

nih record



ABOVE • The Duchess of Cornwall visited NIH recently to discuss osteoporosis research. NIAMS director Dr. Stephen Katz (r) led a briefing on the topic. See details, p. 3.

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Tanzanian 'Children of the Moon' Bring Rare Brand Of Sunshine to NIH

By Jennifer Wenger

Dr. Kenneth Kraemer still seems a little amazed at what some NIH staff and a few notable others were able to pull off this past summer. As the NCI scientist sits at his desk—his computer monitor displaying a thematic backdrop of sub-Saharan Africa's zebras and shorebirds—he recounts the compelling tale of how two young boys blinded with xeroderma pigmentosum, or XP, traveled from their rural village in Tanzania to NIH to receive medical testing, treatment, and, for one of them, life-saving surgery.



Contributing to the successful treatment of Ally's cancer were NIDCD research nurse practitioner Susan Rudy, Dr. Carter VanWaes (c) and Dr. Brian Driscoll.

"It takes a village," he says with a smile—a reference to the African proverb that teaches that raising a child often requires the time, effort and resources of an entire community.

He isn't kidding. In one month, the re-

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Taking Our Own Best Advice Policy Envisions a Tobacco-Free NIH

By Marcia Doniger

To smoke or not to smoke? At NIH, it's quickly becoming a matter of policy.

Each year, some 440,000 people die prematurely of diseases caused by smoking. In addition, 38,000 die from secondhand smoke-related illnesses, according to recent studies. In an effort to reverse these statistics and improve the health and well being of employees, former HHS Secretary Tommy Thompson announced a year ago that the entire department would become tobacco-free. Because NIH has buildings both on and off campus and is unique in other ways (the Clinical Center hosts a certain percentage of patients who prefer to smoke, for example), the agency is working to overcome the many obstacles to meeting its goal of full compliance.

A recent Centers for Disease Control and Prevention commentary highlighted evidence that even as little as 30 minutes of exposure to

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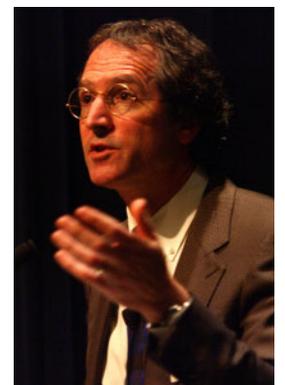
More Microbe Than Human Relman's Investigations Prove We Are Never Alone

By Rich McManus

Three years ago, Harvard professor Edward O. Wilson gave an NIH Director's Lecture demonstrating that science

is far from knowing how many kinds of microscopic critters are on the premises when a simple log decomposes in the woods. Stanford's Dr. David Relman took that argument an intimate step further Oct. 27 at NIAID's annual Kinyoun Lecture; we don't even know how many kinds of microbes colonize our mouths, guts, skin and other mucosa.

Most of us are not used to thinking of ourselves as "communities," but that is what we



Dr. David Relman

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briefs

STEP Forum on Death, Dying, Dec. 8

The staff training in extramural programs (STEP) committee will present a Science for All forum on the topic, "One Guarantee in Life—Death: Demystifying the Dying Process," on Thursday, Dec. 8 from 8 a.m. to noon in Natcher Bldg., Rms. E1/E2.

We all face death, but discussing the dying process is often uncomfortable and sometimes controversial. The goal of this forum is to explore issues surrounding death. How do medical and legal definitions of death vary? What medical care is appropriate at the end of life and who should make these decisions? How is end-of-life decision-making shaped by different cultural norms? When death is imminent, what can be done to prepare patients in terms of medical care and psychological adjustment? What are the strategies to help families accept and cope with the dying process and death? Join STEP in exploring these issues and in considering what NIH's role is and should be in performing research on end-of-life issues.

History Office Conference Honors Founder

The Office of NIH History is sponsoring a 2-day conference to be held in the Lister Hill Auditorium, Bldg. 38A, Dec. 5-6. The conference is to honor Dr. Victoria A. Harden, history office director, on her retirement.

The keynote speaker will be evolutionary geneticist and social critic Dr. Richard C. Lewontin, Alexander Agassiz research professor at Harvard University, who will discuss "The Effects of the Socialization of Biomedical Research." His talk is on Monday, Dec. 5, following an 8:30 a.m. welcome. The complete schedule can be found at <http://history.nih.gov/Conference.htm>.

The NIH community, scientists, historians of medicine and science and the public are invited. Questions should be addressed to Dr. Caroline Hannaway, conference organizer, at hannawayc@mail.nih.gov.

Talk on Gender Differences in Lung Function

The women's health special interest group will host a talk on "Gender Differences in Lung Function and Response to Environmental Agents," on Friday, Dec. 16 from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1. Speaker will be Dr. Darryl C. Zeldin, chief, Laboratory of Respiratory Biology, NIEHS. If you need sign language interpretation, contact Vicki Malick at malickv@od.nih.gov at least 5 days before the seminar.

NCI Toll-Free Teleconference, Dec. 16

The NCI Office of Liaison Activities offers a monthly teleconference series on cross-cutting issues in cancer research. Members of cancer advocacy organizations, survivors, families and friends are encouraged to participate in each call to learn more about NCI's cancer research programs and how advocates are involved. Callers will have the opportunity to ask questions of panel members. The Dec. 16 call at 1 p.m. (EST) explains "Clinical Trials at NCI: The New Clinical Research Center at NIH—Patients Are Our Partners and Our Heroes." It features Dr. John Gallin, Clinical Center director; Dottie Cirelli, patient recruitment coordinator; and Susan Butler, former CC patient and current Consumer Advocates in Research and Related Activities member.

