interdisciplinary teamwork is becoming more important.

The session on symptom management and health promotion featured compelling studies that demonstrated how an intervention focusing on math skills significantly decreased the impact of certain chemotherapies on the intellectual function of children with leukemia. Other presenters discussed the long-term impact of health

promotion and quality of life for persons with multiple sclerosis and methods to promote cardiac symptom awareness among women.

NIH director Dr. Elias Zerhouni was on hand to congratulate NINR on its accomplishments over the past 20 years and to acknowledge its valuable contributions to the NIH community.

Grady also took the opportunity to honor three distinguished leaders and former directors of NINR and its predecessor, the National Center for Nursing Research: Dr. Doris Merritt, Dr. Ada Sue Hinshaw and Dr. Suzanne Hurd. "Their unsurpassed dedication, energy, creativity and diligence have contributed enormously to the success NINR enjoys today," she said.

The symposium launches a year-long series of events and meetings on campus and across the country to celebrate the anniversary. A second symposium, scheduled for Oct. 11, 2006, will be the culmination of the year's events. ●



NINR director Dr. Patricia Grady speaks at the kickoff to the institute's 20th anniversary symposium.

Sieving Receives Vision Award



Dr. Paul Sieving, director of the National Eye Institute, received the Pisart Vision Award from Lighthouse International in New York City on Oct. 21. Now in its 25th year, the award is given annually to recognize noteworthy contributions to the prevention, cure or treatment of severe vision impairment or blindness. Sieving was honored for his seminal contributions

"to studies of the genetic basis of retinal diseases" while he was a professor at the University of Michigan prior to coming to NIH. Dr. Tara Cortes, president of century-old Lighthouse International, said, "Dr. Sieving's extraordinary achievements in research reflect his dedication to increasing the understanding of basic physiological mechanisms in retinal disease and to clarifying the importance of studying disease on a molecular basis."

TOWN HALL MEETING

CONTINUED FROM PAGE 1

Right:

An NIH stakeholder asks Zerhouni a question during the Q&A session at the meeting's conclusion.

PHOTOS: BILL BRANSON

public expectation. "There is no more important task than to protect our momentum for the sake of our patients," he said.

The meeting was subtitled "Medical Research at the Crossroads," and Zerhouni sounded as if the only real failure for the agency is if medicine 20 years from now is practiced the same as it is today.

It irks him that the NIH budget is seen more often as dollars spent rather than money saved through improved national health. "How do we convey the fact that [the NIH budget] is an investment, not a cost?" he lamented.

Illustrating his case, he asked the stakeholders to consider that NIH invests a mere \$96 per year for every citizen in the country, while each citizen's health care costs average \$6,400 in 2005 (and will rise to \$7,300 in 2006, since costs are rising 8-9 percent yearly). The National Cancer Institute, he explained, spends about \$16 per capita on a population that faces a 50 percent lifetime risk of getting cancer. "That's an \$800 investment per person in cancer over 50 years," he stated, incredulously. "How would you feel" he asked, if so modest an amount was spent on a disease that has a 1 in 2 chance of killing you? "Probably angrier than victims of Hurricane Katrina."

But outrage wasn't the flavor of the meeting. Zerhouni wants to speed up the process of delivering benefits to the public by lowering barriers to cooperation, eliminating "silos" and "widening dialogue in areas of synergy." Calling for a "new kind of medicine," he wants to see interventions before diseases strike and then become chronic. The recent discovery of a gene associated with the most common form of blindness impressed him as a prime example of pre-emptive, intelligent medicine.

He pointed to a range of other trans-NIH research goals, including the Roadmap for Medical Research, the obesity research strategic plan and the neuroscience blueprint as examples of flattening the accelerator on improved public health. He said the newly announced Clinical and Translational Science Awards "have the potential to create glue between the bench and the bedside" and would result in "an intelligent fabric across the country...We need to change our cultural norm, which is rooted in the medicine of the last century."

Zerhouni then described a new office NIH has created as a kind of turbocharger for the engine



of research—OPASI, or the Office of Portfolio Analysis and Strategic Initiatives. The metaphors grew numerous as he explained what it is ("a radar system, scanning the horizon at all times, detecting what we are doing, and what we need to do"; "an incubator"; "an opportunity fund") and what it is not ("a 28th institute"; "a tax on each institute and center").