All you need to participate is a phone. No registration is required and participation is free. The toll-free number for live call-in is 1-800-857-6584, and the pass code is 4683#. A playback in its entirety will be available an hour after the call ends at 1-800-216-4418 (toll-free) until Jan. 16, 2006, at 11:30 p.m. (EST). For more information visit the Office of Liaison Activities web site at <http://www.la.cancer.gov> or call (301) 594-3194.

Philharmonia Orchestra Concert, Dec. 3

The NIH Philharmonia Orchestra will present its second concert of the season on Saturday, Dec. 3 at 7:30 p.m. at St. Elizabeth Catholic Church in Rockville. The church is located at 917 Montrose Rd. between Rockville Pike and I-270. The concert includes Weber Overture, Mozart Horn-Konzert No.4 and Beethoven Symphony No. 5. The orchestra is conducted by Dr. Nancia D'Alimonte, an Eastman graduate and musical director of the George Washington University Orchestra. Most members of the orchestra work at NIH, NASA, FDA and other government agencies. Tickets are free. For more information, visit www.NIHPhil.org.

Lab Managers Hold Open House

The lab managers interest group will hold an open house for current and prospective members during its regular meeting on Thursday, Dec. 8 at noon in Bldg. 40, Conf. Rm. 1203. Come meet lab managers who share best practices, serve on NIH boards and committees, and host nuts-and-bolts seminars on NIH operations. Refreshments will be available. Membership is open to all interested parties and the group has a list-serve: <https://list.nih.gov/archives/locl-l.html>.

nih record



Depression Research Changing Minds

People used to think that depression is a kind of personal weakness, something you can will away. Research has helped lift the stigma attached to it by showing that depression has measurable physical effects. It raises the risk of heart disease, high blood cholesterol and high blood pressure; in fact, the chance of someone dying after a heart attack is 4 times greater if he or she is depressed. Our understanding of what's actually going on in the brain during depression has also taken remarkable strides. Researchers are now using this new knowledge in the hope of changing the way depression is treated in the future.

Advanced imaging techniques showing activity within the brain have revealed areas that behave differently in depressed people. This knowledge is guiding researchers in designing newer methods for treating depression that target particular brain regions. In one technique called deep brain stimulation, thin wires are surgically implanted into an area called the subgenual cingulate region. A small current run through the wires improved depression in a small study. Such surgery may be impractical for large numbers of people, but it proves the principle that a small electric current in this area of the brain can help treat depression.

Another technique that doesn't require surgery is called transcranial magnetic stimulation. In TMS, a small electromagnet rests on the scalp and induces a current in the brain. The device can be fairly well focused on specific brain regions and doesn't seem to cause side effects. TMS has been promising in small studies, and a large-scale NIMH-funded study is now under way to test it more rigorously.

Other research teams are making progress using molecular approaches. Scientists were intrigued by the fact that it often takes people days or weeks to get better with selective serotonin reuptake inhibitors (SSRIs) even though these drugs work very quickly to block serotonin reuptake from synapses. Dr. Husseini Manji, director of NIMH's Mood and Anxiety Disorders Program, explained that we now know these medications ultimately work by affecting signaling pathways within neurons that alter gene expression.

The genes that account for the improvements these antidepressants bring seem to be those involved in cell growth and survival. While nerve cells in the brain don't die with depression, they do "shriv-

el up," as Manji put it—they have fewer dendritic branches and the dendritic spines onto which synapses are made. Drugs targeting these neuroplasticity and cellular resilience pathways are now being developed and tested. Manji is optimistic that new medications will be available within the next few years.

Researchers hope that understanding the genes involved in depression will also help doctors make better treatment decisions. Antidepressants like SSRIs and talk therapy are currently the most common treatments for depression, but different people respond differently to them and doctors often have little guidance in designing effective treatment regimens. Manji believes that as few as 4 or 5 genes might one day enable doctors to predict, with a simple blood test, which treatments will work best for which people.—Harrison Wein

Prince Charles, Duchess of Cornwall Briefed on Osteoporosis

Prince Charles and his wife, the Duchess of Cornwall, visited NIH on Nov. 3 for a briefing on osteoporosis. Sponsored by NIAMS, the lead institute for research on this disorder, the goal of the meeting was to explore opportunities to spread the messages of the *Bone Health and Osteoporosis: A Surgeon General's Report* to the public, patients and health care providers who need to use this information for prevention, early detection and treatment of osteoporosis and related bone diseases. NIAMS's Dr. Joan McGowan, who served as the report's senior scientific advisor, offered recommendations from the document about disseminating bone health information.

The royal couple was greeted for a tour of the Clinical Research Center by NIH director Dr. Elias Zerhouni, Surgeon General Richard Carmona and NIAMS director Dr. Stephen Katz, who later gave remarks along with other stakeholders at the briefing in the CC medical board room.

Noting that both her "mother and grandmother died as a result of this devastating disease," the Duchess of Cornwall said, "huge strides are being made both here in America and in Britain in fighting osteoporosis—which makes it essential that the NOS [National Osteoporosis Society] and the National Osteoporosis Foundation, with the support of the doctors and the vital research teams work together to prevent future generations worldwide from suffering the pain and ignominy of osteoporosis in the future."

Top:

NIAMS director Dr. Stephen Katz (r) and NIH director Dr. Elias Zerhouni (second from r) welcome Prince Charles (l) and the Duchess of Cornwall to NIH for a briefing on osteoporosis with Surgeon General Richard Carmona (second from l) and other health officials.

Bottom:

Briefing participants discuss how to spread information on bone health.



RELMAN

CONTINUED FROM PAGE 1



Relman and his colleagues want to know the purpose of our internal gardens, and their role in health and disease.

are. Humans have 10^{13} cells, but host 10^{14} microbes. “In other words, we are 10 parts microbe, and one part human,” Relman noted. “We are clearly outnumbered.”

The notion that we are not alone began some 350 years ago, when Leeuwenhoek trained his microscope on such samples as human hair and teeth. He found in dental plaque a variety of tiny motile creatures, noting that the little “animalcules” withered and died on contact with hot coffee.

Subsequent centuries of scientific inquiry discovered the world of bacteria, entrée to which was possible chiefly by cell culturing techniques—literally getting the bugs to multiply on a bed of food. That approach has limits though. What if the microbes in a given environment don’t like what you’ve given them to eat? The problem with taking roll by cell culture is that you may be serving steak to an audience of vegans, and would therefore not know how many were at the table simply by counting cleaned plates.

Today, the tools for discovering what kind of microbial baggage we carry are far more sophisticated and sensitive—measuring ribosomal DNA (rDNA), for example—and the roles our fellow travelers play are only starting to be understood.

Relman and his colleagues want to know the purpose of our internal gardens, and their role in health and disease.

The conventional wisdom is that we begin life “sterile” (that is, culture-negative, although there could be flora we don’t yet know about) until the rupture of the amniotic membranes. There follows a long roster of benefits conferred by microbes throughout human development, including vitamin production, food degradation and colonization resistance. Microbial flora promote the terminal differentiation of mucosa, the innate immune defenses and epithelial homeostasis in the gut.

Recently, in what Relman termed “a truly surprising and revolutionary” role for microbes, they appear to regulate fat storage. A recent article in the *Proceedings of the National Academy of Sciences* showed that “germ-free animals have significantly lower body fat than those raised in a microbial-infected environment,” Relman said. “That’s a result not previously suspected.”

Because technology now permits a far broader view of microbes than did cell culture, scientists can investigate the microbial universe in more detail. Although there remain limits to detectability, there seem to be about 80 phyla in nature, based on current estimates. Focusing on bacteria that colonize the mouth, investigators have discovered a wide diversity of microbes that belong primarily to four phyla—the firmicutes, bacteroidetes, fusobacteria and proteobacteria. Yet if you could follow a bite of dinner past the mouth into the esophagus, stomach, small intestines, colon and beyond, you would encounter distinct microbial neighborhoods with very different characteristics. “The biota of the stomach is distinct from the colon, or esophagus, or mouth,” Relman said.

In the large intestine, for example, at least seven phyla are represented. In one study, a look at three individuals found close to 500 bacterial phylotypes in the colon and feces, 62 percent of which were novel and 80 percent of which could not be cultivated. When these scientists estimated the completeness of this survey, they were humbled to find that their analysis of nearly 12,000 bacterial sequences had revealed no more than two-thirds of the strains and species that were predicted to be present.

“Individuals vary quite distinctly in the makeup of their flora,” Relman said. “To answer the question, ‘Who’s there?’ would require a very large study population.”

Beyond the fascination of what’s aboard the human raft, Relman and associates want to know the sources of variability in human microbial colonization, and what factors perturb them. Clearly, host genetics, diet and age play roles, but “there are not enough data to know what’s truly important, and to what degree.”

As if it isn’t hard enough to tease out the role of dominant microbial species, the part “rare members” may play is even more of a mystery. Relman suggested there may be “keystone” or “founder” species without which the entire microbial ecosystem collapses.

A range of diseases known to have microbial elements is under review in Relman’s laboratory, including Crohn’s disease, irritable bowel syndrome, periodontitis, diarrhea, and even

premature labor and delivery. All are tied to disturbances in microbial ecology. Thus far, periodontitis, a disease affecting about 40 percent of the adult population in the U.S., is linked in a subset of patients to an abundance of archaeal sequences during stages of severe disease.

To gain a better perspective on this largely hidden frontier, Relman suggested harnessing microarray technology to do more high-throughput analyses of microbial community structure, continue with rDNA screening, establish correlations with host genotypes and develop more sophisticated cultivation technologies.

He called for a “second Human Genome Project” that would survey the genomes of the organisms that populate our bodies. “We need to ask, ‘Who’s there?’, ‘What are their genes?’, ‘What are their functional capabilities?’, ‘How do their patterns of gene expression and associated activities define health?’”

One of his collaborations, with the Institute for Genomic Research in Rockville, involves the “metagenomics” of both the human fecal and oral microbiomes. He concluded, “The diversity and variation of the human indigenous microbial flora is still poorly understood.”

Relman’s lecture is archived at www.videocast.nih.gov. 

NIAID’s Douek Named ‘Research Leader’

Dr. Daniel Douek, chief of the Human Immunology Laboratory of NIAID’s Vaccine Research Center, was recently named one of this year’s Scientific American 50. The award from Scientific American honors 50 individuals and organizations whose accomplishments in research and other areas demonstrate outstanding scientific and technological leadership. The magazine’s board of editors selected Douek for his contributions in clarifying how HIV infections cause disease and mortality, saying “his work shows that HIV starts in the gut, home to the largest population of the virus’s preferred CD4 targets—those with a receptor called CCR5. HIV attacks and kills these cells directly early in the course of the infection.” Douek’s research “not only sheds light on how HIV wreaks havoc, it also suggests that HIV vaccines might do well to initiate an immune response in the gut.”



Hardy To Give Mahoney Lecture, Dec. 15

Dr. John Hardy, chief of the Laboratory of Neurogenetics at the National Institute on Aging, will present the annual Florence S. Mahoney Lecture on Aging from 3 to 4 p.m., Wednesday, Dec. 14, in Masur Auditorium, Bldg. 10. His lecture is titled, “Neurodegeneration: Too Much of a Bad Thing Kills You.”