OPASI's mission, he said, is to "improve the management of large, complex science portfolios...making NIH more responsive to emerging scientific demands and opportunities." It will consist of three divisions, have a director (as yet unnamed) guided by a steering committee, and will advise the NIH director on how to disburse a Common Fund paid for by Roadmap money.

"The Common Fund for Shared Needs is not a transfer authority," Zerhouni explained, "but a set-aside, to invest in synergizing areas of science." There is a 10-year cap on any initiative emerging from this incubator, he said. "No more than half the projects funded by the Common Fund should exist for 10 years with this privilege—after that, they go back to competing for funds."

The Common Fund would amount to 1.1 percent of the FY 2006 budget, growing to about 1.7 percent in FY 2008, Zerhouni said. "The fund has the potential to grow to up to 5 percent of the NIH budget over time, depending on opportunities and needs."

Why choose 5 percent? "Because science evolves in cycles of about 20 years; that's about how long it takes to bring a new drug to market, for example," said Zerhouni. "So if you spend 5 percent each year for 20 years, you reach 100 percent—that's the reason."

The session ended with more than a dozen questions from the audience, which was chiefly concerned with NIH's deviation from business as usual. Zerhouni assured them that new investigators and individual grants remain a top concern for him. But he did caution that a "cultural change" is ongoing and that there is a need for NIH's components "to be less parochial about who gets which dollars." ●



NEI's Ellwein Receives Chinese Award

Dr. Leon Ellwein, associate director for applications of vision research at the National Eye Institute, received the International Golden Award from the Chinese Ophthalmological Society recently in Tianjin, China, near Beijing. He was honored for his many years of facilitating academic exchanges between U.S. and Chinese investigators and for making major contributions to ocular epidemiology and prevention of blindness in China. He has also initiated international vision impairment and eye-care surveys in Chile, India, Malaysia, Nepal and South Africa. Presenting the award is Dr. Jialiang Zhao, president of the society and director of the Eye Research Center, Chinese Academy of Medical Sciences.



NINDS Sponsors Parkinson's Briefing

NINDS director Dr. Story Landis (shown above with Dr. Timothy Greenamyre of the University of Pittsburgh) gave opening remarks at an institute-sponsored media briefing on Parkinson's disease Oct. 20 at the Dana Center in Washington, D.C. The briefing featured NINDS grantees and scientists who addressed the key aspects of Parkinson's disease—genetics, therapeutics, environmental causes and new therapies—and a physician who discussed the clinical care of Parkinson's patients. In addition, columnist Morton Kondracke (shown below) spoke of his personal experience with his wife Millie, who died of the disease. Kondracke also served as moderator for the briefing, which drew dozens of media participants in person and by teleconference. The gathering was intended to raise awareness about the World Parkinson's Congress, to be held Feb. 22-26,

2006, in Washington, D.C. The first-ever international meeting on Parkinson's is expected to draw more than 1,000 physicians, patients and health care professionals. To find out more about the congress or to register online, go to www.worldPDcongress.org.



22nd Annual Disability Employment Month Observed

NIH marked its 22nd annual observance of Disability Employment Month Oct. 27 with a pair of basketball games pitting the NIH Police against the Maryland Ravens, a team formed in the early 1970's that now competes in the National Wheelchair Basketball Association. The first game was played on the parking lot in front of Bldg. 1; the second contest was in Bldg. 10's 14th floor gym. The celebration was sponsored by the Office of Equal Opportunity and Diversity Management.

PHOTOS: ERNIE BRANSON





RESEARCH FESTIVAL

CONTINUED FROM PAGE 1



His answer: “If you don’t know what’s out there, the best strategy is to send out explorers in multiple directions. That’s been the approach of the IRP. The more you send out, the more likely one of them is to hit an island of knowledge.” He added, “This has been the strength of the IRP”

Only in the IRP, Zerhouni noted, can you continue an inventive line of research for multiple years. Also unique to the IRP is the ability for researchers to change directions, as Cohen-Fix showed in freely moving from cell cycle studies to investigations into the shape of yeast nuclei.

Zerhouni pointed out that as we get to know more of those islands, different strategies are also needed. As more about a field of science becomes known, we can do a better job of predicting where the next discoveries will be, he said. Larger efforts in certain research directions—armadas, to stretch the analogy—start to become fruitful, whereas before they may have cast too many resources in the wrong direction.