Born in Nelson, England, Hardy received his B.S. degree in biochemistry from Leeds University and his Ph.D. in neuropharmacology from Imperial College, London. Moving to the Medical Research Council neuropathogenesis unit in Newcastle, he began his work on the neurochemistry of Alzheimer’s disease while developing a neurotransmitter pharmacology assessment in human tissue.

His interests took him to the Swedish Brain Bank in Urmea before returning to London’s St. Mary’s Hospital Medical School (Imperial College). There, Hardy studied the genetics of Alzheimer’s disease. In 1992, his group identified mutations in the amyloid precursor protein gene, the first known cause of Alzheimer’s disease.

Accepting the Pfeiffer endowed chair in Alzheimer research at the University of South Florida, Tampa, Hardy and his research team made animal models of Alzheimer’s disease and characterized the structure of the presenilin gene. In 1996, the group moved to the Mayo Clinic in Jacksonville, Fla., where Hardy was named chair of neuroscience. While at the Mayo Clinic, he helped find mutations in the tau gene in Pick’s disease and contributed to the development of transgenic mice with both plaques and tangles. It was at Mayo that he began his investigation of the genetics of Parkinson’s disease and other Parkinsonian disorders.

In 2001, Hardy established his laboratory at NIA, where he conducts research on both Alzheimer’s and Parkinson’s diseases. Most notably, his research group has demonstrated that alpha-synuclein overexpression is one cause of Parkinson’s.

For his contributions to Alzheimer’s research, Hardy has been awarded the Peter Debye Prize, Allied Signal Prize, MetLife Prize, Potamkin Prize and Kaul Prize. He is the author of 374 articles and in 2001 was named honorary professor of neuroscience at University College London.

There will be a reception following the lecture. 

Asian/Pacific American Organization Awards Ceremony Set, Dec. 7

On Wednesday, Dec. 7, the NIH Asian/Pacific American Organization will hold its annual awards ceremony from 12:30 to 1:30 p.m. in Bldg. 1’s Wilson Hall. Each year APAO seeks nominations from NIH employees for its outstanding achievement awards. This year’s recipients will be Dr. Kuan-Teh Jeang, NIAID, for scientific research, and NIH associate director for intramural research Dr. Philip S. Chen, Jr., for excellence in management.

APAO will also install new officers for 2006: Prahlad Mathur of OD, president; Dr. Alex Wang of CIT, vice president; Donna Wells of NEI, treasurer; Dr. Dan Xi of NCI, executive secretary; and Norma Deguzman of NHLBI, co-executive secretary.

Various ethnic foods will be served. A \$10 donation is requested at the door. For more information and to RSVP, contact Alex Wang (301) 402-5895 (ext. 1427), Donna Wells (301) 496-5248 or JoAnne Wong of NIMH at (301) 451-2809. For more information on the APAO, visit <http://www.recgov.org/r&w/apao/index.htm>. 



CHILDREN OF THE MOON

CONTINUED FROM PAGE 1

Emmanuel Tenga (seated, l) and Ally Sufian (in sunglasses) pose during their visit to NIH. With them are (front, from l) medical students Salma Faghri and Jared Jagdeo, teacher and guardian Dastan Anthony. At rear are (from l) a local translator, Emerald Russell and Dr. Kenneth Kraemer.

owned XP researcher, together with Deborah Schmidt-Tamura, a research nurse at NCI, had solicited the assistance of dermatologists, a social worker, a pediatrician, an ophthalmologist, a genetic counselor, a dentist, an oral surgeon, an ear, nose, and throat nurse practitioner, two head and neck surgeons, translators, ethics consultants, medical photographers, and umpteen students, nursing support staff and Children's Inn staffers. In all, six NIH institutes and centers took part in the monumental effort, including NCI, CC, NHGRI, NEI, NIDCR and NIDCD. And that's just the NIH side of things—that doesn't include the unrelenting energy and optimism brought to the table by a college student from Maine named Emerald Russell.

Russell, an affable woman with a bottomless drive to make a difference in the world, had met the boys, Ally Sufian, age 9, and Emmanuel Tenga, age 11, the previous fall when volunteering at a school for blind children in Tanzania. While making plans to bring the boys to the United States to attend a special camp for kids with XP, she contacted Kraemer to see if there was a way the boys could receive some much-needed medical attention during their stay. (Ally, in particular, had a worrisome non-healing lesion on his lip, despite previous attempts to remove it.) Kraemer, who is conducting clinical studies on XP patients, was interested in examining the boys since they would be the first Africans he's encountered with the disease.

XP is a rare inherited disease that affects people of all races and causes a person to be extremely sensitive to harmful UV radiation such as sunlight. Sun exposure damages DNA, which, under normal circumstances, is repaired by special cellular machinery. Individuals with XP,

however, aren't able to repair their DNA. For this reason, they are 1,000 times more at risk for skin cancer than people who don't have XP, and they are also susceptible to cancer of the eyes, tip of the tongue and lips. In addition, XP patients can experience nerve damage, leading to such problems as neurological disorders and hearing loss. During daylight hours, people with XP should wear protective clothing and sunglasses if they go outside and cover windows when indoors. As a rule, however, they are strongly advised to stay indoors during the day and to save their outdoor-time for the night, so they are sometimes referred to as "children of the moon."

It Takes a Village—Plus Faxes, Emails, Cell Phones...

Bringing two young Tanzanian boys to the States to participate in a clinical study isn't a task for the shy or easily discouraged. While Russell was busily raising cash for Ally and Emmanuel's airfare, Kraemer was grappling with another issue: getting the green light from the boys' parents—who work as subsistence farmers and speak only Swahili—for the boys to participate in the study.

"One of our biggest concerns was informed consent. We wanted everything to be done the same way we do things here—but in Swahili," he said with a smile. Schmidt-Tamura found a staff person at the NIH Library who would arrange for translation of the necessary forms and then asked the school principal, Damas Kimoso, to deliver the forms to the parents for signatures.

"We felt it was important to let the parents know that we weren't going to cure the disease," Kraemer notes. "We didn't want to raise their expectations too high." In addition, the parents had to formally designate a teacher at the boys' school—a young man named Dastan Anthony—to serve as guardian for Ally and Emmanuel while they were visiting NIH.

There were other hurdles too. While Russell was working to obtain passports and visas for Anthony and the boys—an undertaking that required Kimoso to stand in long lines for a week in a town 10 hours away—Kraemer was trying to locate a medical facility that could help in completing the necessary paperwork as well as provide health care for the boys when they returned home. Conducting an online search for medical centers near the boys' school in Moshi, he came upon the Regional Dermatology Training Center, an internationally funded medical center located at the foot of Mount Kilimanjaro. His concerns further dissipated when he noticed a photo taken at the center's doorstep in 1992. There, smiling with members of the board of the Internation-

al Foundation for Dermatology, was Dr. Stephen Katz, director of NIAMS, who played a role in the facility's creation.

"I'd seen Steve earlier that day at lunch and now, there he was—front and center!" Kraemer laughed.

Ally and Emmanuel's American Adventure

When Ally and Emmanuel finally arrived at NIH on July 11—their sun-ravaged eyes glued closed—they were warmly welcomed by the staff of the Children's Inn, their home away from home for the next 7 days, along with other medical staff and translators. The plan was for the boys to visit NIH for one week of evaluation and diagnostic tests and then to attend camp in New York for the second week. While the evenings were filled with unbridled joy—they ate all the food they wanted and played with as many toys as they could lay their hands on—the days were consumed with a flurry of medical tests. Nevertheless, except for the needles, even the doctors' pokes and prods possessed some element of intrigue for the boys.

"These are bigwigs," said Russell, describing the NIH doctors and nurses who attended to them during their stay. "I mean, you type in 'XP' on the computer, and up pop their names. These kids were sitting on Dr. Kraemer's lap! They come from a country where there's one doctor for every 50,000 people, but here were all these people in white coats joking with them—spending time on our boys."

Among the battery of tests performed on Ally and Emmanuel were examinations for cancer of the eyes and tongue, hearing loss and vitamin deficiencies. Although the three former tests turned out negative, both boys were found to be chronically malnourished. Vitamin supplements and a more healthful diet helped bring their nutritional levels back to normal and sunglasses and eyedrops helped clear up their acute eye problems.

A Life-Saving Procedure

Ally's non-healing lip lesion was of concern to everyone due to a recurrent cancer growing there. (In Tanzania, doctors had tried removing the cancerous tissue twice before. To keep the infection down, they put salt in the wound, which left Ally in constant pain.)

"The cancer could have been fatal if it had metastasized," said Kraemer.

After a CAT scan revealed that the cancer had not spread, Dr. Jaime Brahim, an oral surgeon with NIDCR, performed a biopsy on the boy's lip and found that it indeed tested positive for cancer, a finding that was confirmed by Dr. Carter VanWaes, a head and neck surgeon with NIDCD. Because cancers involving the head and neck can

have a major impact on voice, speech and swallowing, NIDCD's Head and Neck Surgery Branch is often consulted for such cancers at the Clinical Center.

A confluence of factors—most notably, having the right team of specialists available at NIH and having identified a facility that could provide a continuity of care in Tanzania—led the research team to decide to operate on the lesion. The following week, while Ally and Emmanuel were away at camp, the team drew up a second informed-consent form—this one filled with diagrams and descriptions of the surgery—for Ally's mother to sign. Schmidt-Tamura then made the call to Russell, asking her to bring the boys back to NIH when camp was over.

"The operation involved the removal of a wedge of lip down to the chin, which required some plastic surgery," explained VanWaes. Dr. Brian Driscoll, an NIDCD head and neck surgeon with training in facial plastic surgery, did the procedure.

"The surgery went very well," remarked Kraemer. "One concern was that Ally wouldn't be able to open his mouth following the surgery since the skin surrounding the mouth gets tight from the disease. When the surgery was over, Ally's mouth opened just fine and he experienced no post-op pain at all, which was remarkable."

A Joyous Homecoming

"I must say I cannot believe that Ally is now free from cancer!" wrote Kimoso in an exuberant email to Russell relaying the school-wide celebration that took place on the boys' return.

"You cannot believe that we celebrated the whole night to see our kids back home healthy and safe. In fact, all the kids, their parents and the teachers were jumping here and there, hugging, singing all the songs they ever knew on seeing Dastan, Ally and Emm. The small kids... were beating drums, cans, sticks and whatever came in their hands as if they had some sort of madness. But it was all happiness. Even the evening wind that was blowing softly made the branches of trees swang [sic] here and there and you would probably think that even the trees were dancing a beautiful African Ngoma..."

Kraemer, though not quite as effusive as Kimoso, was no less delighted with the outcome: "I'm just very pleased to know that this old government institution has a warm heart," he reflected. "Practically everyone we approached bent over backwards to help these boys." ●

TOBACCO-FREE NIH

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What is It?
What are the Risks of Tobacco Use?
Thinking About Quitting?
Need More Information?
Have a Question?