Research is also becoming considerably more complex, Zerhouni noted. Researchers in disparate fields are now building bridges between islands that once seemed far apart. One of NIH’s top priorities will be to take a leading role in removing barriers to collaboration to allow larger, more diverse research teams to work together productively.

He described NIH’s efforts to strengthen the transition from bench to bedside to make

The first speaker, Dr. Susan Buchanan of NIDDK, detailed her investigations into the transport of molecules across bacterial outer membranes. She explained that outer membrane proteins may make good vaccine and drug targets since they are surface-accessible, antigenic and often unique to bacteria.

Dr. Shiv Grewal of NCI spoke about the hot topic of RNA interference and its role in gene regulation; recent work by his laboratory was named a “Breakthrough of the Year” by *Science* magazine.

Dr. Orna Cohen-Fix of NIDDK explained her studies of why the nucleus is round—a question that may seem simple on its surface but that requires an inventive approach to answer. She demonstrated that the shape of the nucleus is a function of the nuclear membrane itself, not the DNA within.

Finally, Dr. Mark Gladwin of NHLBI outlined new thinking about the role of nitrite in the regulation of vasodilation. He described tantalizing new evidence that nitrite, which is considerably less expensive than nitric oxide, may prove to be an effective therapeutic in itself for regulating vascular homeostasis in diseases like pulmonary hypertension and sickle cell disease.

Zerhouni put the talks in context by giving his broad impressions of the IRP’s past and future promise. He began by showing a slide representing scattered small islands of knowledge in a sea of information. “What is the strategy that works best to discover those islands of knowledge?” he asked.



Top left:
NHLBI’s Dr. Robert Balaban

Top right:
2005 Research Festival co-chair Dr. Sheldon Miller of NEI

Middle, from left:
Festival co-chair Dr. Bob Wenthold of NIDCD, Dr. Mark Gladwin of NHLBI and Dr. Shiv Grewal of NCI

Above:
Dr. Orna Cohen-Fix of NIDDK

Below:
NIH director Dr. Elias Zerhouni opens Research Festival 2005.

PHOTOS: JOHN CRAWFORD



Top:
Dr. Ira Levin of NIDDK

Above:
Dr. Doug Lowy of NCI

sure that we quickly take advantage of breakthroughs when they occur. He also mentioned the importance of helping investigators early in their careers.

As for the next scientific frontier, Zerhouni said that the first priority for NIH will be to help usher in an era of quantitative biological measurements. Rob Phillips, a Pioneer Award recipient, had spoken at the awards symposium about his hope for transforming an empirical understanding of biological events into a quantitative understanding. It is this vision that NIH needs to promote, argued Zerhouni.

But whatever changes come to NIH's research portfolio, Zerhouni stressed that the IRP is unique. It has a special family sense, he said, and we need to continue exploration in multiple directions. He said that as NIH formulated the Roadmap, the IRP was something of a model. The IRP gives researchers "incubator space" for the type of high-risk, high-impact research that NIH wants to encourage more of throughout its research portfolio. ●

Imagining Ageless Images

NLM Gathers Video Archivists to Advance Video Preservation Technologies

Some say that image is everything. If that's true, what about preserving an image? Isn't that important, too?

The National Library of Medicine recently gathered some 50 people from around the nation who are involved in the long-term preservation of videos and films for an all-day meeting on the latest developments in that field. Topics included proper storage methods to prolong the lifetime of audiovisual materials, paths to truly lossless digital copying and storage methods ("truly lossless" means that the media will never lose quality if decompressed and recompressed), and what types of metadata (supplementary material useful for cataloging, search and retrieval) to keep.

The meeting, "Getting to Disk-based Lossless Digital Video Compression," took place at NLM's Bldg. 38. The library has been heavily involved in preserving historic and contemporary biomedical films and videos, and seeking pathways to digital repositories. Attendees represented a number of East Coast video archives including the Library of Congress, the National Archives and Records Administration, the National Holocaust Museum, PBS, Folkstream/UNC, Rutgers, Yale, NYU, Johns Hopkins and the University of Maryland.