Taking Our Own Best Advice:

Working Toward a Tobacco-Free NIH

NIH has launched a Tobacco-Free NIH web site for employees at <http://tobaccofree.nih.gov/>.

secondhand smoke can affect the coronary circulation of nonsmokers. Children who breathe secondhand smoke are at a greater risk of suffering from pneumonia, bronchitis and other lung diseases. They also have more ear infections and are more likely to develop asthma, says the American Lung Association. Furthermore, people who have never smoked but are exposed involuntarily to smoking heighten their risk of developing lung cancer. Annually, an estimated 3,000 non-smokers die of lung cancer and 35,000 die from heart disease attributable to secondhand smoke.

NIH, as one of the lead health agencies in government, is taking steps to become a role model for other agencies. By promoting tobacco-cessation programs to its employees, NIH and other HHS agencies believe they can increase employees' long-term success in quitting tobacco use, reduce absenteeism while improving work productivity and, most importantly, improve the health of employees who kick the habit.

As might be expected, NIH's opinions differ markedly about the tobacco-free policy. A former smoker said, "Although it is a personal issue, if the employee wants to stop, it will afford him or her assistance. However, if it is still [the employee's] decision to smoke, it is an infringement of their rights."

Another smoker believes, "Any time something is shoved down your throat, the more resistant one becomes. However, for those who don't smoke, [smoking] presents a problem." Says a third smoker, "I would not sign up for smoking

cessation because you feel the pressure...besides, smoking is so good. I've been smoking since I was 14. I quit for 8 months but was lured back. The bottom line...every smoker secretly wants to quit even though they complain about their civil rights being infringed upon." Lastly, from a non-smoker, "I don't think it's fair for smokers to subject non-smokers to secondhand smoke when studies have already proven it to be carcinogenic. Look, we know that we already have asbestos around NIH. Do we really need another cancer-causing substance in our midst? As a health organization, I think it is not only incumbent but imperative that NIH take the lead role in discouraging smoking in the workplace."

As the agency moves closer to reaching "A Tobacco-Free NIH," information is available to help tobacco users to quit. NIH has launched a Tobacco-Free NIH web site for employees at <http://tobaccofree.nih.gov/>. The site links NIH staff and contractors to information about tobacco use, cessation resources and health insurance coverage for tobacco cessation services. Tobacco-Free NIH will also link to the following useful resources:

- A web site containing guides to preparing to quit, quitting and "staying quit," found at www.smokefree.gov.
- Federal Occupational Health Services (FOHS) Tobacco Use Cessation Program: Provides free tobacco cessation treatment services to HHS smokers and other tobacco users who wish to quit through local clinics run by FOHS. The program is available at no cost to employees if their current health insurance plan does not cover over-the-counter treatment options for tobacco addiction. For more information call (206) 615-2546 or visit <http://intranet.hhs.gov/tobacco/>. To set up a TTY call, email Louis Glass at LGlass@psc.gov.
- NIH Work and Family Life Center: To obtain a list of local smoking-cessation programs and resources call (301) 435-1619 (TTY 301-480-0690).

Although participation in a tobacco-cessation program is an employee's decision, the opportunity to "take our own best advice" and become a "tobacco-free NIH'er" is compelling. 

milestones



Dr. John Fakunding receives plaque upon retiring from 21 years of service to NHLBI.

NHLBI's Fakunding Ends Long NIH Career

Dr. John Fakunding recently retired from NHLBI, where he was director of the Heart Research Program in the Division of Heart and Vascular Diseases. He was employed at the institute for 21 years and had been with NIH since 1977.

A native of California, Fakunding received a Ph.D. in biochemistry and biophysics from the University of California, Davis. He went on to conduct postdoctoral training in endocrine research at Baylor College of Medicine in Houston. His first NIH position was in the intramural program lab of Kevin Catt at NICHD.

After leaving NICHD, Fakunding went to the Extramural Review Branch of NHLBI, where he was responsible for reviewing training and career development grant applications. After joining the Division of Heart and Vascular Diseases as a program officer, he eventually was appointed chief of the DHVD Training and Career Development Branch. In that position, he was charged with identifying training and career development needs, providing new opportunities to enhance the cardiovascular biomedical workforce and support new biomedical training programs for under-represented minority scientists. He developed such programs as the Clinical Scientist Development Award, Short-Term Training for Minority Students and the Research Scientist Award for Minority Faculty.

Fakunding's co-worker, Dr. Judith Massicot-Fisher, remembers they started their work together as HSAs in the old Cardiac Diseases

Branch. She said that in the ensuing 19 years, she was continually impressed by the breadth of his knowledge in cardiovascular disease and how quickly he could pick up something new. She said Fakunding seemed unflappable no matter what happened, was always in a good humor and never said anything negative about anyone.

By Fakunding's own account, quitting smoking almost cost him a job when he sought to move to the institute's program area. He was chewing a lot of gum to compensate and, unfortunately, indulged that habit during the interview. Although the interviewer noticed, and later commented on his gum-chewing, Fakunding's knowledge, skills and abilities prevailed.

Another colleague, Dr. Momtaz Wassef, leader of DHVD's atherosclerosis scientific research group, remembers Fakunding as "quite a versatile fellow." Wassef said Fakunding spearheaded a number of significant programs and further noted that his colleague's efforts were instrumental in encouraging young and minority trainees to pursue careers in science.

Fakunding recalls, "In the early days, 20 years ago or more, we mainly worried about grants and RFA meetings. Now, large, complex programs with staff involvement dominate the landscape, and there is an increasing movement towards the support of more clinical and translational research."

He looks forward to retiring to South Carolina, where he plans to enjoy pursuing his love of golf, and long beach-front walks with his wife, Patti, and their dogs.—Amy Danzig



FIC's Hrynkow Honored by Norway

The King of Norway recently honored Dr. Sharon Hrynkow, acting director of the Fogarty International Center, for her efforts to strengthen medical research cooperation between the United States and Norway. Knut Vollebaek (r), Norwegian ambassador to the U.S., presented the King's "Order of Merit" Award during a ceremony in Washington, D.C.