And what does that title mean? Software developer and meeting organizer Glenn Pearson of NLM's Communications Engineering Branch explains it this way: "Two compelling circumstances face videotape archives today—traditional non-digital videotape has become obsolete, and the cost of storing information on hard disk is plummeting, much faster than tape. So archives need to plan two simultaneous transitions, from analog to digital, and from tape to disk. But what disk format, video compression scheme and metadata will be the right stepping-stone to the future?"

The meeting kicked off with presentations by NLM staff, including Pearson. Paul Theerman, head of images and archives in the History of Medicine Division, outlined NLM's and NIH's collection and preservation efforts. Walter Cybulski, of preservation and collection management, reviewed the endemic problem of film and tape deterioration and equipment obsolescence, particularly for analog video.

NLM's head of preservation Margaret Byrnes and George Thoma, chief of the Communications Engineering Branch, also moderated panels and presentations.

The meeting featured the first public demonstration of real-time, full-screen, mathematically lossless video compression and decompression based on the Motion JPEG 2000 (MJ2) standard. This was demonstrated by Justin Dávila of Media Matters, Inc., with its prototype PC board, using a short clip of a dancer crashing through a "glass" window.

Another demonstration, by Carnegie Mellon researcher Alexander Hauptmann, showed recent work in automatic extraction of metadata (structured information) from video. Possible applications in institutionalized patient management included automatically detecting behaviors from surveillance video, with images altered slightly to prevent loss of privacy.—Mike Gill



DISRUPTIVE DOCTORS

CONTINUED FROM PAGE 1

Top Left:

Spickard recalls his clinical associate days at NIH with Dr. Jack Bennett, chief of the clinical mycology section in NIAID's Laboratory of Clinical Investigation.

Top Right:

Says Spickard, "I came here today to encourage young people to become interested in studying, researching and hopefully leading future physician wellness programs."

PHOTOS: ERNIE BRANSON

"The disruptive physician is the emerging overwhelming problem for medical and nursing staffs and administrators," he said at the Clinical Center Grand Rounds for Clinical Fellows. "My lesson to you today is, help is effective."

Spickard, a former NIAID clinical associate from 1960 to 1962 who now is medical director at Vanderbilt University's Center for Professional Health (CPH), returned to NIH to discuss a delicate topic in the medical community—impaired physicians, also known as distressed or disruptive physicians.

CPH offers confidential internal and external programs, including an in-house wellness committee and three monthly continuing medical education courses:

- maintaining proper (sexual) boundaries,
- prescribing controlled drugs, and
- distressed physicians.

Since 1999, Spickard reported, 750 physicians have been referred to CPH by medical boards nationwide for over-prescribing schedule II narcotics. More than 280 physicians have been required to take the boundaries class. The first course for disruptive doctors included 12 physicians, with 8 more scheduled to complete the module. Although dependency and alcohol problems among physicians account for the majority of cases, he said, "disruptive" participants are catching up.

"These distressed physicians disrupt the office and home, ignore their feelings and are on the way to burnout," Spickard continued.

He said most disruptive doctors have narcissistic traits, meaning "they have a restricted ability to express warm and tender emotions, they're overly perfectionistic, they insist that others submit to their way and they have excessive devotion to work to the exclusion of personal and interpersonal relationships...They are creating such a disturbance in their medical staffs and hospital staffs that the administrator says, 'You have got to get help. We can't stand you any longer.'"

The poor behavior ranges from aggressive (swearing, making threats and pushing) to passive (being chronically late and providing inadequate chart notes), with passive-aggressive actions (sending hostile emails and making derogatory comments about the institution, hospital, etc.) in between.

"That is an enormous problem—throwing objects in the surgical theater," Spickard observed, describing a true case. "Nurses in one of our groups had to draw straws to see who was going to work with this physician."

For perspective, Spickard provided data from a 2004 physician behavior survey conducted by the American College of Physician Executives that found such disruptions occur several times a year for more than 24 percent of respondents. More than 70 percent report that the problems "nearly always involve the same physicians over and over again."

Phase I of CPH's program includes psychiatric and workplace assessments. Results can suggest problems of substance abuse or dependency, medical illnesses, stress related to career choice or skills, or psychiatric disorders.

"These people have very short fuses and very little frustration will throw them off, particularly in the O.R.," Spickard noted. "These are usually younger people. They have usually been touted as being the smartest and the brightest of all, and they think so. They have no way to control their anger. [However] the program is not just anger management. This is the total understanding of how they got that way."

Phase II of the program requires a 3-day CME class, which combines instructional lectures with role play, communication strategies and homework.

"I have never seen anything more powerful than to have two physicians play out another physician's problems," Spickard observed. "It is amazing to us that about 30 to 40 percent of the people referred to us don't understand how bad they are. The role play demonstrates it in such a vivid way that it breaks through their denial and they become interested in changing."

Class participants also construct self-assessed psychological genograms, family tree-like diagrams that help them trace disruptive personality traits back to behavior perhaps learned from models in their childhood such as parents or grandparents. Six monthly follow-up sessions in small groups, another workplace assessment and relapse prevention are key components of phase III.

“Doctors are very lonely,” Spickard observed. “They require a lot of emotional help.” Group process addressed the loneliness, he explained, describing the effectiveness of 7 or 8 physicians being able to talk about their needs in a facilitated, safe and confidential environment. “It’s very important, because we were trained to be lone rangers. We were trained to do it by ourselves.”

While the CPH program is getting positive results, Spickard said more awareness of the disruptive physician phenomenon by leaders in medicine will help reverse the growing trend. “The key resistance factor is confidentiality,” he said, explaining that people will neither admit they need help nor seek it, if they feel their livelihood and reputation are at stake. “Residents and faculty are afraid to get help.”

Addressing the stigma, Dr. Mike Bowler of the NIH Employee Assistance Program described how NIH’s formal effort to help physicians cope began as an alcoholism/substance-abuse prevention program and how many employees still see it that way. “So, we have tried to reframe it as a life transition program,” he explained. “With any kind of life transition, there are stresses and pressures, and people can be overwhelmed at times. In many ways, it’s kind of normalizing the whole idea of coming in to talk to someone for help.” NIH’ers can learn more online about the EAP at <http://www.nih.gov/od/ors/ds/eap> or by calling (301) 496-3164.

Doctors who ignore their disruptive symptoms may risk more than their careers, stressed Spickard, who had begun his lecture by recalling four impaired physicians—one a personal friend—who committed suicide while struggling to handle things alone. The Vanderbilt wellness committee was founded not long afterwards.

“I came here today to encourage young people to become interested in studying, researching and hopefully leading future physician wellness programs,” he said. “Most of us were raised in an atmosphere where to admit weakness is a sign of failure...I’m telling you that help is effective. Our course is changing behavior.”



Halloween CFC Party Unmasks Heroes for Charity

Above: NIAID volunteers helped to make the 2005 CFC Halloween party a big success.

Right: Guests at the party were encouraged to wear costumes. Prepared to do battle in his chain mail, Daniel Gregory is shown with snow fairy Linda Monath and white angel Julie Tran. Gregory won the raffle drawing for an evening with TV’s Dr. Phil.

Two dogs from National Capital Therapy Dog, Inc. (CFC #8120) were popular with guests at the party. The group provides free animal-assisted activities, therapy and awareness to acute health care facilities in the Washington and Baltimore areas.

Dressed as beta carotene, NIAAA’s Tanya Blasbalg stands next to the Big 100.3 SUV. The radio station provided the music for the Halloween CFC charity event.

Below: Representatives from various charities were available to share information about their services with NIH employees. Marita Eddy of Angel Flight (CFC #1228) participated in the Oct. 31 party behind Bldg. 31. Angel Flight is a nonprofit organization that transports patients and their families to medical facilities across the United States.

PHOTOS: BILL BRANSON



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>.

FileMaker Pro 7/8 Basic	11/21
Polish Your Images with Photoshop Elements	11/21
NIH IT Enterprise Architecture 101	11/29
Full-Text Searching, Batch Querying, Analysis & Team Sharing Using QUOSA	11/30
Getting Going With the QUOSA Information Manager (PC and Mac)	11/30
Introduction to Principal Component Analysis and Distance Geometry	11/30
Introduction to Statistics	12/1-2
Large-Scale Bioinformatics on the NIH Biowulf Cluster	12/1
PDAs: Basic & Clinical Applications	12/1
Statistical Analysis of Microarray Data	12/1-2
Extracting Biological Meaning from Large Gene List Derived by High Throughput Experiments	12/2
Excel Topics - Formulas	12/5
FrontPage 2002 Advanced Topics	12/6
Public Key Infrastructure (PKI) 101	12/7

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>.