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>.

Simplified Acquisitions Refresher	12/5
Review, Update, on EEO Policies and Processing Laws	12/6
Annual Ethics Training	12/6, 8, 15
Professional Service Orders	12/8
NBS Travel System for Organizational Administrator	12/8-9

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>.

Excel Topics - Formulas	12/5
FrontPage 2002 Advanced Topics	12/6
Mac OS X for Unix Users	12/6
Public Key Infrastructure (PKI) 101	12/7
Advanced QVR Training	12/8
Orientation to Basic SAS Concepts	12/8
Introduction to mAdb	12/8
Web Sponsor	12/8
Introduction to Cascading Style Sheets	12/9
Using Xplor-NIH	12/9
Advanced CSS / XHTML	12/12
Creating Presentations with PowerPoint 2003	12/12
FlowJo for Analysis of Flow Cytometric Data	12/12
Meet Your PC - What's Inside the Box	12/13
Partek Training: Visual and Statistical Analysis of Microarray Data with Partek Software	12/13-14
Seeking Information on the Web	12/14
FileMaker Pro 7/8 Intermediate	12/15
Statistical Analysis with R	12/15
Advanced Macromedia Flash MX / MX 2004 (for Developers)	12/16
Building a Home Network	12/16

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—usually held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Philippa Marrack on Dec. 7, lecturing on, “T Cells and MHC.” She is HHMI investigator and professor, department of immunology, National Jewish Medical and Research Center and University of Colorado at Denver Health Sciences Center.

There will be a special Tuesday lecture, also at 3 p.m. in Masur, on Dec. 13 when Dr. C. David Allis addresses “Beyond the Double Helix: Reading and Writing the ‘Histone Code.’” He is Fishman professor and head, laboratory of chromatin biology, Rockefeller University, New York.

On Dec. 14, the Florence Mahoney Lecture will be given by Dr. John Hardy, chief, Laboratory of Neurogenetics, NIA. He will speak on “Neurodegeneration: Too Much of a Bad Thing Kills You.”

The lecture series then goes on winter recess, resuming on Jan. 11, 2006.

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

Workshop on Workplace Diversity

A seminar titled, “What It’s Like to Work with Me: Generational Diversity in Office and Team Environments” will be held Wednesday, Dec. 14 from noon to 1:30 p.m. in Bldg. 31, Rm. 6C10. The workforce today is diverse—employees come from unique generational cohorts. Working together presents both rewards and challenges and opportunities for personal and professional growth. Teams can become more cohesive and maximize their potential by understanding how each member works best. While there are individual preferences in working style, there are also generational differences. Attend this seminar to better understand the work style of members of generational cohorts, for example, X, Y and Boomers. Learn strategies for overcoming the challenges of working together and preparing for the future of teams in the workplace.

Women’s Baseball Team Needs Players, Coach

A women’s baseball team comprised primarily of players from NIH is looking for new members and a coach. The Lasers are located in Rockville and play in the Eastern Women’s Baseball Conference. They play one game most weekends, May to September, on a regulation ballfield with professional umpires.

The team will train locally in the coming months, indoors and outdoors. The Lasers have a core roster of women 18-52 years old, from all walks of life and with a range of previous baseball and/or softball experience. If you are interested in playing or coaching, contact Susan McCarthy at mccarths@mail.nih.gov.



Uterine Fibroids Treatment Study

Doctors at NIH invite women with uterine fibroids to participate in a study testing a potential new treatment for the disorder. Participants will receive the medication (CDB-2914) or a placebo (non-active sugar pill) for 3 months before a hysterectomy. Women ages 33-50 who have been diagnosed with uterine fibroids and who are willing to undergo a hysterectomy may be eligible to participate in this study. To find out if you qualify, call 1-800-411-1222 (TTY 1-866-411-1010). Se habla español.

Child Development Study

Korean-American families with a healthy first-born baby less than 6 months old are needed for an NICHD study. This is not a medical study, but a study of how babies grow and learn. Participation involves 3 brief visits with mother and baby at home. All information collected for this study is strictly confidential. You do not have to be 100 percent Korean nor be a U.S. citizen to participate. You will receive a Toys R Us gift certificate for participating, and a summary of the results of the study. Call Jennie Kim at (301) 496-7306.

Healthy Adults Sought

NIH invites healthy volunteers to participate in a clinical study on mood and anxiety disorders. Healthy adults between ages 20-50 are asked to call 1-866-999-1116 or TTY 1-866-411-1010. All study-related tests or medicines are provided at no cost. Participants will be compensated. Refer to study 04-M-0270.

Are You a Trauma Survivor?

The Mood and Anxiety Disorders Program, NIMH, seeks volunteers to participate in research studies that involve brain imaging. If you experienced an event such as physical assault, sexual abuse, accident, disaster or other trauma, you may qualify to participate. Compensation is available. For more information call Holly Giesen at (301) 435-8982 (TTY 1-866-411-1010).

HIV+ Volunteers Needed

HIV+ volunteers who are off anti-HIV medications, CD4+ 350 or greater, without hepatitis B or C, are needed for research study at NIH. Financial compensation provided. Call 1-800 411-1222 (TTY 1-866-411-1010). Refer to study 04-I-0018.

Parkinson's Disease Study

Do you have Parkinson's disease? Consider participating in an NIH study. You may qualify if you are age 30-80 and are diagnosed with Parkinson's disease. No charge for study-related tests or treatments. Travel assistance is available. For more information call 1-800 411-1222 (TTY 1-866-411-1010).