Federal Supply Schedules (AM/PM Sessions)	11/21
NIH Domestic Travel (NBS Travel System)	11/21-23
Consolidated Purchasing Through Contracts (AM/PM Sessions)	11/22
Buying from Business on the Open Market (AM/PM Sessions)	11/23
Introduction to NIH Property Management	11/29-30
Simplified Acquisitions Refresher	12/5
Electronic Purchase Logs & Reconciliation Procedures	12/6

The State of Waste at NIH

How much garbage does NIH produce? NIH processed 14,653.2 tons of solid waste in 2004, approximately 0.8 ton per year for each of NIH's 18,627 employees. Not all of our waste goes to landfill. NIH began a recycling program in 1993 and about 30 percent of the waste generated is now recycled through various processes.

Markets have been found for paper and cardboard (1,130 tons in 2004). Plastic bottles with a recycling symbol 1-PETE or 2-HDPE on the bottom (plastic food or beverage bottle with funnel necks) are used as raw material to produce new products. Wood pallets are refurbished by a pallet broker and then sold for reuse. Toner, copier and ink-jet cartridges each generate \$1 for NIH charities, or about \$2,000 a year. Polypropylene pipette tip racks are ground on-site at NIH and used as polypropylene feed stock in plastics manufacturing. Polyester-based X-ray film (collected by the Chemical Waste Division) is processed and polyester recovered and resold to Kodak. Tyvek suits used in animal care are processed, cleaned, repaired and sold as remanufactured Tyveks, and also generate funds for the NIH charities. Aluminum and other scrap metals are delivered to Montgomery Scrap and used as raw material to produce new products. Batteries collected by the Chemical Waste Division are processed for recycling or treated to render them non-hazardous.

Considerable resources are expended by the Division of Environmental Protection to recover as much waste as possible and keep it from going to landfill. What isn't recovered goes to the Montgomery County transfer station. It is sorted and compacted into rail cars and shipped to an incinerator for heat recovery. DEP continues to look for ways to recycle or reuse what the NIH community discards while pursuing its mission. Future articles will discuss the Environmental Management System that DEP and environmental stewards across NIH are developing to bring the community closer to a position of sustainability.—Dawn Walker



Heart Failure and Diabetes Study

If you or someone you know has heart failure/diabetes, call today for study information: 1-800-411-1222 (TTY 1-866-411-1010). Refer to study 03-H-0217.

Healthy Volunteers Needed

Healthy volunteers, ages 18-44, are wanted to participate in an investigational preventive HIV vaccine study conducted at NIH. Medical tests will determine eligibility. Compensation provided. Call 1-866-833-LIFE (TTY 1-866-411-1010). Refer to study 02-I-0127.

Stopping Your Estrogen Therapy?

NIMH is investigating whether mood, anxiety and irritability occur when you stop taking your estrogen or estrogen/progesterone combination therapy. Participants should be ages 45-60, have a past history of perimenopausal mood symptoms responsive to estrogen therapy (ET) or combination therapy, be currently taking ET or combination therapy and be in good physical health. For information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Jet Lag Study Recruits

NIH researchers are looking for travelers going east 6-8 time zones to study the effects of replacing hormones disrupted by jet travel. Participants will take a study medication (hydrocortisone, melatonin or placebo), fill out questionnaires and obtain salivary samples. Travel stay of 4-10 days at destination required. Healthy adults, ages 18-65 call 1-800-411-1222 (TTY 1-866-411-1010). Compensation provided for a completed study. Refer to study 05-CH-0037.

Perimenopausal Depression Study

Are you experiencing mood disturbances and has your menstrual cycle been irregular for at least 6 months? You may be an excellent participant in the NIMH study of phytoestrogens in the treatment of perimenopausal mood symptoms. This 8-week study is seeking women ages 40-60 years old in good physical health and medication free. Call Linda Simpson-St. Clair at (301) 496-9576 (TTY 1-866-411-1010). Refer to study 02-M-0120.

Rheumatoid Arthritis Study

Tell us your rheumatoid arthritis story, by participating in a medical research study at NIH. You can participate in this study if you are 18 years old or older and diagnosed with rheumatoid arthritis. All study-related tests are provided at no cost, and you will be compensated. Call 1-800-411-1222 (TTY 1-866-411-1010). Refer to study 02-AR-0170.