Asthma Study Recruits Volunteers

An asthma study is open for children ages 5-17. The study will measure the usefulness of a new procedure for evaluating asthma in children. All study-related tests will be provided at no cost. Compensation is provided. For more information call 1-800 411-1222 (TTY 1-866-411-1010). Se habla español.

Edwards Named NINDS Deputy Director of Extramural Research

Dr. Emmeline Edwards was recently appointed deputy director of the NINDS Division of Extramural Research. Before coming to NIH, she was a tenured associate professor in the departments of pharmacology and neuroscience at the University of Maryland, Baltimore.



She also served as program director in the division of integrative biology and neuroscience at the National Science Foundation and was the NSF representative to the Human Brain Project from 1997 to 1999.

In January 2000, Edwards joined the NINDS extramural

division as a program director in the systems and cognitive neuroscience cluster, managing a portfolio of research grants focused on accelerating progress in understanding brain function and behavior. In addition, she served as scientific team leader of the cluster and as lead organizer of the NIH Cognitive Neuroscience Consortium.

Edwards has spearheaded numerous workshops and initiatives that have advanced NINDS efforts in promoting neuroimaging, neuroethics, executive function and cognitive rehabilitation in neurological disorders. She also played an important role in the development and implementation of the NIH Roadmap, the NIH Blueprint and many other trans-NIH efforts. Additionally, she served as acting deputy director of the NINDS Division of Extramural Research from March 2004 to March 2005.

Edwards earned her master's of science degree and doctorate in neurochemistry from Fordham University and completed her postdoctoral training in behavioral pharmacology and neuroscience in the department of psychiatry and behavioral sciences at the State University of New York, Stony Brook. Much of her research, at SUNY and later at the University of Maryland, focused on the neurobiological mechanisms of maladaptive behaviors and behavioral genetics. She brings to her new position a strong background in cognitive and behavioral neuroscience, a proven track record of management and leadership skills and deep knowledge of NINDS and NIH.

R&W Celebrates 60 Years of Helping Others

By Jan Ehrman

The year was 1945. Jackie Robinson broke the color barrier in baseball. Alfred Hitchcock's movie *Spellbound* entertained moviegoers nationwide. The Nobel Prize in Physiology or Medicine was awarded for the discovery of penicillin. And a picnic was held—but not just any picnic.

What began as a no-frills, lunchtime event has evolved into one of the most respected and successful nonprofit organizations within the federal arena—the Recreation and Welfare Association, serving both the NIH community and the National Oceanic and Atmospheric Administration. Yet its goals and boundaries go well beyond the government. Over the years, R&W has raised millions of dollars and created programs for such worthy causes as the Children's Inn, Special Love/Camp Fantastic and Friends of the Clinical Center.

The group also goes out of its way during times of need. Just recently, the association mounted relief efforts in the wake of Hurricane Katrina, working with the Heart of America Foundation in efforts that culminated in getting employees to donate around 200 backpacks to the Houston school system, which dispersed them to school children living in shelters and other temporary housing.

R&W is well represented, with about 5,000 members, according to the president of the organization, Randy Schools. And on the heels of its 60th anniversary, “our focus remains much the same as it always has—to serve and help people, both inside of NIH and on the outside. It's what we're all about,” he noted.

The association has provided members with myriad offerings—including on-site fitness centers, hosting sports and athletic teams and events, NIH hair salons/barbershops and an NIH art gallery. In addition, the organization provides travel services, photo processing, notary services, discounted tickets to the theater, amusement parks and sporting events, and held special movie nights. It also offers housing services and a monthly newsletter. In all, it affords employees a host of other social and educational activities—basically, something for everyone.

Hit for Parts 'Li'l Abner'

“Li'l Abner,” the spring production last Sunday afternoon musical comedy presentation at

the show, which performances on selected from more parts, the largest appear at Ham

, CC, is the director, and CI, is the choreographer is Phil Ozzie Grabiner, Jr.

important dears Betsy Slay, George Marsden, Alida McBirney, and Mary-Helenlicity.

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HAMSTERS PREP FOR 'LI'L ABNER'



Following the lead of Jerry Osborne, choreographer for the R&W Hamsters' production of “Li'l Abner,” this lineup is representative of the more than 140 persons who tried out for parts in the hit musical. Left to right: Bess Grabiner, R&W; Georgette Bass, CC; Verece Silverman, DBS; Mr. Osborne; Carl Wolitzky, whose mother, Rose, works in DRG; Dr. Hibbard Williams, NIAMD; and Bob Kavanaugh, ORI.—Photo by Jerry Hecht.

“And to think it started out as a picnic, put together by a former employee of the National Institute of Mental Health, Hazel Rea,” said Schools, who has been affiliated with R&W since 1978. The picnic turned into some softball games and a league, and progressed from there, explained Schools. “I don't think anyone ever thought we would reach anywhere near the current level of activities we have or the charities we support today,” he added.

Schools is especially proud of R&W's involvement with programming and fundraising for Special Love/Camp Fantastic, a group that also has close ties with the National Cancer Institute. The organization, which helps children with cancer, started out serving 33 youngsters but now has a clientele numbering about 400. R&W also provides major fundraising efforts for two other NIH charities, Friends of the Clinical Center and the Children's Inn. Those who participate in the Combined Federal Campaign can make contributions to either of those charities, which are listed in the CFC guide.

Plans for a dinner and other celebratory events are currently under way to honor the R&W volunteers and former association employees.

To learn more about R&W and its services and programs, visit <http://www.recgov.org/r&w/r&w.html> or call (301) 496-6061. 📞

This NIH Record clipping depicts the R&W Association in its early going, circa 1953, when the employee theater group “The Hamsters” entertained regularly.