Healthy Volunteers Needed

Volunteers ages 18-65 who are employed and able to complete a health and employment benefits survey are asked to call (240) 353-7238 (TTY 1-866-411-1010) for more information. Refer to study 05-CC-0008. Compensation is provided.

In Memoriam: NCI's Jim Strickland



Dr. James E. Strickland, a senior investigator at NCI from 1972 until his retirement in 1996, died on Sept. 19 of B cell lymphoma. He died a month short of his 63rd birthday.

Strickland is remembered by his many NIH friends as a fiercely honest scientist, a wonderful mentor, a pioneer in bringing computers and the Internet into the laboratory and an ardent critic of anti-scientific administrative directives, with his frequent lament, "This makes no sense!" familiar to many.

He received a bachelor's degree in mathematics at Duke University and his Ph.D. in biochemistry from Tulane University. After completing a postdoctoral fellowship at Oak Ridge National Laboratory in 1972, he joined NCI in the tumor virus program on the Frederick campus. His research focused on leukemia viruses; his discoveries on the mechanism of vertical transmission were at the forefront of the field. In 1980, he joined the Laboratory of Experimental Pathology in the Division of Cancer Etiology on the Bethesda campus and continued with that group as it evolved into the Laboratory of Cellular Carcinogenesis and Tumor Promotion until his retirement.

In Bethesda, Strickland focused on the mechanisms underlying genetic susceptibility to cancer, stromal-epithelial interactions and crosstalk between normal and neoplastic cells in mouse models. He developed many experimental tools required to pursue those nascent issues. His prescience in experimental approach is obvious as these are current areas of intense interest in cancer research. In addition, he contributed to the discovery of a novel pathway involved in cutaneous carcinogenesis and is an inventor on a licensed NCI patent for the treatment of skin cancer.

Outside of laboratory research, Strickland had an equally intense interest in the arts. He was a nationally recognized photographer with images appearing in *Time* magazine and other popular journals and newspapers. He was the official photographer for the Washington Ballet Company for many years, and his photographs of ballet, classical Indian and Chinese dancers were inspired by his love of dance and music. His photographs can be seen at <http://classical-images.com>.

Strickland and his wife of more than 40 years, Amparo, traveled frequently in retirement and often visited his many students and alumni around the world. In a tribute held in his memory on Oct. 16, the anniversary of his birthday, many of those colleagues and friends gathered to honor his contributions to science and art. It was fitting that the memorial took place in his home garden, where he had instructed his wife to spread his ashes with this directive: "If this violates any county or state ordinances, do it anyway, in secret." To Strickland, this really made sense.—Stuart Yuspa



VIP Week at NIH

President Bush, Royal Couple Pay Calls on NIH

Top: President George W. Bush made his fourth visit to NIH in less than 3 years on Nov. 1 to announce the government's pandemic influenza preparations and response. At a Natcher Bldg. address of just under half an hour, he outlined a \$7.1 billion plan to meet the threat of avian flu. On hand for Bush's announcement were several cabinet secretaries, senators, congressmen, HHS officials and such international representatives as Dr. Jong-wook Lee, director general of the World Health Organization, and Dr. David Nabarro, senior United Nations system coordinator for avian and human influenza. Bush credited NIH for more than a century of work "at the forefront of this country's efforts to prevent, detect and treat disease, and I appreciate the good work you're doing here. This is an important facility, an important complex, and the people who work here are really important to the security of this nation."

Clockwise from left: Conferring with Prince Charles (r) on his Nov. 3 visit are (from l) NIA director Dr. Richard Hodes, NIDDK director Dr. Allen Spiegel and NIH director Dr. Elias Zerhouni.

Welcoming Prince Charles to NIH in the CRC lobby are (from l) NIH deputy director Dr. Raynard Kington, NIH deputy director for intramural research Dr. Michael Gottesman and NIH Associate Director for Communications John Burklow.

The Duchess of Cornwall (l), whose interest in osteoporosis spurred the NIH visit, chats with several leaders in the field including Dr. Ethel Siris (r) of the National Osteoporosis Foundation.

Following a briefing on osteoporosis research in the medical board room, Prince Charles greets NIH employees, who lined the atrium cheering and waving as the royals passed through. Shaking hands with the Prince is Connie Caldwell of the NIH Freedom of Information Office.

PHOTOS: BILL AND ERNIE BRANSON

